APPENDIX to Gender Reassignment Surgery Policy

Prior Authorization Requirements

Clinical Evidence is required to determine **medical necessity**.

Within five days before the actual date of service, the Provider MUST confirm with Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should also be directed to the Prior Authorization Department. Please call 1-800-541-6652 or visit the Provider Portal www.blueshieldca.com/provider.

Evidence Basis for the Policy

Rationale

Gender reassignment surgery, also known as sex reassignment surgery, genital reconstructive surgery, sex affirmation surgery, or sex-change operation, is a means of transitioning the body to a different gender through surgical alteration of the body (transgender). Men who are transitioning to female are known as male to female (MTF) or transwomen, and women who are transitioning to male are known as female to male (FTM) or transmen. Gender reassignment surgery involves genital reconstruction and other additional procedures, proposed as part of a treatment approach for individuals with gender dysphoria, formerly known as gender identity disorder (GID), and transexualism.

Gender, being male or female, is a basic element that helps make up an individual’s personality and sense of self. Gender-nonconformity refers to the extent to which an individual’s gender identity, role or expression differs from the cultural norms prescribed for people of a particular sex (Institute of Medicine, 2011). Gender identity disorder formally replaced an older term, transexualism, in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition, Text Revision (DSM-IV-TR, American Psychiatric Association [APA], 2000). Gender identity disorder is defined as a condition in which a male or female feels a strong identification with the opposite sex, and has persistent discomfort with his or her anatomical sex, usually from childhood. Transexualism is a term that is most often used in studies of gender reassignment and is considered an extreme expression of GID.

Although the total number of transgender people in the United States is unknown, studies suggest they make up a small, though substantial, population. Transgender is a broad umbrella term that includes people whose gender identity and/or gender expression differs from their assigned sex at birth. Female-to-male, male-to-female, cross dressers, bi-gendered, and intersex are the major groups that fall under the term transgender (American Congress of Obstetricians and Gynecologists [ACOG], 2011).

Gender Dysphoria

Gender dysphoria is a new diagnostic class in the DSM-5 (released in May of 2013) that reflects a change in the conceptualization of the disorder's defining features by emphasizing the phenomenon of "gender incongruence" rather than cross-gender identification, as was the case with GID described in the DSM-IV (APA, 2013). In the DSM-IV-TR, GID focused on the "identity" issue; namely, the incongruity between someone's birth gender and the gender with which he or she identifies. While this incongruity is still crucial to gender dysphoria, the authors of the new DSM-5 emphasize the importance of "distress" about the incongruity for a diagnosis. The DSM-5 also uses the term gender rather than sex to allow for those born with both male and female genitalia to have the condition. Gender dysphoria has its own chapter in the DSM-5 and is separated from Sexual Dysfunctions and Paraphilic Disorders.

According to the 2013 APA Highlights of Changes from DSM-IV-TR to DSM-5:

> In DSM-IV, the chapter "Sexual and Gender Identity Disorders" included three relatively disparate diagnostic classes: gender identity disorders, sexual dysfunctions, and paraphilias. Gender identity disorder, however, is neither a sexual dysfunction nor a paraphilia. Gender dysphoria is a unique condition in that it is a diagnosis made by mental health care providers, although a large proportion of the treatment is endocrinological and surgical (at least for some adolescents and most adults). In contrast to the dichotomized DSM-IV gender identity disorder diagnosis, the type and severity of gender dysphoria can be inferred from the number and type of indicators and from the severity measures.
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> The experienced gender incongruence and resulting gender dysphoria may take many forms. Gender dysphoria thus is considered to be a multicategory concept rather than a dichotomy, and DSM-5 acknowledges the wide variation of gender - incongruent conditions. Separate criteria sets are provided for gender dysphoria in children and in adolescents and adults. The adolescent and adult criteria include a more detailed and specific set of polythetic symptoms.

The APA (2013) also advised that it was important to note that gender-nonconformity is not in and of itself a mental disorder. Additionally, replacing the word "disorder" with "dysphoria" in the diagnosis label, removed the connotation that the patient is "disordered." The shift in the DSM-5 reflects recognition that the disagreement between birth gender and identity may not necessarily be pathological if it does not cause the individual distress. In example, many transgender individuals (those who identify with a gender different than the one they were assigned at birth) are not distressed by their cross-gender identification and should not be diagnosed with gender dysphoria (Rosenberg, 2009). Only some gender-nonconforming individuals experience gender dysphoria at some point in their lives.

Gender dysphoria and formerly GID, describe a condition that results in intense discomfort and distress that is caused by a discrepancy between an individual's gender identity and that individual's sex assigned at birth, including the associated gender role and/or primary and secondary sex characteristics (Coleman et al., 2011; Fisk, 1974; Knudson et al., 2010).The "critical element of gender dysphoria is the presence of clinically significant distress associated with the condition."(APA, 2013).

The DSM-5 criteria for the diagnosis of gender dysphoria (in adolescents or adults) include the following:

- A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by two or more of the following indicators:
- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

Therapeutic Options for Gender Dysphoria

According to the World Professional Organization for Transgender Health (WPATH) Standards of Care (SOC) (Coleman et al., 2011), a variety of therapeutic options can be considered for individuals seeking care for gender dysphoria. These options include:

- Changes in gender expression and role (which may involve living part time or full time in another gender role, consistent with one's gender identity
- Hormone therapy to feminize or masculinize the body
- Surgery to change primary and/or secondary characteristics (e.g., breasts/chest, external and/or internal genitalia, facial features, body contouring)
- Psychotherapy (individual, couple, family or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; or promoting resilience

Typically, the order of this therapy, sometimes referred to as triadic therapy includes: (1) a real-life experience in the desired role; (2) hormones of the desired gender; and (3) surgery to change the genitalia or other sex characteristics. However, the order, number and type of interventions

vary from individual to individual. The difference between hormone therapy and gender reassignment surgery is that the surgery is considered an irreversible physical intervention.

Mental Health Professionals

Mental health professionals play an important role in assisting individuals with gender dysphoria in providing counseling of treatment options, and psychotherapy (as needed). Clinical training and knowledge about gender-nonconforming identities and expressions, and the assessment and treatment of gender dysphoria is required. Qualified mental health professionals (Master's degree or equivalent) should be trained to assess, recognize, diagnosis, and treat (or refer to treatment for) coexisting mental health problems (Coleman et al., 2011; WPATH, 2011). The presence of coexisting mental health concerns does not necessarily preclude possible changes in gender role or access to hormonal therapy or surgery; rather these concerns need to be optimally managed prior to, or concurrent with, treatment of gender dysphoria. Additionally, individuals should be assessed for their ability to provide educated and informed consent for medical treatments. After evaluation, the mental health professional should provide documentation and formal recommendations to medical and surgical specialists (as applicable). According to the WPATH SOC (Coleman et al., 2011), the documentation recommending hormonal or surgical treatment for the individual should include all of the following:

- The client's general identifying characteristics
- Results of the individuals psychosocial assessment, including any diagnoses
- The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date
- An explanation that the WPATH criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery
- A statement that informed consent has been obtained from the patient
- A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this

Real-Life Experience

A real-life experience is defined as the act of fully adopting a new or evolving gender role or gender presentation, and is an essential step in transitioning to the gender role that is in agreement with the patient's gender identity. The decision to change one's gender presentation should be preceded by an awareness of its familial, vocational, interpersonal, educational, economic, and legal consequences (Hayes Inc., 2004 [update 2009]; Coleman et al., 2011; WPATH, 2011). This process assists in confirming the individual's desire for a gender role change, ability to function in this role long term, and determines the adequacy of the individual's support system. During this period, the individual is expected to maintain his/her normal functional lifestyle, participate in community, work, or school activities, and provide an indication that others are aware of the change in gender role. According to the WPATH SOC (Coleman et al., 2011), the rationale for a preoperative, 12- month experience of living in an identity-congruent role for when undergoing genital surgery is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery.

Hormone Therapy

When indicated, hormone therapy plays an important role in 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. In rare cases, hormone therapy may be contraindicated due to serious individual health conditions (e.g., venous thrombotic events, estrogen sensitive neoplasm, and end-stage chronic liver disease) (Gharib et al., 2005). Hormone therapy is a recommended criterion for some, but not all, surgical treatments of gender dysphoria (e.g., mastectomy or creation of a male chest) (WPATH, 2011; Coleman et al., 2011).

Initiation of feminizing/masculinizing hormone therapy may be provided after a psychosocial assessment has been conducted and informed consent has been obtained by a health professional.

The criteria for feminizing/masculinizing hormone therapy are as follows:

- Persistent, well-documented gender dysphoria
- Capacity to make a fully informed decision and to consent for treatment
- Member must be at least 18 years of age
- If significant medical or mental health concerns are present, they must be reasonably well controlled*

*The presence of co-existing mental health concerns does not necessarily preclude access to feminizing/masculinizing hormones. These concerns should be managed prior to or concurrent with treatment of gender dysphoria.

Feminizing/masculinizing hormonal interventions are not without risk for complications, including irreversible physical changes. Medical records should indicate that an extensive evaluation was completed to explore psychological, family and social issues prior to and post treatment. Providers should also document that all information has been provided and understood regarding all aspects associated with the use of cross-sex hormone therapy, including both benefits and risks.

Biological males are often treated with estrogens and anti-androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease testicular size and erections. Biological females are treated with testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. In both sexes, hormone therapy may be effective in reducing the adverse psychological impact of gender dysphoria (WPATH; Coleman et al., 2011). With appropriate training, hormone therapy can be administered by a variety of providers, including nurse practitioners, physician assistants, and primary care physicians (Dahl et al., 2006). Ongoing medical management, including physical examination and laboratory evaluation studies to manage dosage, side effects, etc., is required. Lifelong hormone maintenance is usually recommended.

Gender Reassignment Surgery

The Blue Shield medical necessity criteria for gender reassignment surgery are based on the WPATH SOC for the health of transsexual, transgender, and gender-nonconforming people, 7th version, published by WPATH (Coleman et al., 2011; WPATH, 2011).

Gender reassignment surgical procedures are not without risk for complications; therefore, individuals should undergo an extensive evaluation to explore psychological, family, and social issues prior to and post surgery. Readiness criteria for gender reassignment surgery includes the individual demonstrating progress in consolidating gender identity, and demonstrating progress in dealing with work, family, and interpersonal issues resulting in an improved state of mental health. In order to check the eligibility and readiness criteria for gender reassignment surgery, it is important for the individual to discuss the matter with a professional provider who is well-versed in the relevant medical and psychological aspects of gender dysphoria. The mental health and medical professional providers responsible for the individual's treatment should work together in making a decision about the use of cross-sex hormones during the months before the gender reassignment surgery. Transsexual individuals should regularly participate in psychotherapy in order to have smooth transitions and adjustments to the new social and physical outcomes.

Gender reassignment surgery should be performed by a gynecologist, urologist, plastic surgeon, or general surgeon who has specialized competence and training in this field (Coleman et al., 2011; American College of Obstetricians and Gynecologists (ACOG, 2011). Surgeries may be performed in stages. Monstrey et al. (2001) and Schlatterer et al. (1996) described the importance of a close cooperation between medical and behavioral specialties that is essential for appropriate and proper treatment of individuals with GID who desire gender reassignment surgery.

Feminizing Surgeries (Male-to-Female)

Feminizing surgeries for male-to-female (MTF) patients are intended to reshape a male body into the appearance of and, to the extent possible, the function of a female body; all of which require skilled surgery and postoperative care (Coleman et al., 2011).

- Orchiectomy (removal of the testicles)
- Penectomy (removal of the penis)
- Vaginoplasty (creation of vagina)
- Clitoroplasty (creation of clitoris)
- Labiaplasty (creation of labia)
- Vulvoplasty (including colovaginoplasty, labiaplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy)

Sexual sensation is an important goal with vaginoplasty, along with creation of a functional vagina and acceptable cosmesis. Vaginoplasty includes orhiectomy, creation of a vaginal cavity and neoclitoris, labiaplasty, and penile dissection with partial penectomy. It is usually performed by a plastic surgeon in a single operative setting, although some surgeons prefer to perform labiaplasty and clitoroplasty as a second surgery following healing of the initial vaginoplasty. The penile inversion technique is most commonly used to create the neovagina. In this technique the majority of skin from the shaft of the penis is inverted and used to line the inner walls of the neovagina. In some cases, extra skin is required to line the inner vagina. This is usually harvested from the patient’s lower abdomen, or scrotal skin grafts may be used. Use of a segment of the colon (rectomsigmoid pedicled transplant) or from the sigmoid colon (i.e., colovaginoplasty)

may be used if penile inversion or skin grafts from other locations fail (Bowman & Goldberg, 2006).

Masculinizing Surgeries (Female-to-Male)

Masculinizing surgeries for female-to-male (FTM) patients are intended to reshape the female body into the appearance of a male body (Coleman et al., 2011). The gender reassignment surgeries that may be performed for FTM patients include:

- Mastectomy (removal of the breast, and nipple tatooing)
- Reduction mammoplasty (reduction of breast size)
- Hysterectomy (removal of the uterus)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Vaginectomy (removal of vagina)
- Metoidioplasty (creation of micro-penis, using the clitoris tissue)
- Phalloplasty (skin graft is used to create a penis, with or without urethra)
- Urethroplasty (creation of urethra within the penis)
- Scrotoplasty (creation of scrotum)
- Placement of a testicular prostheses (the labia majora is dissected forming cavities allowing for implantation of artificial testes (testicular implant)

There are various operative techniques for phalloplasty, and the choice of techniques may be limited by anatomical or surgical considerations (Bowman & Goldberg, 2006; Coleman et al., 2011; Hayes Inc., 2004 [update 2009]). If the objectives of phalloplasty are a neophallus of good appearance, standing micturation, sexual sensation, and/or coital ability, the patient should be clearly informed that the surgery involves several stages and that frequent technical difficulties may require additional operations. Even metoidioplasty, which theoretically is a one-stage procedure for construction of a microphallus from a clitoris, often requires multiple surgeries (Hayes Inc., 2004; update 2009).

Other Associated Surgical Procedures

Additional surgeries have been proposed to assist in improving gender-appropriate appearance (i.e., body feminization or masculinization) of an individual who is planning to undergo or has undergone gender reassignment surgery (WPATH, 2011; Coleman et al., 2011). In general, the following surgical procedures are considered cosmetic in nature and therefore not medically necessary, as they are primarily performed to assist with improving cosmetic and/or more culturally desirable male or female characteristics.

- Breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast
- Blepharoplasty/Brow reduction/brow lift (removal of redundant skin of the upper and/or lower eyelids and protruding periorbital fat)
- Chin augmentation (reshaping or enhancing the size of the chin)
- Chin/nose/cheek implants
- Cricothyroid approximation (voice modification that raises the vocal pitch by stimulating contractions of the cricothyroid muscles with sutures)

- Face lift/forehead lift (e.g., rhytidectomy)
- Facial reconstruction for femininization or masculinization (e.g., facial bone reduction)
- Forehead augmentation
- Gluteal and hip augmentation (implants/lipofilling)
- Hair reconstruction (hair removal/hair transplantation)
- Jaw/mandibular reduction or augmentation
- Laryngoplasty (reshaping of laryngeal framework)
- Liposuction (removal of fat in the hips, thighs, or buttocks)
- Lipofilling
- Lip reduction/enhancement (decreasing/enlarging lip size)
- Pectoral implants
- Rhinoplasty (reshaping of the nose)
- Suction-assisted lipoplasty of the waist
- Trachea shave (Adam's apple shaving)/reduction thyroid chondroplasty (reduction of the thyroid cartilage)
- Voice modification surgery

Professional Societies/Organizations

The World Professional Association for Transgender Health (WPATH) has established medical necessity criteria through publication of the "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People" document (Seventh Version) (Coleman et al., 2011; WPATH, 2011). This document is widely accepted as the definitive document in the area of gender dysphoria treatment and has been adopted in several countries as the standard of care. The WPATH recommendations for the standards of care are based on scientific evidence and expert consensus.

The Endocrine Society published a clinical practice guideline for endocrine treatment of transsexual persons in 2009 (Hembree et al.). The Endocrine Society concluded and recommended the following:

> Transsexual persons seeking to develop the physical characteristics of the desired gender require a safe, effective hormone regimen that will 1) suppress endogenous hormone secretion determined by the person's genetic/biologic sex and 2) maintain sex hormone levels within the normal range for the person's desired gender. A mental health professional (MHP) must recommend endocrine treatment and participate in ongoing care throughout the endocrine transition and decision for surgical sex reassignment. The endocrinologist must confirm the diagnostic criteria the MHP used to make these recommendations. Because a diagnosis of transsexualism in a prepubertal child cannot be made with certainty, we do not recommend endocrine treatment of prepubertal children. We recommend treating transsexual adolescents (Tanner stage 2) by suppressing puberty with GnRH analogues until age 16 years old, after which cross-sex hormones may be given. We suggest suppressing endogenous sex hormones, maintaining physiologic levels of gender-appropriate sex hormones and monitoring for known risks in adult transsexual persons.

Additionally, the Endocrine Society (Hembree et al., 2009) recommended that transsexual persons consider genital sex reassignment surgery only after:

- Both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable;
- Completion of at least one year of consistent and compliant hormone treatment;
- The physician responsible for endocrine treatment medically clears the individual for sex reassignment surgery and collaborates with the surgeon regarding hormone use during and after surgery.

In 2011, the American College of Obstetricians and Gynecologists (ACOG) published a Committee Opinion (Number 512) entitled "Health Care for Transgender Individuals". The ACOG document advised the following:

> Obstetrician–gynecologists should be prepared to assist or refer transgender individuals. Physicians are urged to eliminate barriers to access to care for this population through their own individual efforts. An important step is to identify the sexual orientation and gender identity status of all patients as a routine part of clinical encounters and recognize that many transgender individuals may not identify themselves. The American College of Obstetricians and Gynecologists urges health care providers to foster nondiscriminatory practices and policies to increase identification and to facilitate quality health care for transgender individuals, both in assisting with the transition if desired as well as providing long-term preventive health care.

Summary

Gender reassignment surgical treatments for gender dysphoria are not merely another set of elective procedures, and present with significant medical and psychological risks, some of which are irreversible. A cohesive multidisciplinary specialty team including physicians, surgeons, and mental health providers are required in order to provide the best results and benefits from gender reassignment surgery for the individual with gender dysphoria. An individual's sexual satisfaction after the surgery can vary depending on the success of the surgical reassignment technique and the psychological stability of the individual.

In conclusion, while the scientific evidence concerning gender reassignment surgery in both MTF and FTM is limited (Hayes Inc., 2004, updated 2009; Sutcliffe et al., 2009), gender reassignment surgery has been accepted as a treatment option for individuals who satisfy the formal diagnostic criteria for gender dysphoria, belong to a core group of transsexuals, and undergo a real-life experience and hormone therapy (as applicable) prior to surgery, when in accordance with the WPATH SOC (2011) medically necessary criteria. While additional surgeries have been proposed for improving gender-appropriate appearance (i.e., body feminization or masculinization); in general, these surgeries are considered cosmetic in nature.

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program (FEP)) prohibit Plans from denying Food and Drug Administration (FDA) - approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

This Policy relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore, contract language should be reviewed before applying the terms of the Policy. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement.

Type	Number	Description
CPT	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
	11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
	11970	Replacement of tissue expander with permanent prosthesis
	11971	Removal of tissue expander(s) without insertion of prosthesis
	15770	Graft; derma-fat-fascia

Type	Number	Description
	15775	Punch graft for hair transplant; 1 to 15 punch grafts
	15776	Punch graft for hair transplant; more than 15 punch grafts
	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
	19303	Mastectomy, simple, complete
	19304	Mastectomy, subcutaneous
	19316	Mastopexy
	19324	Mammaplasty, augmentation; without prosthetic implant
	19325	Mammaplasty, augmentation; with prosthetic implant
	19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
	19350	Nipple/areola reconstruction
	21089	Unlisted maxillofacial prosthetic procedure
	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
	21121	Genioplasty; sliding osteotomy, single piece
	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
	21125	Augmentation, mandibular body or angle; prosthetic material
	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
	21137	Reduction forehead; contouring only
	21209	Osteoplasty, facial bones; reduction
	31599	Unlisted procedure, larynx
	31750	Tracheoplasty; cervical
	53410	Urethroplasty, 1-stage reconstruction of male anterior urethra

Type	Number	Description
	53430	Urethroplasty, reconstruction of female urethra
	54125	Amputation of penis; complete
	54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
	54401	Insertion of penile prosthesis; inflatable (self-contained)
	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
	54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
	54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
	54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
	54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
	54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
	54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
	54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
	54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
	54660	Insertion of testicular prosthesis (separate procedure)
	54690	Laparoscopy, surgical; orchiectomy
	55150	Resection of scrotum
	55175	Scrotoplasty; simple
	55180	Scrotoplasty; complicated

Type	Number	Description
	55970	Intersex surgery; male to female
	55980	Intersex surgery; female to male
	56620	Vulvectomy simple; partial
	56625	Vulvectomy simple; complete
	56800	Plastic repair of introitus
	56805	Clitoroplasty for intersex state
	56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
	57106	Vaginectomy, partial removal of vaginal wall;
	57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
	57110	Vaginectomy, complete removal of vaginal wall;
	57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
	57291	Construction of artificial vagina; without graft
	57292	Construction of artificial vagina; with graft
	57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
	57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
	57335	Vaginoplasty for intersex state
	57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
	57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
	58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
	58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
	58260	Vaginal hysterectomy, for uterus 250 g or less;

Type	Number	Description
	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
	58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
	58275	Vaginal hysterectomy, with total or partial vaginectomy;
	58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
	58285	Vaginal hysterectomy, radical (Schauta type operation)
	58290	Vaginal hysterectomy, for uterus greater than 250 g;
	58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
	58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
	58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
	58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
	58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
	58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
	58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

Type	Number	Description
	58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
	58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58555	Hysteroscopy, diagnostic (separate procedure)
	58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
	58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
	58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
	58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
	58940	Oophorectomy, partial or total, unilateral or bilateral;
	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
HCPC	C1813	Prosthesis, penile, inflatable
	C2622	Prosthesis, penile, non-inflatable
ICD9 Procedure	62.41	Removal of both testes at same operative episode
	62.7	Insertion of testicular prosthesis
	64.3	Amputation of penis
	64.43	Construction of penis
	64.5	Operations for sex transformation, not elsewhere classified
	65.61	Other removal of both ovaries and tubes at same operative episode
	65.63	Laparoscopic removal of both ovaries and tubes at same operative episode
	68.41	Laparoscopic total abdominal hysterectomy

Type	Number	Description
	68.49	Other and unspecified total abdominal hysterectomy
	68.51	Laparoscopically assisted vaginal hysterectomy (LAVH)
	68.59	Other and unspecified vaginal hysterectomy
	70.4	Obliteration and total excision of vagina
	70.61	Vaginal construction
	71.4	Operations on clitoris
	71.62	Bilateral vulvectomy
ICD9 Diagnosis	302.50	Trans-sexualism with unspecified sexual history
	302.51	Trans-sexualism with asexual history
	302.52	Trans-sexualism with homosexual history
	302.53	Trans-sexualism with heterosexual history
	302.6	Gender identity disorder in children
	302.85	Gender identity disorder in adolescents or adults
Place of Service	All Places of Service	

Tables

N/A

Definitions

Bi-gendered - Individuals who identify as both or alternatively male and female, as no gender, or as a gender outside the male or female binary.*

Crossdresser - An individual who dresses in the clothing of the opposite sex for reasons that include a need to express femininity or masculinity, artistic expression, performance, or erotic pleasure, but do not identify as that gender. The term “transvestite” was previously used to describe a crossdresser, but it is now considered pejorative and should not be used.*

Female-to-male - Refers to someone who was identified as female at birth but who identifies and portrays his gender as male. This term is often used after the individual has taken some steps to express his gender as male, or after medically transitioning through hormones or surgery. Also known as FTM or transman.*

Gender expression – How individuals present themselves socially, including clothing, hairstyle, jewelry, and physical characteristics, including clothing, hairstyle, jewelry, and physical characteristics including speech and mannerisms. This may not be the same gender in all settings. **

Gender identity – An individual's innate identification as a man, woman, or something else that may or may not correspond to the person's external body or assigned sex at birth. **

Intersex - Individuals with a set of congenital variations of the reproductive system that are not considered typical for either male or female. This includes newborns with ambiguous genitalia, a condition that affects 1 in 2,000 newborns in the United States each year.*

Male-to-female - Refers to someone who was identified as male at birth but who identifies and portrays her gender as female. This term is often used after the individual has taken some steps to express her gender as female, or after medically transitioning through hormones or surgery. Also known as MTF or transwoman.*

Sex - Designation of an individual at birth as male or female based on anatomy and biology.*

Transsexual - An individual who strongly identifies with the other sex and seeks hormones or gender-affirmation surgery or both to feminize or masculinize the body; may live full-time in the crossgender role.**

* Fenway Health. Glossary of gender and transgender terms. Boston (MA): Fenway Health; 2010.

** The health of lesbian, gay, bisexual, and transgender people: building a foundation for better understanding. Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, Board on the Health of Select Populations, Institute of Medicine of the National Academies. Washington, DC: National Academies Press; 2011.

Index / Cross Reference of Related BSC Medical Policies

The following Medical Policies share diagnoses and/or are equivalent BSC Medical Policies:

- Reconstructive Services

Key / Related Searchable Words

- Gender identity disorder
- Gender dysphoria
- Genital reconstructive surgery
- Intersex surgery
- Mastectomy
- Sex reassignment surgery
- Transgender

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Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action	Reason
6/28/2013	New policy	Medical Policy Committee

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the policy statement for this policy

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