



Corporate Medical Policy

Surgical Treatment of Gender Dysphoria

Description of Procedure or Service

For the purposes of this policy, surgical treatment of gender dysphoria also refers to:

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

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

Gender Identity Disorder is characterized by the following diagnostic criteria: 1.) A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex). 2.) 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. 3.) The transsexual identity has been present persistently for at least two years. 4.) The disorder is not a symptom of another mental disorder or a chromosomal abnormality (Byne et. al., 2011).

Benefit Application

Cosmetic surgery is defined as any surgical procedure (or any portion of a procedure) performed primarily to improve physical appearance through change in bodily form, except repair of accidental injury if repair is initiated promptly or as soon as the member's condition permits is considered a non-covered benefit under the GEHA Service Benefit Plan.

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits.

Policy Statement

GEHA will provide coverage for surgical treatment of gender dysphoria when it is determined to be medically necessary because the medical criteria and guidelines as documented below have been demonstrated.

When surgical treatment of gender dysphoria is covered

Surgical treatment of gender dysphoria may be considered medically necessary when all of the criteria listed below are met:

- A. The individual is 18 years of age or older.
- B. The individual has capacity to make a fully informed decision and to consent for treatment.
- C. The individual is diagnosed as having a gender identity disorder (GID), including a diagnosis of transsexualism that includes ALL of the following criteria:
 1. 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.
 2. Gender identity disorder has been present continuously for at least two years.
 3. The individual has lived fulltime in the identified gender for 1 year prior to reassignment surgery.
 4. There is no genetic or psychiatric condition present that would account for the condition.
 5. Gender identity disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

For initial mastectomy: one letter of support from a qualified mental health professional

NOTE: The Women's Health and Cancer Rights Act (WHCRA), 29 U.S. Code § 1185b requires coverage of certain post-mastectomy services related to breast reconstruction and treatment of physical complications from mastectomy including nipple-areola reconstruction.

For augmentation mammoplasty:

- A. Documentation of at least 18 months of continuous hormonal sex reassignment therapy AND
- B. Recommendation letter from qualified mental health professional supporting decision for augmentation mammoplasty AND
- C. The Physician prescribing hormones and the surgeon have documented that breast enlargement after undergoing hormone treatment for 18 months isn't sufficient for comfort in the social role.
- D. Color photograph front and side view

For hysterectomy, salpingo-oophorectomy, and orchiectomy:

- A. Documentation of at least 12 months of continuous hormonal sex reassignment therapy AND
- 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 are required.

Note: For individuals considering hysterectomy/salpingo-oophorectomy, orchiectomy, vaginectomy or vaginoplasty procedures a total of 12 months continuous hormonal sex reassignment therapy is required. An additional 12 months of hormone therapy is not required for vaginectomy or vaginoplasty procedures.

For reconstructive genital surgery:

- A. Documentation of at least 12 months of continuous hormonal sex reassignment therapy AND
- 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, are required AND
- C. Documentation the individual has lived for at least 12 continuous months in a gender role that is congruent with their gender identity.

The following codes are for reference purposes only and do not imply that the service is covered or non-covered.

Procedure	CPT/HCPCS codes (This list may not be all inclusive)
Initial mastectomy, nipple/areola reconstruction	19301, 19303, 19304, 19318, 19350
Hysterectomy and salpingo-oophorectomy	58150, 58180, 58260, 58262, 58275-58291, 58541- 58544, 58550-58554 58570, 58571, 58573, 58661, 58720
Female to male reconstructive genital surgery which may include any of the following: Vaginectomy/colpectomy Vulvectomy Metoidioplasty Phalloplasty Electrolysis of donor site tissue to be used for phalloplasty Penile prosthesis (noninflatable / inflatable), including surgical correction of malfunctioning pump, cylinders, or reservoir, scrotoplasty Urethroplasty /urethromeatoplasty	55980 (bundled code) 57106, 57107, 57110, 57111 56625, 56810 58999 17380 54400, 54401, 54405, C1813, C2622 53430, 53450, 54660 55175, 55180
Orchiectomy	54520, 54690
Male to female reconstructive genital surgery, which may include any of the following: Vaginoplasty**, (e.g. construction of vagina with/without graft, colovaginoplasty) Electrolysis of donor site tissue to be used to line the vaginal canal for vaginoplasty Penectomy Vulvoplasty, (e.g., labiaplasty, clitoroplasty, penile skin inversion) Repair of introitus Coloproctostomy Augmentation mammoplasty Nipple/areola reconstruction (unrelated to mastectomy or post mastectomy reconstruction)	55970 (bundled code) 57291, 57292, 57335 17380 54125 56620, 56805 56800, 44145, 55899 19324, 19325, 19340, 19342, C1789 19350 54406-54417

When surgical treatment of gender dysphoria is not medically necessary

Surgical treatment of gender dysphoria is considered not medically necessary when one or more of the criteria above have not been met.

Fertility preservation is not considered medically necessary.

The following are not considered medically necessary:

Facial Procedures relating to surgical feminization/masculinization	CPT/HCPCS codes (This list may not be all inclusive)
Blepharoplasty	15820, 15821, 15822, 15823
Cheek/malar implants	17999
Chin/nose implants	21210, 21270, 30400, 30410, 30420, 30430 30435, 30450
Collagen injections	11950, 11951, 11952, 11954
Face/forehead lift	15824, 15825, 15826, 15828, 15829, 21137
Facial bone reduction (osteoplasty)	21209
Hair removal/hair transplantation	15775, 15776, 17380
Jaw reduction	21120, 21121, 21122, 21223, 21125, 21127
Laryngoplasty	31599
Rhinoplasty	21210, 21270, 30400, 30410, 30420, 30430, 30435, 30450
Skin resurfacing (e.g., dermabrasion, chemical peels)	15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793
Thyroid reduction chondroplasty	31750
Neck tightening	15825
Chest Reconstruction Procedures	
Mastopexy	19316
Pectoral Implants	L8600, 17999
Voice Modification Therapy/Procedures	
Voice modification surgery	31599, 31899
Voice therapy/voice lessons	92507
Other Procedures	
Calf implants	17999
Electrolysis, other than when performed pre-vaginoplasty	17380
Insertion of testicular prosthesis	54660
Removal of redundant skin	15830, 15832, 15833, 15834, 15835, 15836 15837, 15838, 15839
Replacement of tissue expander with permanent prosthesis testicular insertion	11970
Scrotoplasty	55175, 55180
Suction assisted lipoplasty, lipofilling, and/or liposuction	15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879
Testicular expanders, including replacement with prosthesis, testicular prosthesis	11960, 11970, 11971, 54660

Policy Guidelines

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

- 1) 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:
 - A) 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)
 - B) 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)
 - C) A strong desire for the primary and/or secondary sex characteristics of the other gender
 - D) A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
 - E) A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
 - F) 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)
- 2) The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The Endocrine Society issued Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline in September 2009 (Hembree, 2009). The recommendations included position statements regarding sex reassignment surgery: 1. Patients should consider genital SRS only after both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable. 2. Genital SRS is recommended only after completion of at least 1 year of consistent and compliant hormone treatment. 3. The physician responsible for endocrine treatment should medically clear transsexual individuals for SRS and collaborate with the surgeon regarding hormone use during and after surgery. 4. We advise that clinicians determine the medical necessity of including a total hysterectomy and oophorectomy as part of gender-affirming surgery.

In 2011, the American College of Obstetricians and Gynecologists issued an opinion statement. Obstetrician-gynecologists should assist or refer transgender individuals for routine treatment and screening as well as hormonal and surgical therapies. Hormonal and surgical therapies should be managed in consultation with healthcare providers with expertise in specialized care and treatment of transgender persons. Physical and emotional issues and effects of aging should be addressed in transgender individuals. Providers morally opposed to providing care to this population should refer them elsewhere for care. It is important to provide a welcoming office environment for transgender patients.

Genital and breast/chest surgical treatments for gender dysphoria are not merely another set of elective procedures. Typical elective procedures involve only a private mutually consenting contract between a patient and a surgeon. Genital and breast/chest surgeries as medically necessary treatments for gender dysphoria are to be undertaken only after assessment of the patient by qualified mental health professionals, as outlined in section VII of the Standards of Care (WPATH, 2012). These surgeries may be performed once there is written documentation that this assessment has occurred and that the person

has met the criteria for a specific surgical treatment. By following this procedure, mental health professionals, surgeons, and patients share responsibility for the decision to make irreversible changes to the body.

There is a National Coverage Determination (NCD) for Gender Dysphoria and Gender Reassignment Surgery (140.9) effective on August 30, 2016, which states CMS determined that no NCD is appropriate at this time for gender reassignment surgery for Medicare beneficiaries with GD. In the absence of an NCD, coverage determinations will continue to be made by the local Medicare Administrative Contractors (MACs) on a case-by-case basis.

Physician documentation

ICD10 Applicable Codes

- D. F64.0 Transsexualism
- E. F64.1 Dual role transvestism
- F. F64.2 Gender identity disorder of childhood
- G. F64.8 Other gender identity disorders
- H. F64.9 Gender identity disorder, unspecified
- I. Z87.890 Personal history of sex reassignment

Background

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 fulltime. People who wish to change their sex may be referred to as "Transsexuals" or as people suffering from "gender dysphoria". Surgical treatment of gender dysphoria 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 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.

Procedures for the chest, also known as "top surgery", and those for the groin and reproductive organs, also known as "bottom surgery", do not need to be done in conjunction. Additionally, individuals undergoing top surgery do not need to subsequently undergo bottom surgery, or vice versa. The selection of appropriate procedures should be based on the needs of the individual in relation to the treatment of their diagnosis of gender dysphoria.

A study was conducted in 2015 (Ruppin & Pfafflin) to examine long term outcomes of gender reassignment for individuals with GID. To meet the inclusion criterion, the legal recognition of participants' gender change via a legal name change had to date back at least 10 years. The sample comprised 71 participants (35 MtF and 36 FtM). The follow-up period was 10–24 years with a mean of 13.8 years (SD = 2.78). Instruments included a combination of qualitative and quantitative methods: Clinical interviews were conducted with the participants, and they completed a follow-up questionnaire as well as several standardized questionnaires they had already filled in when they first made contact with the clinic. Positive and desired changes were determined by all of the instruments: Participants reported high degrees of well-being and a good social integration. Very few participants were unemployed, most of them had a steady relationship, and they were also satisfied with their

relationships with family and friends. Their overall evaluation of the treatment process for sex reassignment and its effectiveness in reducing gender dysphoria was positive. Regarding the results of the standardized questionnaires, participants showed significantly fewer psychological problems and interpersonal difficulties as well as a strongly increased life satisfaction at follow-up than at the time of the initial consultation.

In a recent study by Van de Grift et. al. (2018), the surgical satisfaction and quality of life of individuals undergoing gender-affirming surgery was examined. The results of the study suggest that satisfaction with gender-affirming surgery is related to a variety of factors; although dissatisfaction may not be very prevalent, it can be viewed as an indicator of more impaired outcomes. Predicting dissatisfaction with postoperative outcomes is difficult, but the present data suggest associations with preoperative psychological symptoms and life satisfaction, as well as with self-reported complications at follow-up. Satisfaction with the relatively complicated phalloplasty procedure, before which participants are mostly thoroughly counseled by both the surgeon and the psychologist, was high. This may suggest that a concerted effort by specialized clinicians of both specialties may improve experienced outcomes.

Gooren et. al. (2008) established through clinical research that long-term treatment of transsexuals with cross-sex hormones seems acceptably safe over the short and medium term but solid clinical data are lacking.

In 2015, Schneider et. al. published research findings in relationship to testicular functions and clinical characterization of patients with gender dysphoria undergoing sex reassignment surgery and hormone therapy. The aim of this study was to compare the effects of three different hormonal treatment strategies regarding endocrinological parameters and testicular histology. Testicular tissues were obtained in a multicenter study from 108 patients on the day of SRS from three clinics following different treatment strategies. Patients either discontinued treatment 6 weeks (clinic A) or 2 weeks (clinic B) prior to SRS or not at all (clinic C). Testicular tissues, ethylenediaminetetraacetic acid blood and questionnaires were obtained on the day of SRS. According to the questionnaires, patients showed desired phenotypical changes including breast growth (75%) and smooth skin (32%). While patients from clinics A and B presented with rather virilized hormonal levels, patients from clinic C showed generally feminized blood serum levels. Histological evaluation revealed highly heterogeneous results with about 24% of patients presenting with qualitatively normal spermatogenesis. In accordance with serum endocrine profile, ITT levels were lowest in clinic C and correlated with testosterone and free testosterone, but not with the spermatogenic state. The percentage of LHCGR-positive cells and ITT levels did not correlate. Only patients that did not discontinue hormonal treatment showed feminized blood levels on the day of SRS. The ones who stopped re-virilized quickly.

Regulatory Status

Surgical treatment of gender dysphoria is a procedure and, therefore, not subject to FDA regulation. However, any medical devices, drugs, biologics, or tests used as part of the procedure may be subject to FDA regulation.

Scientific References

American College of Obstetricians and Gynecologists (ACOG); Committee on Health Care for Underserved Women. Health Care for Transgender Individuals. No 512. December 2011. Available at: <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co512.pdf?dmc=1&ts=20180319T1512335767>.

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Policy implementation and updates

2/2019 – Changed title of policy and content to reflect member benefit brochure terminology. Provided guideline for breast augmentation.

3/2020- Formatting change, clarification of coverage criteria. Background content and supporting guidelines added. No change in coverage.

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