Medical Coverage Policy | Gender Affirming Care

EFFECTIVE DATE: 01|01|2021
POLICY LAST UPDATED: 09|23|2022

OVERVIEW
The policy documents the coverage and guidelines for Gender Affirming Care (GAC) applicable to Medicare Advantage Plans and Commercial Products.

MEDICAL CRITERIA
None

PRIOR AUTHORIZATION
Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products.

POLICY STATEMENT
Medicare Advantage Plans and Commercial Products
Prior Authorization is required for Medicare Advantage Plans and recommended for Commercial Products to determine if the member is eligible for coverage and to assist in maximizing the benefit.

When a benefit for gender affirming care exists, services maybe considered medically necessary when the documentation submitted confirms that all of the following criteria are met:

- The individual has been diagnosed with the gender identity disorder (GID) or gender dysphoria of transsexualism
- The individual has successfully lived and worked within the desired gender role full-time for at least 12 months (real-life experience) without returning to the original gender

Surgical Treatment for Gender Affirming Care
When a covered benefit for gender affirming care exists and all of the above criteria are met, the following surgeries are medically necessary for transwomen (male to female):

- Breast Augmentation Note: augmentation mammoplasty (including breast prosthesis if necessary) if the physician prescribing hormones and the surgeon have documented that breast enlargement after undergoing hormone treatment for 12 months is not sufficient for comfort in the social role
- Clitoroplasty
- Colovaginoplasty
- Labiaplasty
- Orchiectomy
- Penectomy
- Trachea shave/reduction thyroid chondroplasty: reduction of the thyroid cartilage (CPT Code 31899)
- Vaginoplasty

When a covered benefit for gender affirming care exists and all of the above criteria are met, the following surgeries are medically necessary for transmen (female to male):

- Breast reconstruction
- Colpectomy/Vaginectomy
- Hysterectomy
- Reduction mammoplasty

- Mastectomy
- Metoidioplasty
- Phalloplasty
- Salpingo-oophorectomy
- Scrotoplasty
- Testicular implants
- Urethroplasty

Other services (e.g., laboratory, pharmacy, radiology, or behavioral health services) are covered according to the plan design.

Commercial Products
Hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure is considered medically necessary; in all other situations it is cosmetic and noncovered.

Procedures that are considered cosmetic are not covered. Please refer to the Cosmetic Services and Procedures policy in the related policy section for a list of those services.

Medicare Advantage Plans
Hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure is considered medically necessary, in all other situations it is cosmetic and noncovered.

Cosmetic surgery or expenses incurred in connection with such surgery is not covered. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member.

COVERAGE
Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable surgery/gender affirming care benefits/coverage.

BACKGROUND
The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) provides for one overarching diagnosis of gender dysphoria with separate specific criteria for children and for adolescents and adults.

The DSM-5-TR defines gender dysphoria in adolescents and adults as a marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least 6 months, as manifested by at least two of the following:

- 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)
- 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)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)

- 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)

In order to meet criteria for the diagnosis, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The DSM-5-TR defines gender dysphoria in children as a marked incongruence between one's experienced/expressed gender and assigned gender, lasting at least 6 months, as manifested by at least six of the following (one of which must be the first criterion):

- A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender)
- In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing
- A strong preference for cross-gender roles in make-believe play or fantasy play
- A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender
- A strong preference for playmates of the other gender
- In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities
- A strong dislike of one's sexual anatomy
- A strong desire for the physical sex characteristics that match one's experienced gender

As with the diagnostic criteria for adolescents and adults, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Support for people with gender dysphoria may include open-ended exploration of their feelings and experiences of gender identity and expression, without the therapist having any pre-defined gender identity or expression outcome defined as preferable to another. Psychological attempts to force a transgender person to be cisgender (sometimes referred to as gender identity conversion efforts or so-called "gender identity conversion therapy") are considered unethical and have been linked to adverse mental health outcomes.

Support may also include affirmation in various domains. Social affirmation may include an individual adopting pronouns, names, and various aspects of gender expression that match their gender identity. Legal affirmation may involve changing name and gender markers on various forms of government identification. Medical affirmation may include pubertal suppression for adolescents with gender dysphoria and gender-affirming hormones like estrogen and testosterone for older adolescents and adults. Medical affirmation is not recommended for prepubertal children. Some adults (and less often adolescents) may undergo various aspects of surgical affirmation.

The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for transgender health. The vision of WPATH is to bring together diverse professionals dedicated to developing best practices and supportive policies worldwide that promote health, research, education, respect, dignity, and equality for transsexual, transgender, and gender nonconforming people in all cultural settings. One of the main functions of WPATH is to promote the highest standards of health care for individuals through the articulation of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People. The SOC are based on the best available science and expert professional consensus.

The SOC are intended to be flexible in order to meet the diverse health care needs of transsexual, transgender, and gender nonconforming people. While flexible, they offer standards for promoting optimal

health care and guiding the treatment of people experiencing gender dysphoria – broadly defined as discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).

Gender nonconformity refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex. Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics). Only some gender nonconforming people experience gender dysphoria at some point in their lives. Treatment is available to assist people with such distress to explore their gender identity and find a gender role that is comfortable for them. Treatment is individualized: What helps one person alleviate gender dysphoria might be very different from what helps another person. This process may or may not involve a change in gender expression or body modifications. Medical treatment options include, for example, feminization or masculinization of the body through hormone therapy and/or surgery, which are effective in alleviating gender dysphoria and are medically necessary for many people. Gender identities and expressions are diverse, and hormones and surgery are just two of many options available to assist people with achieving comfort with self and identity. Gender dysphoria can in large part be alleviated through treatment. Hence, while transsexual, transgender, and gender nonconforming people may experience gender dysphoria at some point in their lives, many individuals who receive treatment will find a gender role and expression that is comfortable for them, even if these differ from those associated with their sex assigned at birth, or from prevailing gender norms and expectations.

In 2009 the Endocrine Society published a clinical practice guideline for endocrine treatment of transsexual persons (Hembree, et al., 2009). As part of this guideline, the endocrine society recommends that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable; that surgery be recommended only after completion of at least one year of consistent and compliant hormone treatment; and that the physician responsible for endocrine treatment advise the individual for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.

Sex reassignment surgical procedures for diagnosed cases of GID should be recommended only after a comprehensive evaluation by a qualified mental health professional. The surgeon should have a demonstrated competency and extensive training in sexual reconstructive surgery. Long-term follow-up is highly recommended.

Comprehensive evaluation is generally supported by the following documentation:

1. Letters that attests to the psychological aspects of the candidate's GID.
    a. One of the letters must be from a behavioral health professional with a doctoral degree (who is capable of adequately evaluating if the candidate has any co-morbid psychiatric conditions);
    b. One of the letters must be from the candidate's physician or behavioral health provider, who has treated the candidate for a minimum of 12 months (Note: if the candidate has not been treated continuously by one clinician for 12 months but has transferred care from one clinician to a second clinician, then both clinicians must submit documentation and their combined treatment must have been for 12 months). The letter or letters must document the following:
        i. Whether the author of the letter is part of a gender identity disorder treatment team; and
        ii. The candidate's general identifying characteristics; and
        iii. The initial and evolving gender, sexual, and other psychiatric diagnoses; and

iv. The duration of their professional relationship including the type of psychotherapy or evaluation that the candidate underwent; and

v. The eligibility criteria that have been met by the candidate; and

vi. The physician or mental health professional's rationale for surgery; and

vii. The degree to which the candidate has followed the treatment and experiential requirements to date and the likelihood of future compliance; and

viii. The extent of participation in psychotherapy throughout the 12 month real-life trial (if such therapy is recommended by a treating medical or behavioral health practitioner); and

ix. That during the 12-month, real-life experience, persons other than the treating therapist were aware of the candidate's experience in the desired gender role and could attest to the candidate's ability to function in the new role. For candidates not meeting the 12-month eligibility criteria, the letter should still comment on the candidate's ability to function and experience in the desired gender role.

x. That the candidate has, intends to, or is in the process of acquiring a legal gender identity-appropriate name change; and

xi. Demonstrable progress on the part of the candidate in consolidating the new gender identity, including improvements in the ability to handle:
    1. Work, family, and interpersonal issues;
    2. Behavioral health issues, should they exist. This implies satisfactory control of issues such as:
        a. Sociopathy
        b. Substance abuse
        c. Psychosis
        d. Suicidality

c. If the letters specified in 1a and 1b above come from the same clinician, then a letter from a second physician or behavioral health provider familiar with the candidate corroborating the information provided by the first clinician is required;

d. A letter of documentation must be received from the treating surgeon. If one of the previously described letters is from the treating surgeon then it must contain the documentation noted in the section below. All letters from a treating surgeon must confirm that:
    i. The candidate meets the eligibility criteria listed in this policy; and
    ii. The treating surgeon feels that the candidate is likely to benefit from surgery; and
    iii. The surgeon has personally communicated with the treating mental health provider or physician treating the candidate; and
    iv. The surgeon has personally communicated with the candidate and that the candidate understands the ramifications or surgery.

CODING

Medicare Advantage Plans and Commercial Products

The following CPT codes, when done for the purpose of gender affirming care, are covered when the eligibility criteria are met:

19301 Mastectomy, partial
19303 Mastectomy, simple, complete
19316 Mastopexy

19318 Breast Reduction
19324 Mammaplasty, augmentation; without prosthetic implant
19325 Breast augmentation with implant
19350 Nipple/areola reconstruction
31899 Unlisted procedure, trachea, bronchi
53430 Urethroplasty, reconstruction of female urethra
54125 Amputation of penis; complete
54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660 Insertion of testicular prosthesis (separate procedure) ~~(Effective 1/1/21 as groups renew)~~
54690 Laparoscopy, surgical; orchiectomy
55175 Scrotoplasty; simple
55180 Scrotoplasty; complicated
55899 Unlisted procedure, male genital system
56625 Vulvectomy simple; complete
56800 Plastic repair of introitus
56805 Clitoroplasty for intersex state
56810 Perineoplasty, repair of perineum, nonobstetrical (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 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;

58571 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58999 Unlisted procedure, female genital system (nonobstetrical)

Hair Removal
Typically, hair removal procedures to treat tissue donor sites for planned phalloplasty or vaginoplasty procedures are performed using laser hair removal. To ensure correct claims processing, claims for hair removal should be filed with the following codes:
Electrolysis:
17380 Electrolysis epilation, each 30 minutes
Laser Hair Removal:
17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue

The following CPT codes are not to be used for pricing or claims processing. Claims for services addressed in this policy should be filed with specific procedure codes above:
55970 Intersex surgery; male to female
55980 Intersex surgery; female to male

RELATED POLICIES
Cosmetic Services and Procedures
Infertility Services

PUBLISHED
Provider Update, November 2022
Provider Update, June 2021
Provider Update, January 2021
Provider Update, January 2020
Provider Update, September 2018

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