



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. Medically necessary treatment for an individual with gender dysphoria may include ANY of the following services when they are available in the individual's benefit plan:

- a) Behavioral health services including but not limited to counseling for gender dysphoria and related psychiatric conditions (e.g.anxiety, depression)
- b) Hormonal therapy, including but not limited to androgens, anti-androgens, GnRH analogues, estrogens and progestins
- c) Laboratory testing to monitor prescribed hormonal therapy
- d) Age-related, gender-specific services, including but not limited to preventive health, as appropriate to the individual's biologic anatomy (e.g. cancer screening such as cervical, breast, prostate; treatment of a prostate medical condition)
- e) Gender reassignment and related surgery- see section II below.

II. 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, F64.1, F64.2,F64.8, F64.9, Z87.890**):

A. Female-to-male gender reassignment- (CPTs- **19303, 19304, 19350, 53450, 54400, 54401, 54405, 53430,56625, 57110, 58150, 58260, 58262,58263, 58291, 58552, 58554, 58571, 58573, 58661,55980, C1813, C2622**)

1. breast surgery (i.e., initial mastectomy, nipple areolar reconstruction) 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 44145, 54125, 54520, 54690, 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).

III. 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, 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(**0357T, 0058T,89335, 89344, 89354**).
- C. the following procedures are considered cosmetic in nature and not medically necessary when performed as a component of a gender reassignment, even when there is a benefit for gender reassignment surgery (this list may not be all-inclusive) (**CPTs 11950-11954, 11960, 11970, 11971, 15775, 15776, 15780 through15793, 15820 through 15839, 15847, 15876 through 15880, 19316, 19324, 19325, 19340, 19342, 19350, 21120 through 21127, 21137, 21210, 21270, 30400 through**

30450, 54400, 54401, 54405, 54660, 55175, 55180, 92507; HCPCS codes CC1789, C1813,C2622, L8600)

- 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

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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.