Corporate Medical Policy
Gender Reassignment Surgery

Description of Procedure or Service

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.

Gender Identity Disorder: A disorder 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.

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". 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.

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.

**Benefit Application**

The GEHA Benefit Plan defines the following requirements to be considered eligible for coverage of gender reassignment surgery.

- Must be 18 years of age or older
- Must have documented evidence of persistent gender dysphoria
- Must have evidence of well-controlled physical and mental health conditions
- Must have letter from qualified mental health professional supporting decision for procedure (2 letters if requesting genital reconstructive surgery)
- Genital reconstructive surgeries require:
  1. An additional letter of support from a qualified mental health provider,
  2. 12 months of hormone therapy as appropriate for member's gender goal, and
  3. Greater than 12 months living a gender role congruent with gender identity.
- Augmentation mammoplasty requires:
  1. 18 months of hormone therapy as appropriate for member's gender goal, and
  2. Documentation that size is not sufficient for comfort in social role.
  3. Photographs that demonstrate the breasts that are outside of the size range of the normal adult female spectrum.

**Policy Statement**

Gender reassignment surgery, including procedures for the chest and/or groin may be considered when a member has been diagnosed with gender dysphoria, undergone proper management for that condition and has been evaluated in a multidisciplinary approach with a professional recommendation for covered procedures, as defined herein.

**When Gender Reassignment Surgery is Covered**

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 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
• GID causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
• The individual is actively engaged in a recognized gender identity treatment program which includes
  (1) Any underlying co-existing medical conditions a documented to be well-controlled
  (2) 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.
  (3) The recommendation by a mental health professional and provided under the supervision of a physician for initiation of hormonal therapy or breast surgery with a written referral to the physician who will be managing the medical treatment.
  (4) Two referrals from qualified mental health professionals* who have independently assessed the individual. 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. The letter(s) must have been signed within 12 months of the request submission.
  (5) The individual has undergone evaluation by the physician performing the genital surgery.
  (6) The individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician.

**When Gender reassignment surgery is not medically necessary**

Sex reassignment surgery is considered not medically necessary when one or more of the criteria above have not been met.

**Not Covered**

• Abdominoplasty
• Blepharoplasty
• Brow lift
• Calf implants
• Electrolysis
• Face lift
• Facial bone reconstruction
• Facial implants
• Gluteal augmentation.
• Hair removal/hairplasty, when the criteria above have not been met
• Jaw reduction (jaw contouring)
• Lip reduction/enhancement
• Lipofilling/collagen injections
• Liposuction
• Nose implants
• Pectoral implants
• Rhinoplasty
• Thyroid cartilage reduction (chondroplasty)
• Voice modification surgery
• Voice therapy
• Skin resurfacing

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.

Physician documentation

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
CPT’s allowed if criteria met:

**Combinations of individual procedures billed separately, including but not limited to**

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

19325 Mammaplasty, augmentation; with prosthetic implant. Augmentation mammaplasty 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 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis,

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

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-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)

**Scientific 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).
- American Medical Association, October 2007, GLBT Policy Compendium.

**Policy implementation and updates**