

Subject: Gender Affirming Treatment and Surgery

(Adult, 18 years of age and older)

Medical Policy #: 7.3

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Status: Reviewed

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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.

Commercial Plans: Refer to your benefit description and considerations section as member specific benefit plan language may vary. Some policies include benefit details under cosmetic procedures.

Description

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

Transgender and gender diverse individuals may seek one, or multiple forms of gender affirmation. Gender affirming surgeries are divided into two clinically significant areas; surgeries that affect fertility and surgeries that do 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 selected surgical procedures that are not addressed in this policy.

For coverage of hormone and voice (speech) therapy in children and adolescents, see MPM 7.31, Gender Affirming Treatment in Children and Adolescents (aged 17 years old and under).

Please refer to the [PHP pharmacy policy for hormonal therapy for coverage specifics](#).

Definitions:

DFAB: designated female at birth, describes someone whose original birth certificate listed their sex as "female"

DMAB: designated male at birth, describes someone whose original birth certificate listed their sex as "male"

Intersex: describes someone whose biological makeup (the combination of their chromosomes, genitalia, gonads, gamete production, and hormones) is not easily categorized into the medical definitions of "male" or "female"; many individuals who have a diagnosed Difference of Sex Development (DSD) self-identify as Intersex.

Coverage Determination

Prior Authorization (PA) is required on all services for all lines of business, unless otherwise specified. See the coding section for PA specific to this policy, and/or [PHP Prior Authorization Guide Grid](#) for all codes currently requiring a PA. NOTE: Not all policies will contain a PA reference.

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

Coverage is for Medicaid, Medicare, and Commercial for patients with a diagnoses of gender identity disorder. (See list of ICD-10 Codes for category F64 or Z87.890 as appropriate).

*Hormone therapy is not a pre-requisite

- I. **Primary care, specialty care and behavioral health** (including multi-disciplinary clinical care) for those seeking gender affirming services are a covered benefit for all ages. **These do not require prior**

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authorization.

II. **PHP considers surgical treatment for gender affirmation medically necessary when ALL of the following criteria are met:**

- Must have diagnosis of gender identity disorder or other listed diagnosis as appropriate (See ICD-10 List below for covered diagnoses); **AND**
 - Any known medical or mental health concerns are present, they must be reasonably well controlled; **AND**
 - Age 18 years or older at the time of treatment. (For ages 17 and younger, please see MPM 7.31, Gender Affirming Treatment in Children and Adolescents (aged 17 years old and under).
- a. **Covered Surgical Treatments:** When **all** of the required criteria are met, the following expanded list of surgeries are a covered benefit for purposes of gender affirmation for those who self-identify as transgender, nonbinary, or gender diverse:

i. **Facial surgery for purposes of feminization or masculinization**

(Examples are not all inclusive):

1. Brow lift
2. Cheek/malar implants
3. Facial masculinization
4. Forehead lift
5. Jaw reduction (jaw contouring)
6. Osteoplasty
7. Genioplasty (Chin surgery)
8. Chondrolaryngoplasty (Trachea shave/reduction thyroid chondroplasty to alter the appearance of thyroid cartilage).

ii. **Top Surgery**

1. **Mastectomy** and creation of a flat chest is allowed for patients assigned female at birth (DFAB), Including mammoplasty with or without contouring
2. **Breast Augmentation** (implants) for patients assigned male at birth (DMAB)

iii. **Bottom Surgery**

1. Gonadectomy and Reconstructive Surgeries:

a. **Reconstructive Genital Surgery**, for patients assigned female at birth (DFAB) including:

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

b. **Reconstructive Genital Surgery**, for patients assigned male at birth (DMAB) including:

- i. Orchiectomy - removal of testicles
- ii. Penectomy - removal of penis
- iii. Vaginoplasty - creation of vagina.
- iv. Clitoroplasty - creation of clitoris
- v. Labiaplasty - creation of labia
- vi. Urethroplasty - creation of urethra

2. Prostatectomy, for patients assigned male at birth (DMAB)

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III. Other Covered Non-Surgical Treatment: PHP considers additional non-surgical treatment for gender affirmation medically necessary when ALL of the following criteria is met:

- Must have diagnosis of gender identity disorder or other listed diagnosis as appropriate (See ICD-10 List below for covered diagnoses); **AND**
- Any known medical or mental health concerns are present, they must be reasonably well controlled; **AND**
- Age 18 years or older at the time of treatment. (For ages 17 and younger, please see MPM 7.31, Gender Affirming Treatment in Children and Adolescents (aged 17 years old and under).

a. Covered Non-Surgical Treatments (Service can be pre-surgical, surgical or non-surgically related):

- 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 (i.e. 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 is not 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 designated sex at birth or current anatomy. Specific screenings may be medically necessary for transgender/gender diverse persons appropriate to their anatomy at birth and necessary to their current anatomy. 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.
- 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)
- Calf implants
- Collagen injections and/or injectable dermal fillers
- 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)
- Feminization of torso masculinization of torso
- Hair transplantation
- Lipofilling or body contouring or modeling of waist, buttocks, hips, and thighs reduction
- Mastopexy: breast lift

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- Neck tightening (cervioplasty)
- Pectoral implants
- Removal of redundant skin
- Procurement, cryopreservation, storage and/or thawing of embryos, oocytes, sperm or reproductive tissue (i.e., ovarian or testicular tissue).

Cosmetic surgery or expenses incurred in connection with such surgery, outside of indicated covered services are not covered.

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

Coding

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

CPT Codes	PA Required	Transwoman procedures (male to female)
19325	No	Breast augmentation with implants
19350	No	Nipple/areola reconstruction
54125	No	Amputation of penis; complete
54520	No	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	No	Laparoscopy, surgical; orchiectomy
55866	No	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED
55970**	YES	INTERSEX SURGERY; MALE TO FEMALE
56800	No	Plastic repair of introitus
56805	No	Clitoroplasty for intersex state
57291	No	Construction of artificial vagina; without graft
57292	No	Construction of artificial vagina; with graft
57295	No	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	No	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57335	No	Vaginoplasty for intersex state
57426	No	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
31899	Yes	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.

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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. PA Requirements listing is uniquely listed for this policy reference.

CPT Codes	PA Required	For Transman procedures (female to male)
19303	No	MASTECTOMY, SIMPLE, COMPLETE
19318	No	Breast reduction
53420	No	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	No	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	No	Urethroplasty, reconstruction of female urethra
54400	YES	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	YES	Insertion of penile prosthesis; inflatable (self-contained)
54405	YES	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	YES	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	YES	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	YES	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	YES	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	YES	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	YES	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	YES	Scrotoplasty; simple
55180		Scrotoplasty; complicated
55980**	YES	Intersex surgery; female to male.
56625	No	Vulvectomy simple; complete
57106	No	Vaginectomy, partial removal of vaginal wall;
57107	No	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue
57110	No	Vaginectomy, complete removal of vaginal wall;
57111	No	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue
58150	No	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58180	No	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Removed*	Vaginal hysterectomy, for uterus 250 g or less;
58262	Removed*	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58275	Removed*	Vaginal hysterectomy, with total or partial vaginectomy;
58280	Removed*	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58290	Removed*	Vaginal hysterectomy, for uterus greater than 250 g;
58291	Removed*	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58541	Removed*	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;

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CPT Codes	PA Required	For Transman procedures (female to male)
58542	Removed*	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Removed*	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	Removed*	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550	Removed*	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	Removed*	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Removed*	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554	Removed*	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Removed*	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Removed*	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Removed*	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	Removed*	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58661	No	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	No	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	No	Oophorectomy, partial or total, unilateral or bilateral

*Removed PA from PA Grid, previously listed with PA on MPM 8.9, Hysterectomy

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.

Covered Facial Surgery for Feminization and Masculinization

CPT Codes	PA Required	For Facial Feminization and Masculinization:
15820	YES	Blepharoplasty, lower eyelid, and upper eyelid
15821	YES	
15822	YES	
15823	YES	
21120	YES	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	YES	Genioplasty; sliding osteotomy, single piece
21122	YES	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
21123	YES	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	YES	Augmentation, mandibular body or angle; prosthetic material

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CPT Codes	PA Required	For Facial Feminization and Masculinization:
21127	YES	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	No	Reduction forehead; contouring only
21138	No	Reduction forehead; contouring and application of prosthetic material or
21139	No	Reduction forehead; contouring and setback of anterior frontal sinus wall
21208	YES	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	YES	Osteoplasty, facial bones; reduction
30400	YES	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	YES	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	YES	Rhinoplasty, primary; including major septal repair
30430	YES	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	YES	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	YES	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
31599	No	Other procedure on voice box

Other covered non-surgical treatments:

CPT Codes	PA Required	Other covered non-surgical treatments:
+90785	No	Interactive complexity (List separately in addition to the code for primary procedure)
90832 - 90838	No	Psychotherapy
92507	No	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	No	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
17380	YES	Electrolysis hair removal
17999	YES	Unlisted procedure, skin, mucous membrane and subcutaneous tissue

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

HCPCS Codes	PA Required	Description
C1813	No	Prosthesis, penile, inflatable
C2622	No	Prosthesis, penile, non-inflatable
C1789	No	Prosthesis, breast (implantable)
L8600	No	Implantable breast prosthesis, silicone or equal.
L8699	No	Prosthetic implant, not otherwise specified

The following CPT codes are considered cosmetic and may not be covered for the 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

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CPT codes	Not covered if performed as part of gender affirmation surgery
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	
15788	
15789	
15792	
15793	
15819	Cervioplasty (neck tightening)
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
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

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CPT codes	Not covered if performed as part of gender affirmation surgery
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21210	Graft, bone; nasal, maxillary or malar areas
21270	Malar augmentation, prosthetic material
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 of ICD-10 Codes for Gender Affirmation
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Clinton White MD

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Medical Director: Kresta Antillon, MD

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References

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3. **Palmetto GBA, Gender Reassignment Services for Gender Dysphoria** (A53793), not in New Mexico region. Revision 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.
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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**, 28th 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]

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].

10. **Hayes, Body Contouring Procedures in Patients With Gender Dysphoria**, Evidence Analysis Research Brief, Jun 28, 2022. [Cited 01/05/2024]
11. **Hayes, Feminizing Voice and Communication Therapy for Gender Dysphoria** Evolving Evidence Review, Aug 18, 2023. [Cited 01/05/2024]
12. **World Health Organization, Frequently Asked Questions**, [Gender incongruence and transgender health in the ICD](#), [Cited 01/05/2024]
13. **NMAC LOD #22 Gender Affirming Healthcare Medications and Procedures**, Effective 10/01/2024, [Cited 2/14/2025]
14. **PHP Senior Program Manager-Community Health ABQ**, Lilan Metzler. [Cited 02/14/2025]

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 (i.e., 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: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ▪ 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

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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 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.

03-20-2024 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.

10/14/2024 Ad Hoc Updated policy to match NMAC LOD #22, effective 10/1/2024. This policy has been updated to allow Facial Masculinization and Feminization procedures, along with additional services for top and bottom surgeries. A new coding section for Facial Surgery has been created to add new codes (15820, 15821, 15822, 15823, 21137, 21138, 21139, & 31599) and moved codes from non-covered: 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 30400, 30410, 30420, 30430, 30435, & 30450. References to MPM 7.31 have been updated and added. Some language changes have been made. Requirements for mental health diagnoses to verify

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gender dysphoria have been removed and letter(s) of assessments were removed.

Continue PA for codes: 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 55970, 55980, 55175, 31899, 17999, 15820, 15821, 15822, 15823, 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 30400, 30410, 30420, 30430, 30435, 30450

Remove any prior configuration for non-coverage, and add PA for codes: 21137, 21138, 21139, and 31599.

03-25-2025 Annual review. PHP Medical policy Committee reviewed on 02/14/2025. There is no change in coverage from the Ad Hoc updates that align with the Medicaid LOD, and apply for ALOB, based on NMAC and WPATH SOC8 recommendations. Added language to clarify coverage description includes: 1 "pre-surgical hair removal", 2. Prostatectomy (55866) moved from exclusion as "case-by-case", to covered, as gender affirming care is an instance when this is covered, and 3. Clarification that mastectomy includes "flat chest mammoplasty with or without contouring", as part of the coverage that is currently outlined.

Continue PA for codes: 55866, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 55970, 55980, 55175, 31899, 17999, 15820, 15821, 15822, 15823, 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 30400, 30410, 30420, 30430, 30435, 30450.

Ad Hoc: 5/28/2025 MPM met on 4-2-2025 as part of the annual review to update language: PA is not required for Hysterectomies, CPT Codes: 58150, 58180, 58260, 58262, 58275, 58280, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573. Language has been updated to clarify PA requirements for this policy, which overlaps with PA requirements on other MPMS. This PA reference is unique to this policy.

Ad-hoc 05-29-2025: Policy updated to add CPT code 19318 to the table of codes.

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.