
Medicare Advantage Medical Policy



Current Policy Effective Date: 1/1/18

Title: Gender Reassignment Surgery

Description/Background

Gender reassignment surgery may be part of a treatment plan for gender dysphoria.

Gender dysphoria is defined as, an individual's affective/cognitive discontent with the assigned gender; the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender.¹

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 (gender reassignment therapy) that includes an extensive case history; gynecological, endocrinological and urological examination; and a clinical psychiatric/psychological examination by a qualified mental health professional.

Mental health professionals play a strong role in working with individuals with gender dysphoria, as they need to diagnose gender dysphoria and any co-morbid psychiatric conditions accurately, counsel the individual regarding treatment options, provide psychotherapy and assess eligibility and readiness for hormone and surgical therapy, to make recommendations to medical and surgical colleagues regarding care, and provide continuing psychiatric care after gender reassignment intervention as major psychological adjustments are necessary.

After diagnosis, the therapeutic approach may include 3 elements: hormones of the desired gender, real life experience in the desired role and surgery to change the genitalia and other gender characteristics. Hormone therapy and gender reassignment surgery are superficial, albeit irreversible changes, in comparison to the major psychological adjustments necessary in changing gender. Treatment should concentrate on the psychological adjustment, with hormone therapy and gender-reassignment surgery being viewed as confirmatory procedures dependent on adequate psychological adjustment.

Physical interventions fall into 3 categories or stages:

1. Fully reversible interventions. These involve the use of LHRH agonists or medroxyprogesterone to suppress estrogen or testosterone production, and consequently

to delay the physical changes of puberty.

2. Partially reversible interventions. These include hormonal interventions that masculinize or feminize the body, such as administration of testosterone to biologic females and estrogen to biologic males. Reversal may involve surgical intervention.

3. Irreversible interventions. These are surgical procedures.

Regulatory Status

N/A

Medical Policy Statement

Except when otherwise stipulated in member contract language, gender reassignment surgeries are considered to be medically necessary when criteria is met.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Refer to member's certificate for benefit specific coverage guidelines.

Inclusions:

Mastectomy for female to male patients and augmentation mammoplasty for male to female patients, must meet all the following criteria:

- One comprehensive evaluation and recommendation within the last six months from a licensed mental health professional (see **Guidelines** below), **AND**
- Diagnosis of gender dysphoria (formerly gender identity disorder) confirmed by the evaluating mental health professional, **AND**
- 18 years of age or older, **AND**
- No medical contraindications to surgery

Note: A trial of hormone therapy is not a pre-requisite for qualifying for a mastectomy.

In addition, for **augmentation mammoplasty** for male to female patients, **one** of the following must be met:

- failure of breast growth stimulation by estrogen (progression only to a young adolescent stage of development), **OR**
- emergence of serious or intolerable adverse effects during estrogen administration, **OR**
- medical contraindication to use of estrogen, **OR**
- risk-benefit analysis determined that surgery is preferable to estrogen therapy

Note: The criteria above apply for initial male to female augmentation mammoplasty, Additional breast augmentation after an initial augmentation mammoplasty is considered to be a feminization or cosmetic procedure, and therefore, member contract stipulations for feminization or cosmetic procedures (either contract exclusion or coverage criteria, whichever is applicable for the member's health plan) apply.

Correction or repair of complications:

Surgery to correct or repair complications of gender altering genital or breast/chest surgery may be considered medically necessary for complications that cause significant discomfort or significant functional impairment. Surgery to revise, or to reverse and redo, specific gender altering genital or breast/chest procedures, may be considered medically necessary when correction or repair of complications requires revision or undoing of the original genital or breast/chest procedure. (Example: Baker IV contracture after breast augmentation necessitates removal of the implants, and replacement with smaller implants.)

Guidelines: Licensed Mental Health Professional

Evaluations and recommendations must be performed by professionals who are licensed by the state in which they provide services as Master's level mental health clinicians, doctoral level mental health clinicians, psychiatric nurse practitioners, or physicians (in which case they must also be Board-Eligible or Board-Certified in psychiatry). When two evaluations are required, at least one must be by a doctoral level mental health provider (MD or DO psychiatrist, PhD or PsyD clinical psychologist).

The required minimum content of the mental health evaluation and recommendation is as follows:

- Confirmation of the diagnosis of gender dysphoria or gender identity disorder
- A recommendation supporting or not supporting the member's desire to proceed with gender reassignment surgery and the rationale for the recommendation
- If the recommendation supports proceeding with surgery, an assessment of the member's capacity to make a fully informed decision about proceeding with the surgery
- If the recommendation supports proceeding with surgery, identification of any co-morbid psychiatric disorders or other mental health concerns with documentation that those are not
- influencing the individual's decision regarding surgery, are not contraindications to surgery, and are not likely to cause a negative psychiatric outcome after the surgery
- If the recommendation supports proceeding with surgery, verification that the member's decision is current, is well thought out, is not impulsive, and is not the product of any
- other potentially treatable mental disorder

Note: The mental health evaluation and recommendation letters are required only at the beginning of the gender reassignment surgical process when it is spaced out over time. However, if a mastectomy or augmentation mammoplasty is the first surgical procedure, then a second mental health evaluation and recommendation letter is required prior to genital surgery.

Hysterectomy, salpingoophorectomy in female to male, orchiectomy in male to female, metoidioplasty, phalloplasty, vaginectomy, scrotoplasty, urethroplasty, placement of testicular prostheses, in female to male patients, and for vaginoplasty, clitoroplasty, labiaplasty, penectomy in male to female patients; must meet all the following criteria:

1. Two separate comprehensive evaluations and recommendations within the last six months from two separate licensed mental health professionals (see **Guidelines** below), **AND**

2. Diagnosis of gender dysphoria (formerly gender identity disorder) confirmed by one of the evaluating mental health professionals, **AND**
3. No medical contraindications to surgery, **AND**
4. 18 years of age or older

Exclusions:

Surgeries primarily for feminization or masculinization are considered cosmetic, and therefore are excluded from coverage on most contracts. These services are performed for the purpose of improving or altering appearance or self-esteem, and do not improve functional status.

Surgeries considered cosmetic include but are not limited to the following:

- Rhinoplasty or nose implants
- Face-lifts
- Lip enhancement or reduction
- Facial bone reduction or enhancement
- Blepharoplasty
- Breast augmentation
- Liposuction of the waist (body contouring)
- Reduction thyroid chondroplasty
- Hair removal
- Voice modification surgery (laryngoplasty or shortening of the vocal cords)
- Skin resurfacing

Note: Exception: Hair removal procedures (including electrolysis) may be considered medically necessary to treat tissue donor sites prior to phalloplasty or vaginoplasty.

Procedures for preservation of fertility, eg, procurement, cryopreservation, and storage of sperm, oocytes, or embryos, performed prior to gender reassignment surgery, are considered to be not medically necessary.

Surgery to reverse partially or fully completed gender reassignment is considered not medically necessary except in the case of a serious medical barrier to completing gender reassignment or the development of a serious medical condition necessitating reversal.

Surgery to revise the appearance of previous gender change surgery because of dissatisfaction with the outcome is considered to be cosmetic, not an inherent component of the gender change process, and not an untoward complication, and is therefore considered to be not medically necessary.

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

19303	19304	19318	19325	19342	19350
19357	53430	54125	54520	54660	54690
55180	11970	55980	56625	56800	56805
57110	57291	57292	57295	57296	57426

ICD-10-PCS Codes

0U5J0ZZ Destruction of Clitoris, Open Approach
0U5JXZZ Destruction of Clitoris, External Approach
0U9J00Z Drainage of Clitoris with Drainage Device, Open Approach
0U9J0ZZ Drainage of Clitoris, Open Approach
0U9JX0Z Drainage of Clitoris with Drainage Device, External Approach
0U9JXZZ Drainage of Clitoris, External Approach
0UBJ0ZX Excision of Clitoris, Open Approach, Diagnostic
0UBJ0ZZ Excision of Clitoris, Open Approach
0UBJXZX Excision of Clitoris, External Approach, Diagnostic
0UBJXZZ Excision of Clitoris, External Approach
0UCJ0ZZ Extirpation of Matter from Clitoris, Open Approach
0UCJXZZ Extirpation of Matter from Clitoris, External Approach
0UMJXZZ Reattachment of Clitoris, External Approach
0UNJ0ZZ Release Clitoris, Open Approach
0UNJXZZ Release Clitoris, External Approach
0UQG0ZZ Repair Vagina, Open Approach
0UQJ0ZZ Repair Clitoris, Open Approach
0UQJXZZ Repair Clitoris, External Approach
0UTG0ZZ Resection of Vagina, Open Approach
0UTG4ZZ Resection of Vagina, Percutaneous Endoscopic Approach
0UTG7ZZ Resection of Vagina, Via Natural or Artificial Opening
0UTG8ZZ Resection of Vagina, Via Natural or Artificial Opening Endoscopic
0UTJ0ZZ Resection of Clitoris, Open Approach
0UTJXZZ Resection of Clitoris, External Approach
0UTM0ZZ Resection of Vulva, Open Approach
0UTMXZZ Resection of Vulva, External Approach
0UUJ07Z Supplement Clitoris with Autologous Tissue Substitute, Open Approach
0UUJ0JZ Supplement Clitoris with Synthetic Substitute, Open Approach
0UUJ0KZ Supplement Clitoris with Nonautologous Tissue Substitute, Open Approach
0UUJX7Z Supplement Clitoris with Autologous Tissue Substitute, External Approach
0UUJXJZ Supplement Clitoris with Synthetic Substitute, External Approach
0UUJXKZ Supplement Clitoris with Nonautologous Tissue Substitute, External Approach
0VR90JZ Replacement of Right Testis with Synthetic Substitute, Open Approach
0VRB0JZ Replacement of Left Testis with Synthetic Substitute, Open Approach
0VRC0JZ Replacement of Bilateral Testes with Synthetic Substitute, Open Approach
0VTS0ZZ Resection of Penis, Open Approach
0VTS4ZZ Resection of Penis, Percutaneous Endoscopic Approach
0VTSXZZ Resection of Penis, External Approach
0VUS07Z Supplement Penis with Autologous Tissue Substitute, Open Approach
0VUS0JZ Supplement Penis with Synthetic Substitute, Open Approach
0VUS0KZ Supplement Penis with Nonautologous Tissue Substitute, Open Approach
0VUS47Z Supplement Penis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUS4JZ Supplement Penis with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUS4KZ Supplement Penis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W4M070 Creation of Vagina in Male Perineum with Autologous Tissue Substitute, Open Approach
0W4M0J0 Creation of Vagina in Male Perineum with Synthetic Substitute, Open Approach
0W4M0K0 Creation of Vagina in Male Perineum with Nonautologous Tissue Substitute, Open Approach
0W4M0Z0 Creation of Vagina in Male Perineum, Open Approach
0W4N071 Creation of Penis in Female Perineum with Autologous Tissue Substitute, Open Approach
0W4N0J1 Creation of Penis in Female Perineum with Synthetic Substitute, Open Approach
0W4N0K1 Creation of Penis in Female Perineum with Nonautologous Tissue Substitute, Open Approach
0W4N0Z1 Creation of Penis in Female Perineum, Open Approach

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Rationale

The American Psychiatric Association (APA) does not have practice guidelines for gender reassignment surgery. The APA board of trustees formed a task force in 2011 to perform a critical review of the literature on the treatment of Gender Identity Disorder. The task force published a report in the American Journal of Psychiatry in August 2012. The report concluded that “for adults sufficient evidence exists for the development of recommendations in the form of an APA practice guideline, with gaps in the research database filled in by clinical consensus”. The APA practice guideline is currently under development.

The APA raised concerns about WPATH Standards of Care version 6 in that it did not cite its underlying evidence base, nor indicate the level of evidence upon which its standards were based. The WPATH Standard of Care version 7 cites underlying evidence, but not the level of evidence. The APA task force report also states no professional organization of mental health practitioners provides recommendations on the role of mental health professionals in a multidisciplinary team approach to providing medical services to individuals with gender dysphoria. Although WPATH is not a professional organization of mental health professionals, it counts many mental health professionals among its members, including psychologists, psychiatrists and psychiatric social workers.

The World Professional Association for Transgender Health (WPATH) developed Standards of Care (SOC) for Gender Identity Disorder describing the clinical approach for evaluation and treatment based on the most current understanding of gender identity disorder. Under these standards, the clinical threshold for consideration of gender reassignment services occurs when concerns, uncertainties and questions about gender identity persist during a person’s development and become so intense that they are the most important aspect of the person’s life or prevent the establishment of a relatively unconflicted gender identity. The SOC are based on the best available science and expert professional consensus.

WPATH SOC (2011). According to these standards of care, true transsexualism is identified as follows:

- A permanent and profound identification with the opposite sex
- A persistent feeling of discomfort regarding one’s biological sex or feelings of inadequacy in the gender role of that sex
- The wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone replacement
- Clinically relevant distress and/or impaired ability to function in social, work-related and other situations
- Not a symptom of another mental disorder or a chromosomal abnormality
- Persistent presence of the transsexual identity for at least 2 years

Update 2016

The minimum age at which gender reassignment surgery is considered to be medically necessary is 18 years old for the following reasons: Gender reassignment surgery is a lifealtering transformation that is irreversible, with profound physical and psychological changes. A substantial degree of developmental maturity is required in order to make a truly

informed, educated decision to undergo such a transformation, and to understand all of the ramifications of such transformation including its irreversibility. Psychological and psychiatric studies have repeatedly shown that the developmental maturity that is required for such a decision is not attained until at least age 18 (Hembree 2011; Hembree, Cohen-Kettenis, Delemarre-van de Wall, et al 2009; Herbert 2011; Cohen-Kettenis P. Steensma TD. de Vries ALC 2011), and often later. Furthermore, brain imaging studies have more recently demonstrated that the brain does not structurally resemble an adult brain until the third decade of life. More specifically, the areas of the brain that regulate executive functions including planning, working memory, and impulse control (including the capacity to resist making impulsive decisions) do not mature until at least the early to mid-20s (Giedd JN 2004; Johnson SB. Blum RW. Giedd JN 2009; Sowell ER. Thompson PM. Holmes CJ 1999), and as late as age 30 in some individuals (Sowell ER. Thompson PM. Toga AW 2007). Accordingly, depending on the individual, adult developmental maturity is not attained until sometime between the early to mid-20s and age 30. Permitting major decisions such as gender reassignment surgery at age 18 can therefore be seen as more liberal than what science supports, consistent with culture more than with science.

Although hormone therapy is common for adults prior to gender reassignment genital surgery, and is recommended by some clinicians and guidelines, the quality of evidence supporting presurgery hormone therapy for adults is very low (Hembree, Cohen-Kettenis, Delemarre-van de Wall, et al 2009). There is no credible scientific evidence that pre-surgery hormone therapy for adults produces greater improvement of gender dysphoria, greater satisfaction with the results of gender reassignment surgery, improved adjustment to new gender, or decreased emergence of post- gender reassignment surgery psychiatric symptoms or difficulties, than gender reassignment surgery without pre-surgery hormone therapy.

Potential adverse effects of estrogen therapy include deep vein thrombosis, thromboembolic disorders, increased blood pressure, weight gain, impaired glucose tolerance, liver abnormalities, and depression. Potential adverse effects of testosterone therapy include acne, edema secondary to sodium retention, and impaired liver function. (Becker, Perkins 2014)

Government

National:

CMS determined that no national coverage determination (NCD) is appropriate at this time for gender reassignment surgery for Medicare beneficiaries with gender dysphoria.

Local:

There is no local coverage determination for gender reassignment surgery.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

N/A

References

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13. Becker J, Perkins A. Gender Dysphoria. In: Hales RE, Yudofsky SC, Weiss Roberts L. *The American Psychiatric Publishing Textbook of Psychiatry, Sixth Edition*. American Psychiatric Publishing. March 2014.

Medical Policy History

Policy Effective Date	Comments
1/1/18	Medical policy established

Next Review Date: 1st Qtr, 2018