blue of california

Medical Policy

Gender Reassignment Surgery	
Type: Medical Necessity/Not Medical Necessity	**Policy Specific Section:** Surgery
Original Policy Date: June 28, 2013	**Effective Date:** June 28, 2013

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Gender reassignment surgery or gender transition surgery, also known as sex reassignment surgery, is a term for surgical procedures by which an individual's physical appearance and function of their existing sexual characteristics are altered to resemble that of the other sex (i.e., either female-to-male [transmen] or male-to-female [transwomen]). Gender reassignment

surgery may be performed for an intersex condition (i.e., born with sex characteristics of an indeterminate sex) or as a treatment option for extreme expressions of gender dysphoria (formerly known as gender identity disorder). This medical policy addresses gender reassignment surgery for the treatment of gender dysphoria.

Gender dysphoria is defined as discomfort or distress that is caused by a discrepancy between an individual's gender identity and that individual's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) (World Professional Association for Transgender Health [WPATH], 2011). Individuals with gender dysphoria have persistent feelings of gender discomfort and inappropriateness of their anatomical sex, strong and ongoing cross-gender identification, and a desire to live and be accepted as members of the opposite sex. A variety of therapeutic options can be considered for individuals seeking care for gender dysphoria and may include the following:

- 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 (real-life experience)
- Hormone therapy to feminize or masculinize the body
- Surgery to change primary and/or secondary sex characteristics
- Psychotherapy

Because gender reassignment surgery is intended to be a permanent change to the individual's identity, comprehensive evaluations and ongoing medical and psychosocial therapy by qualified mental health and medical professionals are required to determine whether surgery is the appropriate option for the individual.

Policy

Gender reassignment surgery for confirmed gender dysphoria may be considered **medically necessary** when **all** of the following criteria are met:

- The individual is age 18 or older
- The individual has a documented DSM-5 diagnosis of gender dysphoria including **all** of the following:
    - The desire to live and be accepted as a member of the opposite sex, usually accompanied by the desire to make his or her body as congruent as possible with the preferred sex through hormone therapy and gender reassignment surgery
    - Transsexual identity has been present persistently for at least 2 years
    - Disorder is not a symptom of another mental disorder (e.g., schizophrenia)
    - Disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
- If significant medical or mental health concerns are present, they must be reasonably well-controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder) an effort must be made to improve these

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conditions with psychotropic medications and/or psychotherapy before surgery is contemplated.

- Medical record documentation to support the medical necessity of **any** of the following gender reassignment surgeries and **all** associated criteria (as applicable):
    - Mastectomy, subcutaneous mastectomy, breast reduction (creation of a male chest), including nipple tattooing, *(female-to-male)* and;
        - At least one letter of recommendation written from a qualified mental health professional who consistently monitored the individual throughout the individual's psychotherapy

          Note: Hormone therapy is not a prerequisite for mastectomy and creation of a male chest.
    - Hysterectomy and salpingo-oophrectomy *(female-to-male)* and orchiectomy *(male-to-female)* when **both** of the following criteria are met:
        - Individual has received 12 months of continuous hormone sex reassignment therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience)
        - Recommendations for sex reassignment surgery by two qualified mental health professionals who have independently assessed the individual **Note**: If the first referral is from the individual's psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guideline)
    - **Any** combination of the following genital reconstructive surgeries (as applicable to gender reassignment) when **all** of the additional criteria listed below are met:
        - Vaginectomy, metoidioplasty, scrotoplasty, urethroplasty, urethromeatoplasty, implantation of a testicular prosthesis, and phalloplasty (employing a pedicled or free vascularized flap) *(female-to-male)*; **or**
        - Vaginoplasty, penectomy, clitoroplasty, vulvuloplasty (including colovaginoplasty, labiaplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy) *(male-to-female)*

    - Individual has received 12 months of continuous hormone sex reassignment therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience)
    - Individual has successfully lived and worked within the desired gender role full-time for at least 12 continuous months (real-life experience) without returning to the original gender (See Policy Guideline)
    - Regular participation with a mental/behavioral health provider or other medical professional throughout the real-life experience (usually a minimum of 3 months)
    - Recommendations for sex reassignment surgery by two qualified mental health professionals who have independently assessed the individual

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Note: If the first referral is from the individual's psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guideline)

Gender reassignment surgery is considered **not medically necessary** when **one or more** of the criteria above are not met.

The following surgeries are considered cosmetic when performed to assist in improving the gender specific appearance of an individual who is planning to undergo or has undergone gender reassignment surgery (this list may not be all inclusive):

- Blepharoplasty/Brow reduction/brow lift
- Breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast
- Chin augmentation (reshaping or enhancing the size of the chin)
- Chin/nose/cheek implants
- Face lift/forehead lift
- 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
- Liposuction
- Lipofilling
- Lip reduction/enhancement
- Pectoral implants
- Rhinoplasty
- Trachea shave (Adam's apple shaving)/reduction thyroid chondroplasty
- Voice modification surgery (e.g., laryngoplasty, cricothyroid approximation [CTA], thyrohyoid approximation, laryngeal reduction surgery [surgical shortening of the vocal cords), laser assisted voice adjustment [LAVA])

See the related Blue Shield Medical Policies for additional information on medically necessary or reconstructive services:

- Blepharoplasty, Blepharoptosis Repair, and Brow Lift
- Breast Implant Management
- Orthognathic Surgery
- Reconstructive Services

Policy Guideline

The following guidelines are based on the World Professional Association for Transgender Health [WPATH], Standards of Care [SOC] for the Health of Transexual, and Gender-Nonconforming People, Version 7 (2011).

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Diagnostic and Statistical Manual of Mental Disorders-V (DSM-5) Criteria for the Diagnosis of Gender Dysphoria (in Adolescents or Adults)

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)

Referrals/Recommendations from Qualified Mental Health Providers

The minimal credentials for qualified mental health professionals who work with adults presenting with gender dysphoria include a master's degree or its equivalent or a more advanced degree (e.g., Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D.) in a clinical behavioral science field with established competence in the assessment and treatment of gender dysphoria. At least one of the professionals must be capable of adequately evaluating comorbid psychiatric conditions.

When two letters are required, the second referral is intended to be an evaluative consultation, not a representation of an ongoing long-term therapeutic relationship (e.g., consulting psychologist or psychiatrist or by a medical practitioner of sufficient experience with gender dysphoria). Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) may be sent.

Each recommendation letter for surgery from a qualified mental health provider should include **all** of the following content:

- 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

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- A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this

Note: For providers working within a multidisciplinary specialty team, a letter may not be necessary, rather, a clearly documented assessment and recommendation can be documented in the patient's chart.

Full-Time Living in the Gender Role

This criterion for some types of genital reconstructive surgeries 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. The duration of 12 months allows for a range of different life experiences and events that may occur through the year (e.g., family events, holidays, vacations, season-specific work or school experiences). It is recommended during this time, individuals present consistently, on a day-to-day basis and across all settings of life, including coming out to partners, family, friends, and community members, in their desired role (WPATH, 2011).

Health professionals should clearly document a patient's experience in the gender role in the medical chart, including the start date of living full-time for those who are preparing for genital surgery. In some situations, if needed, health professionals may request verification that this criteria has been fulfilled which may include either of the following (WPATH, 2011):

- Communication with individuals who have related to the patient in an identity-congruent gender role
- Request documentation of a legal name and/or gender-marker change, if applicable

Coding

Female-to-Male Intersex Surgery

Intersex surgery *(female-to-male)* is identified by CPT code 55980. The following staged procedures to form a penis and scrotum using pedicle flap grafts and free skin grafts are included:

- Portions of the clitoris are used, as well as the adjacent skin
- Prostheses are often placed in the penis to create a sexually functional organ
- Prosthetic testicles are implanted in the scrotum
- The vagina is closed or removed

Combinations of individual procedures are billed separately. For example, 55980 (female-to-male intersex surgery) may be billed with any combination of the following CPT codes (not all inclusive):

- 19303: Mastectomy, simple, complete
- 19304: Mastectomy, subcutaneous
- 53430: Urethroplasty, reconstruction of female urethra
- 55175 (simple scrotoplasty) or 55180 (complicated scrotoplasty)
- 56625: Vulvectomy simple; complete
- 57110: Vaginectomy, complete removal of vaginal wall

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- 58150: Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
- 58262: Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
- 58291: Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
- 58552: Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
- 58554: Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
- 58571: Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
- 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)

Male-to-Female Intersex Surgery

Intersex surgery *(male-to-female)* is identified by CPT code 55970. The following staged procedures to remove portions of the male genitalia and form female external genitals are included:

- The penis is dissected, and portions are removed with care to preserve vital nerves and vessels in order to fashion a clitoris-like structure
- The urethral opening is moved to a position similar to that of a female
- A vagina is made by dissecting and opening the perineum. This opening is lined using pedicle or split- thickness grafts
- Labia are created out of skin from the scrotum and adjacent tissue
- A stent or obturator is usually left in place in the newly created vagina for three weeks or longer

Combinations of individual procedures are billed separately. For example, 55970 (male-to-female intersex surgery) may be billed with any combination of the following CPT codes (not all inclusive):

- 54125: Amputation of penis; complete
- 54520: Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
- 54690: Laparoscopy, surgical; orchiectomy
- 56800: Plastic repair of introitus
- 56805: Clitoroplasty for intersex state (Female procedure)
- 57291: Construction of artificial vagina; without graft
- 57292: Construction of artificial vagina; with graft
- 57335: Vaginoplasty for intersex state (Female procedure)

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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

Documentation Required for Clinical Review

• History and physical and/or consultation notes from referring provider including:
  o Documented and confirmed diagnosis, including length of transsexual identity and comorbid conditions (both medical and psychiatric)
  o Past and current medical, surgical, and psychiatric history/comorbid conditions*
  o Previous and ongoing treatment(s) for condition (e.g., hormone therapy, psychotherapy), including duration and effect(s)
  o Patient's experience in the gender role, including the start date of living full-time (for genital surgery)
  o Proposed surgical procedure(s)
  o Capacity to make a fully informed decision and consent for surgical treatment
  * If significant medical or mental health concerns are present, documentation that these conditions are well-controlled
• A single letter (for breast reduction surgery in female-to-male transgender) or two letters* of referral (for gonad or genital reconstructive surgeries) from qualified mental health professional(s) which includes all of the following:
  o Client's general identifying characteristics
  o Results of the client's psychosocial assessment, including discomfort or disturbances, and impact on social, occupational, or other important areas of function
  o DSM-5 diagnosis, and any other comorbid psychiatric diagnoses, including duration of condition(s)
  o Duration of mental health provider's relationship with the client, including type of evaluation and therapy or counseling to date
  o An explanation that the WPATH criteria (7th edition) for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery including documentation of:
  ▪ Persistent, well-documented gender dysphoria
  ▪ If significant medical or mental health concerns are present, they are reasonably well-controlled

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- Unless medically contraindicated, the patient has used hormones of the desired gender continuously and responsibly for a 12-month period (not required for breast reduction surgeries [e.g., mastectomy] in female-to-male)
- Additionally for genital reconstructive surgeries:
  - Continuous full-time real-life experiences for a 12-month period and a description of those experiences (e.g., functioned as a student in an academic setting, maintained part-time or full-time employment, functioned in a community-based volunteer activity)
  - Regular participation in psychotherapy throughout the real-life experience at a frequency determined jointly by the patient and mental health professional

- A statement about the fact that informed consent was 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

*Two letters of recommendation from mental health providers are required for gonad and/or genital reconstructive surgeries. The second referral is intended to be an evaluative consultation, not a representation of an ongoing long-term therapeutic relationship (e.g., consulting psychologist or psychiatrist or by a medical practitioner of sufficient experience with gender dysphoria).

Post-Service

- Operative report(s)

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 appendix for this policy

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