

MEDICAL POLICY



SUBJECT: GENDER REASSIGNMENT SURGERY	EFFECTIVE DATE: 10/28/10 REVISED DATE: 12/08/11, 10/25/12, 10/24/13, 10/23/14, 12/10/15, 12/8/16
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<ul style="list-style-type: none">• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i>• <i>If a commercial product, including an Essential Plan product, covers a specific service, medical policy criteria apply to the benefit.</i>• <i>If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i>	

POLICY STATEMENT:

- I. Based on our criteria and assessment of peer-reviewed literature, gender reassignment surgery is considered **medically appropriate** when ALL of the following criteria are met:
- A. The patient is at least 18 years of age and has the capacity to make a fully informed decision and consent for treatment;
 - B. The patient has been diagnosed with persistent, well documented gender dysphoria, including all of the following:
 - 1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
 - 2. The gender dysphoria has been present persistently for at least two years; and
 - 3. The condition is not a symptom of another mental disorder or a chromosomal abnormality; and
 - 4. The condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
 - C. The patient is an active participant in a recognized gender dysphoria treatment program; and
 - D. Hormonal therapy:
 - 1. For female to male patients undergoing mastectomy/creation of a male chest, hormonal therapy is not a pre-requisite;
 - 2. For all other surgeries (including male to female patients prior to breast augmentation surgery), the patient needs to have undergone a minimum of 12 months of continuous hormonal therapy (unless contraindicated) when recommended by a mental health professional and provided under the supervision of a physician; and
 - E. The patient has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, with no returning to their original gender, including one or more of the following:
 - 1. Maintain part- or full-time employment; or
 - 2. Function as a student in an academic setting; or
 - 3. Function in a community-based volunteer activity; and
 - F. Two New York State licensed health professionals recommend sex reassignment surgery. One must be from a psychiatrist or psychologist with whom the patient has an established and ongoing professional relationship. However, if breast/chest surgery is the only procedure being requested, only one referral is required but it must be from a psychiatrist or psychologist with whom the patient has an established and ongoing professional relationship. An established and ongoing professional relationship is defined as the member having had at least 4 visits in a 6-month time frame with his/her psychiatrist or psychologist.
- II. Male-to-female gender reassignment surgical procedures considered **medically appropriate** include the following:
- A. Orchiectomy;
 - B. Penectomy;
 - C. Vaginoplasty;
 - D. Clitoroplasty; and
 - E. Labiaplasty.
- III. Female-to-male gender reassignment surgical procedures considered **medically appropriate** include the following:
- A. Hysterectomy;
 - B. Salpingo-oophorectomy;
 - C. Vaginectomy/colpectomy;

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- D. Initial mastectomy/breast reduction;
- E. Urethroplasty;
- F. Metoidioplasty;
- G. Phalloplasty;
- H. Scrotoplasty; and
- I. Placement of testicular prostheses.

IV. The following surgeries are considered **not medically necessary** as part of gender reassignment surgery, including, but not limited to:

- A. Liposuction;
- B. Rhinoplasty;
- C. Facial bone reconstruction/facial feminization surgery;
- D. Jaw shortening/sculpturing;
- E. Chin/nose implants;
- F. Voice modification surgery;
- G. Tracheal shaving/thyroid chondroplasty;
- H. Hair removal, electrolysis or hairplasty;
- I. Procedures aimed at preservation of fertility (e.g., procurement, cryopreservation, storage of sperm, oocytes or embryos) prior to gender reassignment surgery;
- J. Breast implants/augmentation;
- K. Calf and pectoral implants; and
- L. Lip reduction/enhancement.

V. Services to reverse gender reassignment surgery are considered **not medically necessary** and therefore, **not eligible for coverage**.

Refer to Corporate Medical Policy #3.01.15 regarding Behavioral Health Treatment for Gender Dysphoria.

Refer to Corporate Medical Policy # 7.01.55 regarding Blepharoplasty with or without Levator Muscle Advancement.

Refer to Corporate Medical Policy # 7.01.11 regarding Cosmetic and Reconstructive Procedures.

Refer to Corporate Medical Policy # 7.01.53 regarding Abdominoplasty and Panniculectomy.

Refer to Corporate Medical Policy # 8.01.13 regarding Speech Pathology/Therapy for voice therapy requests.

POLICY GUIDELINES:

New York State Department of Financial Services Circular Letter No. 7 (2014) reminds insurers that under fully insured health insurance contracts that provide coverage for mental health conditions, treatment and diagnosis of gender dysphoria can only be denied based on medical necessity grounds.

DESCRIPTION:

Gender dysphoria, previously known as Gender identity disorder (GID), is identified by physicians, psychiatrists and psychologists as a condition in which a person has been born one gender, usually on the basis of their sex at birth, but identifies as belonging to another gender, and feels significant discomfort or the inability to deal with this condition. People with gender dysphoria often report a feeling of being born the wrong sex. The causes of gender dysphoria and the developmental factors associated with it are not well-understood. The individual who is genetically male but who feels that the male gender does not describe him completely or accurately, and/or who desires or has undergone a male to female conversion is known as a transwoman; and the individual who is genetically female who feels that the female gender does not describe her completely or accurately, and/or who desires or has undergone the female to male conversion is known as a transman. Gender reassignment therapy is a treatment option for extreme cases of gender dysphoria. Gender reassignment therapy is an umbrella term for all procedures regarding gender reassignment and usually consists of a real-life experience in the desired role, hormone replacement therapy to modify secondary sex characteristics, and gender reassignment surgery to alter primary sex characteristics. This therapeutic approach is sometimes labeled tiadic therapy due to the three key elements involved. Individuals with gender dysphoria require

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psychological treatment long before reassignment therapy begins and usually continue it permanently after the “transition”.

Gender reassignment surgery is a permanent change to a patient’s sexual identity and is not reversible. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history; gynecological, endocrinological and urological examination, and a clinical psychiatric/psychological examination. The goal of gender reassignment surgery (GRS) is to align the individual’s physical appearance and genital anatomy with his/her gender identity. GRS involves a series of procedures that will make male genitals into female genitals or vice versa (e.g., penectomy, orchiectomy, vaginoplasty, hysterectomy, salpingo-oophorectomy, colpectomy, metoidioplasty, phalloplasty) and will reshape a male body into a body with female appearances or vice versa (e.g., mastectomy, facial feminization surgery, nose/chin implants, jaw sculpturing, tracheal shaving, voice modification surgery, hair removal).

RATIONALE:

A diagnosis of gender dysphoria is based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) V criteria which include: there must be evidence of a strong and persistent cross-gender identification; this cross-over identification must not merely be a desire for any perceived cultural advantages of being the other sex; there must also be evidence of persistent discomfort about one’s assigned sex or sense of inappropriateness in the gender role of that sex; the individual must not have a concurrent physical intersex condition (e.g., androgen insensitivity syndrome, congenital adrenal hyperplasia); and there must be evidence of clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Psychological techniques that attempt to alter gender dysphoria to one considered appropriate for the person’s assigned sex have typically been shown to be ineffective. Therefore, it is generally accepted that the only effective and reasonable course of treatment for people with gender dysphoria would be gender reassignment therapy. The need for treatment is emphasized by the higher rate of mental health problems, including depression, anxiety, various addictions and well as a higher suicide rate among untreated people with gender dysphoria. Many of these problems, in the majority of cases significantly decrease or may even disappear after a change of gender role and/or physical characteristics.

The literature related to gender reassignment surgery has numerous limitations (e.g., lack of controlled studies, evidence not collected prospectively, large number of patients lost to follow-up). However, the majority of patients in case series and cohort studies experienced successful outcomes in terms of subjective well-being, cosmesis and sexual function.

The World Professional Association for Transgender Health or WPATH (formerly known as the Harry Benjamin International Gender Dysphoria Association) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People and the DSM V criteria are widely accepted as definitive documents in the area of gender dysphoria treatment.

The criteria in the SOC are supported by evidence-based peer-reviewed journal publications. Several studies have shown that extensive long-term trials of hormonal therapy and real-life experience living as the other gender, as well as social support and acceptance by peer and family groups, greatly improve psychological outcomes in patients undergoing gender reassignment surgery (Eldh, 1997; Landen, 1998). A study reported by Monstrey and colleagues (2001) described the importance of close cooperation between the many medical and behavioral specialties required for proper treatment of patients with gender dysphoria who wish to undergo gender reassignment surgery.

One study of 188 patients undergoing gender reassignment surgery found that dissatisfaction with surgery was highly associated with sexual preference, psychological co-morbidity, and poor pre-operative body image and satisfaction (Smith, 2005). MI Lobato, et al. (2006) and JC Goodard, et al. (2007) reported good overall cosmetic results and high patient satisfaction in studies related to the early and long-term follow-up of patients undergoing gender reassignment surgery (n=19 and n=233, respectively).

Gender reassignment surgery presents significant medical and psychological risks, and results are irreversible. A step-wise approach to therapy for gender dysphoria, including accurate diagnosis and long-term treatment by a multidisciplinary team including behavioral, medical and surgical specialists, has been shown to provide the best

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results. As with any treatment involving psychiatric disorders, a thorough behavioral analysis by a qualified practitioner is needed. Once a diagnosis of gender dysphoria is established, treatment with hormone therapy and establishment of real-life transgender experience may be warranted. Gender reassignment surgery should be considered only after such trials have been undertaken, evaluated and confirmed. Hormone therapy should be administered under on-going medical supervision and is important in beginning the gender transition process by altering body hair, breast size, skin appearance and texture, body fat distribution, and the size and function of sex organs. Real-life experience is important to validate the patient's desire and ability to incorporate their desired gender role into their social network and daily environment. This generally involves gender-specific appearance (garments, hairstyle, etc.), involvement in various activities in the desired gender role including work or academic settings, legal acquisition of a gender appropriate first name, and acknowledgement by others of their new gender role. Once these treatment steps have been established and stable for at least 12 months, a patient may be considered for gender reassignment surgery.

For both transmen and transwomen, additional surgeries have been proposed to improve the gender appropriate appearance of the patient. Procedures such as breast augmentation, liposuction, Adam's apple reduction, rhinoplasty, facial reconstruction, and others have no medical necessity role in gender identification and are considered cosmetic in nature.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

<u>CPT:</u>	54125	Amputation penis, complete
	54520	Simple orchiectomy
	54660	Insertion testicular prosthesis
	54690	Laparoscopy, surgical, orchiectomy
	55180	Scrotoplasty, complicated
	55970	Intersex surgery, male to female
	55980	Intersex surgery, female to male
	56625	Vulvectomy, complete
	56800	Plastic repair introitus
	56805	Clitoroplasty for intersex state
	57110	Vaginectomy, complete
	57291	Construction of artificial vagina without graft
	57292	Construction of artificial vagina with graft
	57335	Vaginoplasty for intersex state
	58150	Total abdominal hysterectomy, with or without removal ovaries and/or tubes
	58552, 58554	Laparoscopy, surgical, with vaginal hysterectomy with or without removal of ovaries and/or tubes
	58571, 58573	Laparoscopy, surgical, total hysterectomy with or without removal of ovaries and/or tubes

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ICD 9:	302.50-302.53	Trans-sexualism
	302.85	Gender identity disorder in adolescents or adults
ICD10:	F64.0-F64.9	Gender identity disorder (code range)
	Z87.890	Personal history of sex reassignment

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* key article

KEY WORDS:

Gender dysphoria, Gender identity disorder, GID, gender reassignment surgery, genital correction surgery, genital reassignment surgery, genital reconstruction, gender realignment surgery, gender confirmation surgery, intersex, transsexualism, transsexual surgery.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Per CMS Manual, Pub 100-03, Medicare National Coverage Determinations, Transmittal 169, change request 8825 was issued. As a consequence of this decision, NCD 140.3 is no longer valid. Implementation of this policy shall be June 29, 2014. Because the NCD is no longer valid as of the effective date, its provisions are no longer a basis for denying claims for Medicare coverage of “transsexual surgery” under 42 CFR §405.1060. Moreover, any local coverage determinations used to adjudicate such claims may not be based on or rely on the provisions or reasoning from section 140.3 of Pub. 100-03, Medicare NCD Manual. In the absence of an NCD, contractors and adjudicators should consider whether any Medicare claims for these services are reasonable and necessary under §1862(a)(1)(A) of the SSA consistent with the existing guidance for making such decisions when there is no NCD. This transmittal is located at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R169NCD.pdf>.

Also a final decision memo was issued in August 2016 by CMS for gender dysphoria and gender reassignment surgery. This memo is located at:

<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282&CoverageSelection=National&Keyword=gender+reassignment+surgery&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAACAACAAAAA%3d%3d&>