Subject: Gender Reassignment Surgery*

Effective Date: October 25, 2016

Department: Utilization Management

Policy: Gender reassignment surgery, when specified in the summary plan description, is reimbursable under plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and delineate medical necessity criteria.

Procedure: I. The following gender reassignment surgery, including pre- and post-surgical hormone therapy, is reimbursable as medically necessary when the individual is age 18 or older, and has confirmed gender dysphoria (ICD-10 F64.0):

A. Female-to-male gender reassignment- (CPTs- 19303, 19304, 53430,56625, 57110, 58150, 58263, 58291, 58552, 58554, 58571, 58573, 58661,55980)

1. breast surgery (i.e., initial mastectomy, breast reduction) when there is one letter of support from a qualified mental health professional (Master’s degree or equivalent in a clinical behavioral science field)

2. hysterectomy and salpingo-oophorectomy when BOTH of the following additional criteria are met:

   a. documentation of at least 12 months of continuous hormonal sex reassignment therapy

   b. recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with
written documentation submitted to the physician performing the genital surgery (If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both [for example, if practicing within the same clinic] are required.)

3. vaginectomy (including colpectomy, metoidioplasty, phalloplasty, urethroplasty, urethromeatoplasty) when ALL of the following criteria are met:

c. documentation of at least 12 months of continuous hormonal sex reassignment therapy (May be simultaneous with real life experience.)

d. the individual has lived for at least 12 continuous months in a gender role that is congruent with their gender identity

e. recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both [for example, if practicing within the same clinic] are required).

B. Male-to-female gender reassignment- ( CPTs 54125, 54520, 54690, 56800, 56805, 57291, 57292, 57335, 55970 )

1. orchiectomy when BOTH of the following additional criteria are met:
   a. documentation of at least 12 months of continuous hormonal sex reassignment therapy.
   b. recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with
the individual. Two separate letters, or one letter signed by both [for example, if practicing within the same clinic] are required).

2. vaginoplasty (including colovaginoplasty, penectomy, labiaplasty, clitoroplasty, vulvoplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy), when ALL of the following criteria are met:

a. documentation of at least 12 months of continuous hormonal sex reassignment therapy, (May be simultaneous with real life experience.)

b. the individual has lived for at least 12 continuous months in a gender role that is congruent with their gender identity

c. recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both [for example, if practicing within the same clinic] are required).

II. The following services performed as part of gender reassignment are NOT reimbursable:
   A. procurement, cryopreservation or storage of oocytes, sperm and embryos for the preservation of fertility because it is excluded under many benefit plans and considered not medically necessary. (CPTs 89258, 89259, 89337, 89342, 89343, 89346, 0357T, S4027, S4030, S4031, S4040)

   B. cryopreservation, storage, and thawing of reproductive tissue (i.e., ovaries, testicular tissue) because each is considered experimental, investigational, or unproven.

   C. the following procedures are considered cosmetic in nature and not medically necessary when performed as a component of a gender reassignment surgery (this list may not be all-inclusive) (CPTs 11970, 11971,
abdominoplasty
blepharoplasty
breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast
calf implants
cheek/malar implants
chin/nose implants
collagen injections
electrolysis
face/forehead lift
brow lift
hair removal/hair transplantation
penile prosthesis (noninflatable /inflatable)
testicular expanders
jaw shortening/sculpturing/facial bone reduction
laryngoplasty
lip reduction/enhancement
liposuction
mastopexy
neck tightening
nipple/areola reconstruction
pectoral implants
removal of redundant skin
replacement of tissue expander with permanent prosthesis testicular insertion
rhinoplasty
scrotoplasty
skin resurfacing (e.g., dermabrasion, chemical peels)
surgical correction of hydraulic abnormality of inflatable (multi-component) prosthesis including pump and/or cylinders and/or reservoir

testicular prostheses
• trachea shave/reduction thyroid chondroplasty
• voice modification surgery
• voice therapy/voice lessons

References:


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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.