Gender Reassignment Surgery

POLICY

For the purposes of this policy, gender reassignment surgery also refers to:

- Transgender surgery
- Genital reconstruction surgery
- Sex affirmation surgery
- Sex change surgery
- Gender confirmation surgery

These services refer to a series of surgical procedures designed to change a person’s physical appearance and function of their existing sexual characteristics to resemble that of the other sex as part of the treatment for patients with gender dysphoria, also known as gender identity disorder (GID) and transsexualism.

ICD10 Applicable Codes

- F64.1 Gender identity disorder in adolescence and adulthood
- F64.2 Gender identity disorder of childhood
- F64.8 Other gender identity disorders
- F64.9 Gender identity disorder, unspecified
- Z87.890 Personal history of sex reassignment

The DSM 5 Criteria for Gender Dysphoria in Adults and Adolescents are:

A. 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:

   I. 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)
   II. 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)
   III. A strong desire for the primary and/or secondary sex characteristics of the other gender
   IV. A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender)
   V. A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender)
   VI. 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)

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Eligibility

Gender reassignment surgery may be considered medically necessary when all of the criteria listed below are met:

- The individual is 18 years of age or older.
- The individual has capacity to make a fully informed decision and to consent for treatment
- The treatment plan must be consistent with recognized sources including the World Professional Association for Transgender Health Association (WPATH) standards and the German Standards for the Treatment and Diagnostic Assessment of Transsexuals (Becker, et al., 1998)
- The individual is diagnosed as having a gender identity disorder (GID), including a diagnosis of transsexualism that includes ALL of the following criteria:
  - The individual has demonstrated the desire to live and be accepted as a member of the opposite sex, in addition to a desire to make his/her body as consistent as possible with the preferred sex utilizing surgery and hormone replacement.
  - GID has been present continuously for at least two years.
  - There is no genetic or psychiatric condition present that would account for the condition
  - The individual is actively engaged in a recognized gender identity treatment program which includes:
    - Any underlying co-existing medical conditions a documented to be well-controlled
    - The covered person must complete 12 months of successful continuous full time real life experience in the desired gender without returning to the original gender.
    - The recommendation of a qualified health professional for initiation of hormonal therapy or breast surgery with a written referral to the physician who will be managing the medical treatment.
    - The individual has received at least 12 months of continuous hormonal sex reassignment therapy, unless medically contraindicated.
    - Two qualified mental health professionals recommend sex reassignment surgery with written comprehensive documentation submitted to the surgeon who will perform the genital surgery.
    - The individual has undergone evaluation by the physician performing the genital surgery.

Covered Surgical Procedure:

The following procedures may be considered medically necessary when the above qualifications are met:

19301 Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy); Hormone not required in females

19303 Mastectomy, simple, complete. Hormone not required in females

19304 Mastectomy, subcutaneous
19316 Mastopexy

19324 Mammoplasty, augmentation; without prosthetic implant. Augmentation mammoplasty is only covered if there is inadequate breast enlargement after undergoing hormone treatment for at least 18 months and is not sufficient for comfort in the social role.

19325 Mammoplasty, augmentation; with prosthetic implant. Augmentation mammoplasty is only covered if there is inadequate breast enlargement after undergoing hormone treatment for at least 18 months and is not sufficient for comfort in the social role.

19350 Nipple/areola reconstruction

53430 Urethroplasty, reconstruction of female urethra

54125 Amputation of penis; complete

54520 Orchietomy, simple (including subcapsular), with or without testicular prosthesis,

54660 Insertion of testicular prosthesis (separate procedure) Jim excluded C1813: penile prosthesis inflatable, C2622 penile prosthesis non-inflammable

54690 Laparoscopy, surgical; orchiectomy

55175 Scrotoplasty; simple

55180 Scrotoplasty; complicated

55970 Intersex surgery; male to female

55980 Intersex surgery; female to male

56625 Vulvectomy simple; complete

56800 Plastic repair of introits

56805 Clitoroplasty for intersex state

56810 Perineoplasty, repair of perineum, non-obstetrical (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
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);
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;
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
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)
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)
58570-58573 Laparoscopy, surgical, with total hysterectomy
58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720 Salpingo-oopherectomy, complete or partial, unilateral or bilateral (separate procedure)

**DEFINITIONS**

Gender Identity Disorder: A disorder characterized by the following diagnostic criteria:

A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex)

Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex

The disturbance is not concurrent with a physical intersex condition

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The transsexual identity has been present persistently for at least two years

The disorder is not a symptom of another mental disorder or a chromosomal abnormality

**BCBS**

Breast augmentation/silicone injections of the breast

**NON COVERAGE SURGICAL PROCEDURES**

Surgical procedures not listed in the Covered Surgical Procedure section including

- blepharoplasty
- facial feminization surgery
- rhinoplasty
- lip reduction/enhancement
- face/forehead lift
- chin/nose implants
- trachea shave/reduction thyroid chondroplasty
- laryngoplasty
- liposuction
- electrolysis
- jaw shortening/ sculpturing/facial bone reduction
- collagen injections
• removal of redundant skin
• voice modification surgery
• hair removal / hair transplantation
• transgender reversal unless secondary to surgical complications
• skin resurfacing
• no more than one sex reassignment surgery per lifetime
• surgery not performed in the United States

PHARMACOLOGIC THERAPY IN GID

Estrogens
• estradiol valerate
• estradiol cypionate
• conjugated equine estrogens

Progestogens
• include progesterone
• cyproterone acetate
• medroxyprogesterone acetate
• megestrol acetate
• drospirenone

Antiandrogens
• Steroidal
• :spironolactone
• cyproterone acetate

• Non-steroidal
• Flutamide
• Nilutamide
• Bicalutamide
5α-Reductase inhibitors

- Finasteride
- Dutasteride

GnRH analogues

- goserelin acetate
- Testosterone

GnRH agonists

- Nafarelin

Progestin injections

- Depo-Provera

RATIONALE

Transsexualism is a gender identity condition in which the person consistently manifests the desire to live as a member of the opposite sex and actively strives to live as a member of the opposite sex full-time. People who wish to change their sex may be referred to as "Transsexuals" or as people suffering from "gender dysphoria". Gender reassignment surgery is intended to be a permanent change to a patient’s sexual identity and is not reversible. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history; gynecological, endocrinological and urological examination, and a clinical psychiatric/psychological examination. A patient’s self-evaluation and desire for sex reassignment are not considered a reliable indicator of GID.

References

- The World Professional Association for Transgender Health (WPATH), Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version.
- Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
- Gender Dysphoria (Gender Identity Disorder) Treatment Page 6 of 6
- American Medical Association, October 2007, GLBT Policy Compendium.


• Levine DA and the Committee on Adolescence. Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth. Pediatrics 2013; 132;e297; DOI: 10.1542/peds.2013-1283.

