

Subject: Gender Affirming Treatment and Surgery (Adult, 18 years of age and older)

Medical Policy #: 7.3

Original Effective Date: 09-24-2014

Status: Reviewed

Last Review Date: 03-20-2024

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Refer to the Intel Benefit Description for coverage of cosmetic procedures for this treatment.

Refer to the FEHB Benefit Description for additional coverage details.

Refer to the Benefit Considerations section as member specific benefit plan language may vary.

Description

This Medical Policy covers topics related to the treatment of gender affirming care, including behavioral health evaluation, hormonal therapy and gender affirming surgery.

Transgender and gender diverse individuals may seek one, or multiple forms of gender affirmation. Gender affirming surgery is divided into two clinically significant areas; surgery that affects fertility and surgery that does not. The age of the patient and effect on fertility may be determined by government regulation that may or may not supersede benefit or plan offering.

For individuals who identify as transgender or gender diverse and seek gender affirming care a referral from the treating provider to care coordination and behavioral health services is considered standard of care.

MPM 18.5 Restorative/Reconstruction/Cosmetic Surgery may be applicable for select surgical procedures.

For hormone therapy for Gender Affirming Treatment in Children and Adolescents (see MPM 7.31), please refer to the [PHP pharmacy policy](#).

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

Coverage is for Medicaid, Medicare, and Commercial.

- I. Primary care, specialty care and behavioral health (including multi-disciplinary clinical care) for those seeking gender affirming services (unrelated to surgery) are a covered benefit for all ages. These do not require a prior authorization.
- II. For mastectomy and creation of a male chest in Female to Male (FtM) patients:
PHP considers surgical treatments for gender affirmation medically necessary when **ALL** of the following criteria are met:
 - One letter of assessment from a qualified mental health professional **or** provider, who has competencies in the assessment of transgender and gender diverse individuals is needed. The letter should address that the member has the capacity to make a fully informed decision and to consent for treatment and that all mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits discussed; (see Appendix B for Credentials of a Qualified Mental Health Professional); **AND**
 - If medical or mental health concerns are present, they must be reasonably well controlled; **AND**
 - Age 18 years or older.

*Hormone therapy is not a pre-requisite
- III. Breast Augmentation (implants) in Male to Female (MtF) patients:
PHP considers surgical treatments for gender affirmation medically necessary when **ALL** of the following criteria are met
 - One letter of assessment from a qualified mental health professional, or provider, who has competencies in

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the assessment of transgender and gender diverse individuals is needed. The letter should address that the member has the capacity to make a fully informed decision and to consent for treatment and that all mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits discussed; (see Appendix B for Credentials of a Qualified Mental Health Professional); **AND**

- If medical or mental health concerns are present, they must be reasonably well controlled; **AND**
- Age 18 years and older.

(Recommend, but not required) Stable on their gender affirming hormonal treatment regimen (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated.

IV. Additional Adult Surgery:

1. PHP considers surgical treatment for gender affirmation medically necessary for the following procedures: A). Chondrolaryngoplasty (Trachea shave/reduction thyroid chondroplasty to alter the appearance of the thyroid cartilage); B). Gonadectomy (eg, hysterectomy, salpingo-oophorectomy for FtM or orchiectomy for MtF) when **ALL** of the following criteria are met:

- Age 18 years or older; **AND**
- One letter of assessment from a qualified mental health professional, or provider, who has competencies in the assessment of transgender and gender diverse individuals is needed. The letter should address that the member has the capacity to make a fully informed decision and to consent for treatment and that all mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits discussed; (see Appendix B for Credentials of a Qualified Mental Health Professional); **AND**
- If medical or mental health concerns are present, they must be reasonably well controlled; **AND**

(Recommend, but not required) Stable on their gender affirming hormonal treatment regimen (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated.

*Criteria do not apply if member is having one of the above procedures for indications not related to self-identification as transgender, gender diverse or carries a diagnosis of gender dysphoria.

2. PHP considers surgical treatment for gender affirming genital reconstructive surgery medically necessary (i.e., vaginectomy, urethroplasty, vulvectomy, metoidioplasty, phalloplasty, scrotoplasty, placement of a testicular prosthesis and placement of penile prosthesis for FtM; and penectomy, vaginoplasty, labiaplasty, and clitoroplasty for MtF); when **ALL** of the following criteria are met:

- Age 18 years and older; **AND**
- One letter of assessment from a qualified mental health professional, or provider, who has competencies in the assessment of transgender and gender diverse individuals is needed. The letter should address that the member has the capacity to make a fully informed decision and to consent for treatment and that all mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits discussed; (see Appendix B for Credentials of a Qualified Mental Health Professional); **AND**
- If medical or mental health concerns are present, they must be reasonably well controlled; **AND**

(Recommend, but not required) Stable on their gender affirming hormonal treatment regimen (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated.

*Criteria do not apply if member is having one of the above procedures for indications not related to self-identification as transgender, gender diverse or carries a diagnosis of gender dysphoria.

Expanded list of covered genital surgery

When **all** of the above criteria are met for gender affirmation surgery, the following expanded list of genital surgeries are a covered benefit for those who self-identify as a transwomen, non-binary or gender diverse.

- Orchiectomy - removal of testicles
- Penectomy - removal of penis
- Vaginoplasty - creation of vagina.
- Clitoroplasty - creation of clitoris
- Labiaplasty - creation of labia
- Urethroplasty - creation of urethra

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When **all** of the above criteria are met for gender affirmation surgery, the following expanded list of genital surgeries are a covered benefit for those who self-identify as a transman, non-binary or gender diverse.

- Hysterectomy - removal of uterus
- Salpingo-oophorectomy - removal of fallopian tubes and ovaries
- Vaginectomy - removal of vagina
- Vulvectomy - removal of vulva
- Metoidioplasty - creation of micro-penis, using clitoris
- Phalloplasty - creation of penis, with or without urethra
- Placement/Insertion of penile prosthesis
- Urethroplasty - creation of urethra within the penis
- Scrotoplasty - creation of scrotum
- Insertion of testicular prosthesis (testicular prostheses L8699 is included in procedure)

V. Other Covered Non-Surgical Treatment:

- Electrolysis or laser: Hair removal (e.g., via electrolysis or laser) from face and neck is limited to 8 sessions of 30 mins each in the course of 12 (twelve) months.
 - Maximum 1 (one) CPT 17999 units per day per body area (face or neck).
 - Frequency of treatment visits is to be no more frequent than every 6 (six) weeks; 2 (two) units CPT 17999 every 6 (six)-weeks per body area (face or neck).
 - No more than 8 sessions in a 12 (twelve) month period per body area (face or neck).
 - Hair removal from other body areas (ie. chest, abdomen or back) will be considered on a case-by-case basis.
- Voice therapy and voice lessons. (12 sessions) per 12-month period. Prior authorization will not be required for 92507 and 92508 (speech therapy).
- Hormone therapy: For hormone therapy please refer to the [PHP pharmacy policy](#).

Cancer Screenings

Professional organizations such as the American Cancer Society, American College of Obstetricians and Gynecologists and the US Preventive Services Task Force provide recommended cancer screening guidelines to facilitate clinical decision-making by professional providers. Some cancer screening protocols are sex/gender specific based on assumptions of the sex assignment at birth. Specific cancer screenings (e.g., mammograms, prostate screenings) may be indicated based on the individual's original gender. Gender specific screenings may be medically necessary for transgender/gender diverse persons appropriate to their anatomy assigned at birth. Prior authorization (or no prior authorization needed) for genetically assigned, gender specific cancer screenings apply without changes based on the member's covered benefits.

Exclusions

The following are considered elective, cosmetic procedures and, unless otherwise specified, are not a covered benefit for any Presbyterian Health Insurance Plan regardless of sex or preferred gender identity. Services that are defined as cosmetic for the purpose of gender affirmation are not a covered benefit but may be considered on a case-by-case basis. See MPM 18.5, MPM 27.0, MPM 16.5, MPM 2.7.

This list is **not** all-inclusive:

- Reversal of previous gender affirmation surgery.¹
- Sperm or embryo preservation - Cryopreservation/freezing, storage/banking, and thawing of reproductive tissues. such as oocytes, ovaries, embryos, spermatozoa, and testicular tissue.
- Abdominoplasty or Panniculectomy (see exceptions MPM 16.5)
- Blepharoplasty: removal of redundant skin of upper and/or lower eyelids and protruding periorbital fat (see exceptions MPM 2.7)
- Calf implants
- Genioplasty (chin surgery), chin augmentation: reshaping or enhancing the size of the chin
- Collagen injections and/or injectable dermal fillers
- Corrective facial surgery Examples: not all inclusive
 - Brow lift
 - Cheek/malar implants
 - Facial masculinization
 - Forehead lift
 - Jaw reduction (jaw contouring)
 - Osteoplasty
- Cricothyroid approximation: voice modification that raises the vocal pitch by simulating contractions of the cricothyroid muscle with sutures
- Laryngoplasty: reshaping of laryngeal framework (voice cord modification surgery) (e.g Pitch-raising surgery)
- Dermabrasion and chemical peel, keratosis, scar (skin resurfacing)

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- Facial feminizing and masculinization) reconstruction/sculpturing/reduction, includes jaw shortening; (e.g., facial bone reduction)
- Feminization of torso masculinization of torso
- Hair transplantation
- Lip reduction/enhancement: decreasing/enlarging lip size
- Liposuction: removal of fat
- Lipectomy-
- Lipofilling or body contouring or modeling of waist, buttocks, hips, and thighs reduction
- Mastopexy: breast lift
- Neck tightening (cervioplasty)
- Pectoral implants
- Prostatectomy, (case-by-case review)
- Removal of redundant skin
- Rhinoplasty- (reshaping of nose or implants) is not covered- when performed for the following indication because it is considered cosmetic in nature or not medically necessary:
 - Solely for the purpose of changing appearance.
- Rhytidectomy: face lift
- Procurement, cryopreservation, storage and/or thawing of embryos, oocytes, sperm or reproductive tissue (ie, ovarian or testicular tissue).

For a list of additional services that are considered cosmetic and therefore, non-covered, please refer to [LCD L35090-Cosmetic and Reconstructive Surgery](#).

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

Appendix A

DSM-5 Criteria for the Diagnosis of Gender Dysphoria in Adolescents and Adults.

- 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 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)].
 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.

Appendix B

Minimum Credentials for a Qualified Mental Health Professional

The training of mental health professionals competent to work with transgender or gender diverse individuals seeking gender affirming care rests upon basic general clinical competence in the assessment, diagnosis, and treatment of mental health concerns. Clinical training may occur within any discipline that prepares mental health professionals for clinical practice, such as psychology, psychiatry, social work, mental health counseling, marriage and family therapy, nursing, or family medicine with specific training in behavioral health and counseling. The following are recommended minimum credentials for mental health professionals who work with transgender or gender diverse individuals:

1. Master's degree or equivalent in a clinical behavioral science field granted by an institution accredited by the appropriate national accrediting board. The professional should also have documented credentials from the relevant licensing board or equivalent; and
2. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Disease for diagnostic purposes; and
3. Ability to recognize and diagnose co-existing mental health concerns and

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4. Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria; and
5. Are able to assess capacity to consent for treatment; and
6. Have experience or be qualified to assess clinical aspects of gender dysphoria, incongruence, and diversity and
7. Undergo continuing education in health care relating to gender dysphoria, incongruence, and diversity; and
8. We suggest health care professionals assessing transgender and gender diverse adults seeking gender-affirming treatment liaise with professionals from different disciplines within the field of transgender health for consultation and referral, if required; and
9. Continuing education in the assessment and treatment of gender diverse individuals. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity gender dysphoria and gender diversity.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Transwoman procedures (male to female)
19325	Breast augmentation with implants
19350	Nipple/areola reconstruction
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	Laparoscopy, surgical; orchiectomy
**55970	INTERSEX SURGERY; MALE TO FEMALE (see coding instruction below)
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
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 abdominal approach
57335	Vaginoplasty for intersex state
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
31899	Unlisted procedure, trachea, bronchi. (Trachea shave/reduction thyroid chondroplasty)

When reporting procedure code **55970 (Intersex surgery; male to female), the following staged procedures to remove portions of the male genitalia and form female external genitals are included:

- The penis is dissected, and portions are removed with care to preserve vital nerves and vessels in order to fashion a clitoris-like structure.
- The urethral opening is moved to a position similar to that of a female.
- A vagina is made by dissecting and opening the perineum. This opening is lined using pedicle or split- thickness grafts.
- Labia are created out of skin from the scrotum and adjacent tissue.
- A stent or obturator is usually left in place in the newly created vagina for three weeks or longer.

The following CPT codes will be considered when applicable criteria have been met for Transman procedures (female to male). Note these codes may or may not necessarily be covered.

CPT Codes	For Transman procedures (female to male)
19303	MASTECTOMY, SIMPLE, COMPLETE
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty, reconstruction of female urethra

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CPT Codes	For Transman procedures (female to male)
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54660	Insertion of testicular prosthesis (separate procedure)
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
**55980	Intersex surgery; female to male. (see coding instruction)
56625	Vulvectomy simple; complete
57106	Vaginectomy, partial removal of vaginal wall;
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue
57110	Vaginectomy, complete removal of vaginal wall;
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue
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
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)

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CPT Codes	For Transman procedures (female to male)
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

When reporting CPT code **55980 (Intersex surgery; female to male), the following staged procedures to form a penis and scrotum using pedicle flap grafts and free skin grafts are included:

- Portions of the clitoris are used, as well as the adjacent skin.
- Protheses are often placed in the penis to create a sexually functional organ.
- Prosthetic testicles are implanted in the scrotum.
- The vagina is closed or removed.

Other covered non-surgical treatments:

CPT Codes	Description
+90785	Interactive complexity (List separately in addition to the code for primary procedure)
90832 - 90838	Psychotherapy
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
17380	Electrolysis hair removal
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue

HCPCS codes. Note these codes may or may not necessarily be covered

HCPCS Codes	Description
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable
C1789	Prosthesis, breast (implantable)
L8600	Implantable breast prosthesis, silicone or equal.
L8699	Prosthetic implant, not otherwise specified

The following CPT codes are considered cosmetic and will **not** be covered using any ICD-10 Codes listed below. (This list may not be all inclusive)

CPT codes	Not covered if performed as part of gender affirmation surgery
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
15771	Grafting of autologous fat harvested by liposuction technique to: <ul style="list-style-type: none"> • trunk, breasts, scalp, arms, and/or legs; • face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet
15772	
15773	
15774	
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Skin resurfacing; (eg, dermabrasion, chemical peel, keratosis, scar)
15781	
15782	
15783	
15786	
15787	

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CPT codes	Not covered if performed as part of gender affirmation surgery
15788	
15789	
15792	
15793	
15819	Cervioplasty (neck tightening)
15820	
15821	Blepharoplasty, lower eyelid and upper eyelid
15822	
15823	
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, p-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (smas) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
19316	Mastopexy
21087	Impression and custom preparation; nasal prosthesis
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)

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CPT codes	Not covered if performed as part of gender affirmation surgery
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas
21270	Malar augmentation, prosthetic material
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
67900	Repair brow ptosis, supraciliary/mid-forehead/coronal approach
67901	
67902	
67903	
67904	
67906	
67908	
67909	
Q2026	Injection, Radiesse, 0.1 ml
G0153	Services performed by a qualified speech- language pathologist in the home health or hospice setting, each 15 minutes
S9128	Speech therapy, in the home, per diem

ICD-10 Codes	Description
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.8	Other gender identity disorders
F64.2	Gender identity disorder of childhood
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment
<p>*Gender Incongruence in the International Statistical Classification of Diseases (ICD) and Related Health Problems.</p> <p>The new revision of ICD-11 was endorsed by the World Health Assembly at the 72th meeting in 2019 and came into effect globally on January 1, 2022. The newly revised ICD-11 has redefined gender identity-related health, replacing outdated diagnostic categories like ICD-10's "transsexualism" and "gender identity disorder" with "gender incongruence of adolescence and adulthood" and "gender incongruence of childhood", respectively. Gender incongruence has been moved out of the "Mental and behavioral disorders" chapter and into the new "Conditions related to sexual health" chapter. This reflects current knowledge that trans-related and gender diverse identities are not conditions of mental health. Presbyterian Health Plan recognizes the adopted changes; however, ICD-11 has not yet been implemented in the United States.¹¹</p>	

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Gray Clarke MD
Associate Chief Medical Officer: Clinton White MD
Medical Director: Ana Maria Rael MD
Date Approved: 03-20-2024

References

1. [Standards of Care for the Health of Transgender and Gender Diverse People, Version 8](#). The World Professional Association for Transgender Health (WPATH) for Transgender Health, 2024. [Accessed 01/05/2024]
2. Multiple Medical Policies Medicare National Coverage Determinations Manual, Chapter 1, Part 2 (Sections 90 – 160.26). Gender reassignment Surgery for Gender Dysphoria, 140.9, A-D, Implemented 04/04/2017. [Cited 01/05/2024]
3. Palmetto GBA, Gender Reassignment Services for Gender Dysphoria (A53793), not in New Mexico region. Revision

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date: 11/09/2023, R#15. (not an LCD reference article) Accessed 01/05/2024

4. Aetna, Gender Reassignment Surgery, Number:0615, Effective: 05/14/2002, Last reviewed: 11/27/2023, Next Review: 07/11/2024. Accessed 01/05/2024.
5. [New Mexico, OSI](#), Bulletin 2018-013, Transgender non-discrimination in Health Insurance Benefits, August 23, 2018. (select SHOW ALL when searching [Cited 01/05/2024])
6. CMS National Coverage Determination (NCD) for Gender Dysphoria and Gender Reassignment Surgery (140.9), Pub# 100-3, Effective Date: 08-30-2016.(No NCD) [01/05/2024]
7. Hayes, Sex Reassignment Surgery for The Treatment of Gender Dysphoria, Health Technology Assessment, Aug 01/2018, Annual Review: July 27, 2022. [Cited 01/05/2024]
8. MCG Health Ambulatory Care, 27th edition, Gonadotropin-Releasing Hormone (GnRH) Agonists (ACG: A-0304 AC), Last Update: 09-21-2023. [Cited 01/05/2024]
9. Hayes, Masculinizing Voice and Communication Therapy for Gender Dysphoria, Sept 27, 2023. [Cited 01/05/2024]
10. Hayes, Body Contouring Procedures in Patients With Gender Dysphoria, Evidence Analysis Research Brief, Jun 28, 2022. [Cited 01/05/2024] Hayes, Feminizing Voice and Communication Therapy for Gender Dysphoria Evolving Evidence Review, Aug 18, 2023. [Cited 01/05/2024]
11. World Health Organization, Frequently Asked Questions, [Gender incongruence and transgender health in the ICD](#), [Cited 01/05/2024]

Publication History

- 09-24-2014 Original effective date
- 12-01-2015 Review
- 09-26-2018 Annual review. No policy changes.
- 01/22/2020 Annual review. No policy changes. Updated codes to include HCPCS J1071, J3121, and J3145. Correction on Publication History
- 07/28/2021 Annual review. PHP Medical policy Committee reviewed on 07/08/2021. Coverage changed: Will now cover the following: electrolysis hair removal (17380) related to vaginoplasty only; breast augmentation with implant including nipple/areola reconstruction (19325 and 19350). Clarified: only non-inflatable penile prosthesis placement (code 54400, 54406, 54415 and 54416) remains to be covered and insertion, removal and replacement of inflatable penile prosthesis (54401, 54405, 54408, 54410 and 54411) remains non-covered, all of these codes will require PA. Additional procedures were added to non-covered list such as: abdominoplasty; cervicoplasty; masculinization; fat harvesting; dermabrasion; chemical peel; blepharoplasty, gluteal implants; inflatable penile prosthesis; and procurement, cryopreservation, storage and/or thawing of embryos, oocytes, sperm or reproductive tissue (ie, ovarian or testicular tissue), blepharoplasty etc.: 15847, 15771, 15772, 15773, 15774, 15780-15793, 15819, 31899, 67901 thru 67909, Q2026. Hormone therapy will now be deferred to pharmacy. Policy is still under review for UM process
- CPT code update:
- Mastectomy related to oncology (19301, 19303, 19304) removed from policy
 - Removed CPT prostatectomy 55866 in the setting of GD from this policy. Testicular implant code (L8699) and breast implant (C1789 and L8600) are considered bundled to procedure and should not pay for all LOB, they are status indicator N for OPPS.
 - Moved codes from exclusion to covered: 17380, 19318, 19325, 19350.
 - Added to 58940 to covered section
 - Additional codes added to non-covered section for GD: 15847, 15771, 15772, 15773, 15774, 15780-15793, 15819, 31899, 54401, 54405, 67901 thru 67909, Q2026.
- 09-22-21 There is no change to criteria since last presented in July. Policy has been revised to remove language pertaining to “non-inflatable” and “inflatable” for penile prosthesis and the affiliated codes (54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415 and 54416) codes will now require PA. Removed drugs codes J1950, J3315, J3316, J3490, J9202, J9217, J9218, J9219, S0189, J1071, J3121, J3145 and J3490, since it is managed by Pharmacy. Removed unrelated codes from policy: 11980, 19324, 19340, 19342, 58285. For Breast augmentation with implant including nipple/areola reconstruction (CPT 19325 and 19350) will be configured to map to ICD-10 listed by CMS LCA (A56587 and A57475) for all LOB, in addition we will also include the Gender Dysphoria diagnosis: F64.0, F64.1, F64.8, F64.9 and Z87.890. (the CPT codes are also listed in the Breast Surgical Procedures, MPM 27.0). Codes 19325 and 19350 will not require PA. Electrolysis hair removal (17380) related to vaginoplasty will be set to pay for Gender Dysphoria diagnosis only: F64.0, F64.1, F64.8, F64.9 and Z87.890, for all LOB and all other diagnosis codes will be denied as cosmetic.
- 09-28-22 Annual review. PHP Medical policy Committee reviewed on 09-16-2022. There is no change to criteria since last presented in July 2021. No change to code since 09-22-21. Updated the language to change “reassignment” to “affirmation” throughout the policy. Titled changed from “Gender Dysphoria/Gender Identity Disorder Treatment” to “Gender Affirming Treatment and Surgery (Adult, 18 years of age and older)”. The following were changed in the policy, Description section language was changed; clarified the vague statement regarding “Individuals who have undergone prior gender reassignment surgery” to “Reversal of previous gender affirmation surgery” and removed language for hormone therapy for children and adolescent.
- Update only on 11-16-2022. Annual review date will remain as 09-28-2022. PHP Medical policy Committee

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

reviewed on 11/02/2022.

Overall changes include:

- Minor language changed to Description section
- Added language to see Pharmacy policy for hormone therapy
- Added language to define the Appendix B for letter of referral
- The following coverage indication were removed or added:
 - Added language to define (primary/specialty/behavioral) care are a covered benefit for all ages
 - Removed language regarding “*reasonably well controlled*” of the medical or mental health concerns throughout policy
 - Added additional criteria language throughout policy to say, “*Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed.*”
 - Removed language about two letter requirement and replaced to say “*Either written documentation or a letter is required to recommend gender affirming medical and surgical treatment (GAMST). Only one letter of assessment from a qualified mental health care professional who has competencies in the assessment of transgender and gender diverse people is needed.*”
 - Changed the twelve months hormone therapy to “at least six months” and removed “*continuous*” from hormone therapy.
 - Changed the twelve months requirement to at least six months for gender diversity/incongruence.
 - Added coverage indication language for Non-surgical treatment for voice therapy and voice lessons (92507 and 92508). Prior will not be required for 92507 and 92508
- Removed CPT codes 92507 and 92508 from exclusion list
- The Exclusion list was updated:
 - Added: calf implants
 - Removed: Construction of clitoral hood; Drugs for hair loss or growth; Voice therapy/Voice lessons
- Reformatted policy: Moved Appendix A & Appendix B to the bottom of policy
- Add chondrolaryngoplasty (Code 31899) as a covered benefit on a case-by-case review, which will require PA requirement.

On 01/26/2023, code 19303 added to describe covered benefit for MtF breast removal.

03-22-23 Annual review has changed to March. PHP Medical policy Committee reviewed on 03-08-2023. Edits were made throughout the policy all the way through Appendix B. Removed the language pertaining to the requirement of the diagnosis of gender dysphoria for any treatment. Self-identification of being transgender or gender diverse is the only qualifying criteria. There were also some redundancy edits that were deleted. Electrolysis for hair removal has changed to include all parts of the body. Chondrolaryngoplasty will no longer require a case-by-case review. Add information on future update of ICD version 11.

Update on May 24, 2023: Update policy to include laser hair removal code (17999), which will require PA for ALOB.

Update on July 2023: Update Disclaimer section of policy to include FEHB.

Update on 09-27-2023: Update the electrolysis and laser hair removal for billing clarification regarding frequency, sessions, and duration of the service.

03-20-24 Annual review. PHP Medical policy Committee reviewed on 01/05/2024. Added “*per 12-month period*” to the twelve (12) voice therapy sessions, which was erroneously left out. Format change made in the Exclusion section to shift similar procedures together. There is no change in coverage. The criteria will continue with WPATH SOC8 recommendations. Continue PA for codes: 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 55970, 55980, 55175, 31899, 17999.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.

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