

Gender Affirmation Surgery

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary gender transition services.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Gender Dysphoria in Adults and Adolescents is a disorder characterized by the following diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders, 5th edition [DSM-5]):

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:
 1. 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)].
 2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of marked incongruence with one's experienced/expressed gender [or in young

- adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)].
- 3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
- 4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
- 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
- 6. 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.

Gender Dysphoria in Children: A disorder characterized by the following diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders, 5th edition [DSM-5]):

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least six of the following (one of which must be criterion A1):
 - 1. 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).
 - 2. 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.
 - 3. A strong preference for cross-gender roles in make-believe play or fantasy play.
 - 4. A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender.
 - 5. A strong preference for playmates of the other gender.
 - 6. 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.
 - 7. A strong dislike of one's sexual anatomy.
 - 8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
- B. The condition is associated with clinically significant distress or impairment in social, school or other important areas of functioning.

Gender Nonconforming (GNC) – An adjective used as an umbrella term to describe people whose gender expression or gender identity differs from gender norms associated with their assigned birth sex.

Gender Reassignment Surgery (GRS) (gender affirmation surgery or sex reassignment surgery) – This is defined as surgery to change primary and/or secondary sex characteristics to better align a person's physical appearance with their gender identity. Sex reassignment surgery can be an important part of medically necessary treatment to alleviate gender dysphoria and may include mastectomy, hysterectomy, metoidioplasty, phalloplasty, breast augmentation, penectomy, orchiectomy, vaginoplasty, facial feminization surgery, and/or other surgical procedures.

Hormone Therapy (gender affirming hormone therapy, hormone replacement therapy) – The use of hormones to masculinize or feminize a person's body to better align that person's physical characteristics with their gender identity. People wishing to feminize their body receive antiandrogens and/or estrogens; people wishing to masculinize their body receive testosterone. Hormone therapy may be an important part of medically necessary treatment to alleviate gender dysphoria.

Puberty Suppression (puberty blocking, puberty delaying therapy) – A treatment that can be used to temporarily suppress the development of secondary sex characteristics that occur during puberty in youth, typically using gonadotropin-releasing hormone (GnRH) analogues. Puberty suppression may be an important part of medically necessary treatment to alleviate gender dysphoria. Puberty suppression can provide adolescents time to determine whether they desire further transitional interventions for gender dysphoria and can additionally serve a diagnostic role to help determine if further medical intervention is warranted.

PROCEDURES

A prior authorization is required.

Covered Gender Affirmation Surgery include:

- Psychotherapy for gender dysphoria and associated co-morbid psychiatric diagnoses. (Most commonly mood disorders, anxiety disorders, and developmental personality issues.) The benefits are the same as any other outpatient mental health service.
- Continuous hormone therapy. The benefits are the same as any other eligible medication within the prescribed treatment period.
- Laboratory testing to monitor continuous hormone therapy is the same as any other outpatient diagnostic service within the prescribed treatment protocol.
- Gender Reassignment Surgery (GRS)
- Puberty suppression (puberty blocking, puberty delaying therapy) when determined to be medically necessary for treatment of gender dysphoria in adolescents.

*Note this medical policy does not apply to individuals with ambiguous genitalia or disorders of sexual development.

Medical Necessity Guidelines

The following medical necessity criteria must be met:

- A. Hormone Replacement Eligibility Qualifications
The Covered Person must meet all of the following eligibility qualifications for hormone replacement:
 - 1) The Covered Person must be diagnosed with gender dysphoria (see definition below); and
 - 2) Initial hormone therapy must be preceded by:
 - a) A documented real-life experience (living as the other gender) of at least three months prior to the administration of hormones (This documented real-life experience may substitute for the minimum psychotherapy requirement only upon certification by a qualified mental health professional experienced in the treatment of gender dysphoric and transgendered individuals); and
 - b) A thorough evaluation by a qualified mental health professional followed by a period of psychotherapy of a duration specified by a qualified mental health professional (Minimum of three months, though longer periods may be recommended. Psychotherapy may run concurrently.)
 - c) Informed consent for medical, psychological, and socio-cultural factors.

- B. The Covered Person must then meet all of the following eligibility qualifications for gender affirmation surgery:
- 1) The surgery must be performed by a qualified professional provider at a facility with a history of treating individuals with gender identity disorder, following appropriate informed consent for medical, psychological, and socio-cultural factors related to the procedure;
 - 2) The treatment plan must conform to the World Professional Association for Transgender Health (WPATH) standards (WPATH 7th edition);
 - 3) The Covered Person must be age eighteen (18) years or older for irreversible surgical interventions.
 - a) A covered person under the age of eighteen (18), but no less than the age of sixteen (16), may be assessed for irreversible surgical interventions when the following conditions are met, in addition to the other eligibility qualifications listed in this section:

Consent has been obtained by:

- A parent or guardian of any minor
- A married minor for himself or herself
- A relative caregiver acting pursuant to an Affidavit of
- Establishment of Power to Relative Caregivers to Consent to
- Medical Treatment of Minors

ii. The covered person under the age of eighteen (18) has first attempted reversible interventions in accordance with WPATH clinical guidelines indicated elsewhere in this document using a staged process as follows:

- Puberty Suppression Therapy (see below)
 - Hormone Therapy (see above)
- 4) Gender reassignment surgery may be indicated when the following documentation is provided:
 - a) A written psychological assessment from at least one qualified behavioral provider experienced in treating gender dysphoria is needed for breast surgery. The assessment must document that all the following criteria are met: persistent, well documented gender dysphoria, capacity to make a fully informed decision and to consent for treatment, 18 years of age (age of majority), and if significant medical or mental concerns are present, they must be reasonably controlled.
 - b) A written psychological assessment form at least two qualified behavioral providers experienced in treating gender dysphoria, who have independently assessed the individual for genital surgery. The assessment must document all of the following criteria: persistent well documented gender dysphoria, capacity to make a fully informed decision and to consent for treatment, must be 18 years of age (age of majority), significant medical or mental health concerns must be reasonably controlled, complete at least 12 months of successful continuous full-time real-life experience in the desired gender, and complete 12 months of continuous cross-sex hormone therapy appropriate for the desired gender (unless medically contraindicated).
 - 5) Continuing postoperative follow-up by the surgeon and mental health professional must be arranged in advance of the surgery (Current Psychiatry Vol. 6 No. 2 Feb 2007);

- 6) Referrals to support groups and resources specific to transgender issues should be arranged in advance of the surgery.
- C. Puberty Suppression Therapy for Adolescents
- The Covered Adolescent must meet all of the following eligibility qualifications for puberty suppression therapy:
1. The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed).
 2. Gender dysphoria emerged or intensified with the onset of puberty.
 3. Any transitional or co-existing psychological, medical, socio-cultural, or family problems (including potential harassment or bullying) that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment.
 4. The adolescent has given informed consent and, particularly when the adolescent has not reached the age of medical consent, the parent(s) or other caretaker(s) or guardian(s) has/have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.
 5. The adolescent will have continuing access to medical and mental health evaluation, support, and psychotherapy, preferably by a collaborative team, to include a family therapy/support component as indicated.
 6. Medication is prescribed by a pediatric endocrinologist or by a physician in consultation with a pediatric endocrinologist.
- D. Age-appropriate screening for breast and cervical cancer should be continued unless mastectomy or removal of the cervix has occurred.
- E. Age-appropriate screening for breast cancer is appropriate for male-to-female transgender patients. In patients who have a neocervix created from the glans penis, routine cytologic examination of the neocervix is indicated.

Gender affirmation services that are covered:

Male-to-Female (MTF)

- Clitoroplasty
- Labiaplasty
- Orchiectomy
- Penectomy
- Urethroplasty
- Vaginoplasty

Female-to Male (FTM)

- Bilateral mastectomy or breast reduction
(Note: Bilateral mastectomy or breast reduction may be done as a stand-alone procedure, without having genital reconstruction procedures. In this situation, the patient does not need to complete hormone therapy prior to procedure.)
- Hysterectomy
- Metoidioplasty
- Penile prosthesis
- Phalloplasty
- Salpingo-oophorectomy

- Scrotoplasty
- Testicular prostheses
- Urethroplasty
- Vaginectomy
- Vulvectomy

Note: Coverage is limited to one sex transformation reassignment per lifetime which may include several staged procedures.

Gender affirmation services that are not covered:

- Treatment received outside of the United States
- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics
- Sperm preservation in advance of hormone treatment or gender surgery
- Cryopreservation of fertilized embryos
- Oocyte preservation
- Surrogate parenting
- Donor eggs, donor sperm and host uterus
- Cosmetic procedures (See Noncovered Procedure Codes under Attachment A)
- Suction-assisted lipoplasty of the waist
- Surgical treatment-under eighteen (18) years of age
- Surgical treatment not prior authorized by the insurer
- Drugs for sexual performance for patients that have undergone genital reconstruction
- Drugs for cosmetic purposes
- Drugs for hair loss or growth
- Hormone therapy except as described in the Covered Services section above
- Transportation, meals, lodging or similar expenses

The following procedures are considered cosmetic and not medically necessary when performed as part of gender reassignment services:

- Abdominoplasty
- Blepharoplasty
- Body contouring (e.g., fat transfer, lipoplasty, panniculectomy)
- Breast enlargement, including breast implants and augmentation mammoplasty
- Calf implants
- Cheek/malar augmentation, chin and nose implants
- Chin augmentation/reshaping
- Collagen injections
- Brow lift/browplasty
- Injection of fillers or neurotoxins
- Face, forehead lift and or neck tightening
- Facial bone remodeling/augmentation for facial feminization or masculinization
- Hair removal (e.g., electrolysis or laser)
- Hair transplant/augmentation/reconstruction/hairplasty
- Jaw/mandibular reduction/augmentation/sculpturing
- Laryngoplasty
- Lip augmentation/Lip reduction
- Liposuction (e.g., suction-assisted lipectomy)/lipofilling
- Mastopexy
- Pectoral implants

- Rhinoplasty, including nose implants
- Skin resurfacing
- Thyroid cartilage reduction, reduction thyroid chondroplasty, trachea shave
- Voice modification surgery
- Voice lessons and voice therapy
- Vulvoplasty

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

Place of Service: Inpatient/Outpatient
CODING REQUIREMENTS

CPT code	Description
19303	Mastectomy, simple, complete.
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; 1st stage.
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; 2nd stage.
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.
55175	Scrotoplasty; simple.
55180	Scrotoplasty; complicated.
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed.
55899	Phalloplasty.
56625	Vulvectomy simple; complete.
56800	Plastic repair of introitus.
56805	Clitoroplasty for intersex state.
57106	Vaginectomy, partial removal of vaginal wall.
57110	Vaginectomy, complete removal of vaginal wall.
57291	Construction of artificial vagina, without graft.
57292	Construction of artificial vagina, with graft.
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach.
57296	Revision (including removal) of prosthetic vaginal graft; open approach.
57335	Vaginoplasty for intersex state.

57426	Revision (including removal) of prosthetic vaginal graft; laparoscopic approach.
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.
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).
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure).
58940	Oophorectomy, partial or total, unilateral or bilateral.
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion.
11970	Replacement of tissue expander with permanent testicular insertion.
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq. cm or less.
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq. cm to 30.0 sq. cm.
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq. cm to 30.0 sq. cm.

15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e., breast, trunk) (List separately in addition to code for primary procedure).
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy.
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy (unrelated to mastectomy or post mastectomy reconstruction).
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction.
19350	Nipple/areola reconstruction (unrelated to mastectomy or post mastectomy reconstruction).
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft).
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft).
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft).
27656	Repair fascial defect of leg (calf implants).

Covered Diagnosis Codes

Diagnosis code	Description
F64.0	Transsexualism; Gender identity disorder in adolescence and adulthood; Gender dysphoria in adolescents and adults.
F64.1	Dual role transvestism.
F64.2	Gender identity disorder of childhood.
F64.8	Other gender identity disorders.
F64.9	Gender identity disorder, unspecified.
Z87.890	Personal history of sexual reassignment.

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

References

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POLICY UPDATE HISTORY

12/22/2021	Approved in Medical Policy Committee
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