



Last Approved 10/18/2023  
Effective 12/1/2023  
Next Review 10/17/2024

Area Medical Policy  
Lines Of Business All Lines of Business

## Gender Affirmation Surgery

### PURPOSE

Gender affirmation services aim to help individuals diagnosed with gender dysphoria align their physical primary sex (and/or secondary) characteristics with their gender identity via medical and surgical procedures in order to alleviate their symptoms.

### DEFINITIONS

**Gender Dysphoria:** A concept designated in the *DSM-5* as clinically significant distress or impairment related to a strong desire to be of another gender, which may include desire to change primary and/or secondary sex characteristics. Not all transgender or gender diverse people experience dysphoria.

**Non-binary:** A term used by some individuals whose gender identity is neither girl/woman nor boy/man.

**Transgender:** An umbrella term describing individuals whose gender identity does not align in a traditional sense with the gender they were assigned at birth. It may also be used to refer to a person whose gender identity is binary and not traditionally associated with that assigned at birth.

**Sex/gender assigned at birth:** Traditional designation of a person as "female," "male," or "intersex" based on anatomy (external genitalia and/or internal reproductive organs) and/or biology (sex chromosomes and/or hormones). "Sex" and "gender" are often used interchangeably, but they are distinct entities.

### PROCEDURE

#### Guidelines for Commercial, WV PEIA, Medicare Advantage, ASO/Self-funded LOBs:

Gender affirmation services may be considered medically necessary when all of the following are met:

- Individual must be 18 years of age, and;

- There must be a persistent and well documented history of gender dysphoria (see gender dysphoria criteria in additional information), and;
- If there are significant mental health concerns, they must be well documented and controlled, and;
- Capacity to make an informed consent for treatment, and;
- Positive psycho-social behavioral assessment in order to provide the individual and their care team with assistance in identifying post-operative challenges, and;
- For individuals wishing to complete genital surgery all of the following criteria must be met in addition to the above criteria:
  - The individual must have completed at least 12 months of continuous cross-sex hormone therapy appropriate for their desired gender, and;
  - They must have completed 12 months of successful continuous full-time real-life experience in their desired gender, and;
  - They must receive two referrals from two separate qualified mental health professionals.
- **Note:** The Health Plan complies with all Medicare National Coverage Determinations (NCDs) and applicable Local Coverage Determinations (LCDs) for all therapies, items, services, and/or procedures that are covered benefits under Medicare. If the coverage criteria in this policy conflicts with any NCDs or relevant LCD, the relevant document controls the application of services regardless of the version of the NCD or LCD listed in the reference section.

## Mountain Health Trust (MHT) Specific Guidelines:

Gender affirmation services may be considered medically necessary when all of the following are met:

- Member must be 21 years or older prior to being considered for this procedure.
- Written clinical evaluation that may be in the form of a letter documenting eligibility and medical necessity from two qualified mental health professionals demonstrating that the member:
  - Has been separately assessed by two qualified, mental health professionals, as defined in this policy each resulting in a diagnosis of gender dysphoria meeting DSM-V criteria, and
  - The qualified mental health professionals are unaffiliated.
- A written clinical evaluation by a qualified mental health professional will include at a minimum:
  - Diagnosis of persistent gender dysphoria, with demonstrated participation in a treatment plan in consolidating gender identity,
  - Diagnosis and treatment of co-morbid conditions,
  - Counseling of treatment options and implications,
  - Psychotherapy for a minimum of 8 visits in the 12 months preceding surgery,
  - Affirmation that the member has been assessed face-to-face, in person, by the qualified mental health professional,

- Formal recommendations of readiness for surgical treatment, documented in a letter that includes:
  - Documentation of all diagnosis,
  - Duration of professional relationship and the type of therapy,
  - Rationale for surgery,
  - A written description of the mental health professional's strategy and approach for providing coordination of care before, during and after surgery. This should include regular contact by phone and in-person visits and may include technology-based approaches,
  - A letter from the treating surgeon stating that the member meets the criteria listed in the policy and has personally communicated to the treating mental health provider, physician, and the member the ramifications of the surgery including:
    - The required length of the hospitalization,
    - Possible complications of surgery/surgeries,
    - The post-surgical rehabilitation requirement of the various surgical approaches and the planned surgery,
    - Pain management.
- Completion of at least 12 continuous months of living as transgender Male to Female (MTF) or Female to Male (FTM) in all aspects of daily living as documented in medical/psychological records.
- Documentation of 12 months continuous hormone therapy as appropriate to the member's gender goals, unless medically contraindicated whereas the provider must document why the hormones are not clinically indicated.
- Documentation of follow up every three months during the first year of hormone therapy to monitor hormone levels.
- Documentation the member has received counseling about the risks, benefits, and alternatives of hormone therapy and surgery.

**Contraindications:**

- Patient exclusion criteria in the reviewed studies included an accompanying psychiatric disorder, severe environmental challenges, failure to remain in a cross-sex role during the trial period, illicit drug use, or a lack of gender dysphoria diagnosis.

**Exclusions:**

- West Virginia Medicaid does not cover reversal of the surgeries approved under this rule.
- Cryopreservation, storage, or thawing of reproductive tissue is not covered. Surrogate parenting will not be covered.

**Additional Documentation Requirements:**

The treating clinicians must provide the following documentation. The documentation must be provided in letters from the appropriate clinicians and contain the information noted below:

The letters must attest to the psychological aspects of the candidate's gender dysphoria as defined by the DSM-V.

The following gender affirmation services may be considered medically necessary when the above criteria are met (all LOBs):

One of the letters must be from a licensed behavioral health professional with an appropriate degree:

- Doctor of Philosophy (Ph.D.);
- Doctor of Medicine (M.D.);
- Licensed Certified Social Worker (LCSW);
- Doctor of Education (Ed.D.);
- Doctor of Science (D.Sc.);
- Doctor of Social Work (DSW);
- Psychiatric physician assistant, Doctor of Psychology (Psy.D), or psychiatric nurse practitioner under the supervision of a psychiatrist with established competence and clinical expertise in the assessment and treatment of gender dysphoria, who is capable of adequately evaluating if the candidate has any co-morbid psychiatric conditions.

When patients with gender dysphoria are also 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 conditions with psychotropic medications and/or psychotherapy before surgery is contemplated. Reevaluation by a mental health professional qualified to assess and manage psychotic conditions should be conducted prior to surgery, describing the patient's mental status and readiness for surgery. It is preferable that this mental health professional be familiar with the patient. No surgery should be performed while a patient is actively psychotic.

One of the letters must be from the candidate's established physician or behavioral health provider. The letter or letters must document the following:

- Whether the author of the letter is part of a gender dysphoria treatment team and/or follows current World Professional Association for Transgender Health (WPATH) Standards of Care; or
- Endocrine Society Guidelines for the Endocrine Treatment of Gender-Dysphoric/Gender Incongruent Persons for evaluation and treatment of gender dysphoria; and
- The initial and evolving gender, sexual, and other psychiatric diagnoses (if applicable); and
- The duration of their professional relationship including the type of evaluation that the candidate underwent; and
- The eligibility criteria that have been met by the candidate according to the above Standards of Care; and
- The physician or mental health professional's rationale for hormone therapy and/or surgery.
- The extent of participation in psychotherapy throughout the 12-month real-life trial; and
- 12-Month Hormone Therapy
- Demonstrable progress on the part of the candidate in consolidating the new gender identity,

including improvements in the ability to handle:

- Work, family, and interpersonal issues
- Behavioral health issues, should they exist.

If the letters specified above come from the same clinician, then a letter from a second physician or behavioral health provider familiar with the candidate corroborating the information provided by the first clinician is required.

For members requesting surgical treatment, a letter of documentation must be received from the treating surgeon. If one of the previously described letters is from the treating surgeon, then it must contain the documentation noted in the section below.

All letters from a treating surgeon must confirm that:

- The member meets the “candidate criteria” listed in this policy, and
- The treating surgeon feels that the member is likely to benefit from surgery and
- The surgeon has personally communicated with the treating mental health provider or physician treating the candidate, and
- The surgeon has personally communicated with the candidate and the candidate understands the ramifications of surgery, including:
  - The required length of hospitalizations,
  - Possible complications of the surgery, and
  - The post-surgical rehabilitation requirements of the various surgical approaches and the planned surgery.

Providers for Gender Affirmation Surgery: All treating, rendering, ordering, or referring providers MUST be enrolled with West Virginia Medicaid prior to services being performed. See [Chapter 300, Provider Participation Requirements](#). All providers must follow [Policy 519.16, Surgical Services](#) in addition to this policy.

## Medically Necessary Services (All LOBs):

The following gender affirmation services may be considered medically necessary when the above criteria are met:

- Male to female:
  - Orchiectomy
  - Penectomy
  - Vaginoplasty
  - Colovaginoplasty
  - Clitoroplasty
  - Labiaplasty
  - Laryngoplasty (excluded for MHT per BMS policy)
  - Augmentation mammoplasty

- Perineoplasty
- Female to male:
  - Breast reduction (e.g. reduction and/or feminizing mammoplasty)
  - Hysterectomy
  - Salpingo-oophorectomy
  - Colpectomy/Vaginectomy
  - Vulvectomy
  - Trachelectomy (cervicectomy)
  - Metoidioplasty
  - Phalloplasty
  - Urethroplasty
  - Scrotoplasty
  - Testicular prosthesis implantation

Gender affirmation services that do not meet the above criteria are considered not medically necessary, and therefore, non-covered.

## **Exclusions (All LOBs):**

Cosmetic services may change an individual's appearance, but do not treat the individual's underlying gender dysphoria. Please review our Cosmetic Procedures policy for additional information. The following procedures may be performed as a component of gender transition services, but are considered cosmetic in nature , and therefore, non-covered:

- Abdominoplasty
- Blepharoplasty
- Body contouring
- Brow lift
- Calf implants
- Cheek/malar implants
- Chin or nose implants
- Collagen injection
- Construction of clitoral hood
- Medications to assist with hair loss or growth
- Face or forehead lifts
- Facial bone reduction
- Facial feminization or masculinization surgery
- Feminization of torso
- Jaw reduction or contouring

- Hair removal (Note: Hair removal may be considered medically necessary to treat donor sites for a planned phalloplasty or vaginoplasty.)
- Hair transplantation
- Lip enhancements
- Lip reduction
- Masculinization of torso
- Mastopexy
- Neck tightening
- Nipple reconstruction
- Nose implants
- Pectoral implants
- Pitch-raising surgery
- Removal of redundant skin (unless there is a functional impairment)
- Rhinoplasty
- Skin resurfacing
- Tracheal shave
- Voice modification

## **DSM-5-TR Criteria for Gender Dysphoria in Adults and Adolescents**

A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least two or more of the following:

- 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)

In order to meet criteria for the diagnosis, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

# WPATH Recommended for Health Care Professionals Working with Adults Who Present with Gender Dysphoria

We recommend health care professionals assessing transgender and gender diverse adults for physical treatments:

- Are licensed by their statutory body and hold, at a minimum, a master's degree or equivalent training in a clinical field relevant to this role and granted by a nationally accredited statutory institution.
- For countries requiring a diagnosis for access to care, the health care professional should be competent using the latest edition of the World Health Organization's International Classification of Diseases (ICD) for diagnosis. In countries that have not implemented the latest ICD, other taxonomies may be used; efforts should be undertaken to utilize the latest ICD as soon as practicable.
- Are able to identify co-existing mental health or other psychosocial concerns and distinguish these from gender dysphoria, incongruence, and diversity.
- Are able to assess capacity to consent for treatment.
- Have experience or be qualified to assess clinical aspects of gender dysphoria, incongruence, and diversity.
- Undergo continuing education in health care relating to gender dysphoria, incongruence, and diversity.
- We suggest health care professionals assessing transgender and gender diverse adults seeking gender-affirming treatment liaise with professionals from different disciplines within the field of transgender health for consultation and referral, if required.

## RELATED POLICIES:

- Cosmetic Procedures

## CODING GUIDELINES

### Procedure Codes

| CPT Code | Description   |
|----------|---|
| 15771    | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate  |
| 15772    | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) |
| 19318    | Breast reduction  |



|       |   |
|-------|---|
| 19325 | Breast augmentation with implant  |
| 31599 | Unlisted procedure, larynx (laryngoplasty)  |
| 53410 | Urethroplasty, 1-stage reconstruction of male anterior urethra  |
| 53420 | Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage                           |
| 53425 | Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage                          |
| 53430 | Urethroplasty, reconstruction of female urethra   |
| 54125 | Amputation of penis; complete   |
| 54520 | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach.         |
| 54522 | Orchiectomy, partial  |
| 54690 | Laparoscopy, surgical; orchiectomy  |
| 55180 | Scrotoplasty; complicated   |
| 55899 | Unlisted procedure, male genital system   |
| 55970 | Intersex surgery; male to female  |
| 55980 | Intersex surgery; female to male  |
| 56625 | Vulvectomy simple; complete   |
| 56805 | Clitoroplasty for intersex state  |
| 56810 | Perineoplasty, repair of perineum, non-obstetrical (separate procedure)   |
| 57110 | Vaginectomy, complete removal of vaginal wall;  |
| 57291 | Construction of artificial vagina; without graft  |
| 57292 | Construction of artificial vagina; with graft   |
| 57335 | Vaginoplasty for intersex state   |
| 58150 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s) |
| 58260 | Vaginal hysterectomy, for uterus 250 g or less;   |
| 58262 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)                                  |
| 58275 | Vaginal hysterectomy, with total or partial vaginectomy   |
| 58280 | Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele  |
| 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)                              |
| 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)       |
| 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)  |
| 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;  |
| 58999 | Unlisted procedure, female genital system (nonobstetrical)(Labiaplasty)   |

Prior Authorization will be required for all of the procedure codes listed above when used with any of the diagnosis codes listed below.

Coding Note: In female to male gender affirming surgery CPT code 19318 should be used to report a reduction and/or feminizing mammoplasty. Use of CPT code 19303 is inappropriate as it is intended for use in breast cancer treatment. EncoderPro/CPT 2022 gives the following description for 19303: " The physician removes all subcutaneous breast tissue, with or without nipple and skin. The breast tissue is dissected from the pectoral fascia and sternum. The breast tissue is removed, along with a portion of skin, including the nipple. In a modification of the simple mastectomy, skin and nipple may be spared, but all subcutaneous breast tissue is removed."

## Diagnosis Codes:

| ICD-10 Code | Description    |
|-------------|----------------|
| F64.0       | Transsexualism |

| ICD-10 Code | Description                           |
|-------------|---------------------------------------|
| F64.1       | Dual role transvestism                |
| F64.8       | Other gender identity disorders       |
| F64.9       | Gender identity disorder, unspecified |
| Z87.890     | Personal history of sex reassignment  |

## REFERENCES

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Palmetto GBA, LLC. LCA A53793. [Billing and Coding: Gender Reassignment Services for Gender Dysphoria](#). Effective October 1, 2015, Revised January 1, 2021. Accessed November 5, 2021.

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West Virginia Bureau for Medical Services. Policy Manual Chapter 519.24 Gender Affirmation Surgery. Effective September 1, 2022. <https://dhhr.wv.gov/bms/Pages/Chapter-519-Practitioner-Services.aspx>

Coleman, E., Radix, A. E., Bouman, W.P., Brown, G.R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F.L., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, 23(S1), S1-S260. Accessed September 6, 2023.

## POLICY HISTORY

| Date      | History   |
|-----------|---|
| 9/28/2022 | Annual Review: Added Medicaid/MHT to the applicable LOBs. Added criteria, contraindications, exclusions, and documentation requirements specific to MHT along with a reference and link to the BMS policy. Added post-payment audit section.  |
| 9/27/2023 | Annual Review: Added "Please review our Cosmetic Procedures policy for additional information." to the exclusion section. Added a Related Policies section. Corrected typos. Added "Surgery" to the title. Added "Note: Hair removal may be considered medically necessary to treat donor sites for a planned phalloplasty or vaginoplasty" to "Hair removal" listed under the Exclusions section. Removed "mastectomy" under the |

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| Female to Male section of MN surgical procedures, and added "and/or feminizing" to "reduction mammoplasty". Changes DSM 5 to DMS-5-TR, and added "In order to meet criteria for the diagnosis, the condition must also be" to the last sentence of the criteria. Added a Coding Note under the CPT Codes section. Changed section on Recommendations for Health Care Professional to match WPATH SOC 8. Updated references. |
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## POST-PAYMENT AUDIT STATEMENT:

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

## DISCLAIMER

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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### All Revision Dates

10/18/2023, 10/25/2022, 11/30/2021