

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	GENDER REASSIGNMENT/GENDER AFFIRMING SURGERY AND TREATMENTS
Policy Number	7.01.84
Category	Contract Clarification
Effective Date	10/28/10
Revised Date	12/08/11, 10/25/12, 10/24/13, 10/23/14, 12/10/15, 12/8/16, 04/26/18, 04/24/19
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Based on our criteria and assessment of peer-reviewed literature, bilateral mastectomy with or without chest reconstruction for assigned female individuals transitioning to male has shown to be a beneficial and effective intervention for gender dysphoria, and is considered **medically appropriate** when all the following are met (A-E):
- A. Single letter of referral from a qualified mental health professional (see guidelines); and
 - B. The patient has been diagnosed with persistent, gender dysphoria, including all of the following:
 1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
 2. The gender dysphoria has been present persistently for at least one year; and
 3. The condition is not a symptom of another mental disorder or a chromosomal abnormality; and
 4. The condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
 - C. Capacity to make a fully informed decision and to consent for treatment, and the ability to comply with all aftercare instructions including recommended medical, surgical, nursing and/or psychological care recommended by the individual's providers; and
 - D. Age of majority (18 years of age or older) OR
 - E. Under the age of majority and ALL criteria for earlier intervention are met:
 1. Has consent from parents/guardians for surgery; and
 2. Has identified as transgender for at least two (2) years; and
 3. Has been living in the desired gender role for at least one (1) year; and
 4. Has been receiving testosterone treatment for at least one (1) year; and
 5. Has received a second letter of referral from a qualified mental health professional or physician (see guidelines); and
 6. Has documented compelling reasons according to the patient's mental health/adolescent medicine provider(s) impacting the physical and/or psychological well-being of the patient; and
 - F. If significant medical or mental health concerns are present, they must be reasonably well controlled.
- Note: hormone treatment history is not required for adults seeking chest-reconstruction (including mastectomy) surgery.
- II. Based on our criteria and assessment of peer-reviewed literature, breast augmentation/implants for assigned male individuals transitioning to female has shown to be a beneficial and effective intervention for gender dysphoria, and is considered **medically appropriate** when all the following are met:
- A. Single letter of referral from a qualified mental health professional (see guidelines); and
 - B. The patient has been diagnosed with persistent, gender dysphoria, including all of the following:

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1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
 2. The gender dysphoria has been present persistently for at least one year; and
 3. The condition is not a symptom of another mental disorder or a chromosomal abnormality; and
 4. The condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
- C. Capacity to make a fully informed decision and to consent for treatment, and the ability to comply with all aftercare instructions including recommended medical, surgical, nursing and/or psychological care recommended by the individual's providers; and
- D. Age of majority (18 years of age or older); and
- E. If significant medical or mental health concerns are present, they must be reasonably well controlled and
- F. The patient has completed a minimum of 24 months of hormone therapy; or hormone therapy is medically contraindicated; or the patient is otherwise unable to take hormones.
- III. Based on our criteria and assessment of peer-reviewed literature, gonadectomy (e.g., hysterectomy and oophorectomy in birth assigned females transitioning to male-and orchiectomy in assigned males-transitioning to-female) have been shown to be effective and are considered **medically appropriate** when all the following are met:
- A. Two recommendation letters submitted by qualified mental health professionals or one letter from a qualified mental health professional and one letter from a physician (MD, DO):
1. One letter should be submitted by a mental health professional with whom the individual has had ongoing interactions sufficient to:
 - a. establish a diagnosis of severe and persistent gender dysphoria;
 - b. rule-out other diagnoses which might confound the diagnosis of gender dysphoria;
 - c. identify pertinent patient strengths, stressors, and supports; and
 - d. diagnose and address other relevant psychological disorders which might otherwise interfere with the individual's success.
 2. The second mental health professional or physician providing a recommendation does not require an ongoing relationship with the individual, but they should have significant experience assessing individuals with gender dysphoria and/or evaluating decision making capacity in individuals prior to major medical procedures and surgeries (see guidelines for additional information).
- B. The patient has an established and well-documented history of gender-dysphoria diagnosed by a mental health professional, present for a minimum of one year, including all of the following:
1. Distress with their assigned gender and with the physical attributes or secondary sex characteristics of their assigned gender;
 2. A desire to do away with current secondary sexual characteristics and/or a desire to change their secondary sex characteristics in order to bring them more in line with their internally experienced gender;
 3. Gender distress is noticeable and causes clinically significant impairment in social, occupational, or other areas of functioning; and
 4. The individual's distress and associated symptoms are not better explained by another psychological disorder or by a chromosomal abnormality or intersex condition.
- C. Capacity to make a fully informed decision and to consent for treatment; and
- D. Age of majority (18 years or older); and
- E. If significant medical or mental health conditions are present, the individual should have appropriate medical and psychiatric providers in place, symptoms should be under reasonably good control, and a plan for continued follow up of these conditions should be in place; and
- F. Patient has a history of twelve months of continuous hormone therapy consistent with the member's gender goals (unless the member has a contraindication to hormone therapy or has history of a severe medical or psychiatric adverse effect from hormonal treatments.).
- IV. Based on our criteria and assessment of peer-reviewed literature, genital reconstructive surgery (e.g., vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, and placement of a testicular prosthesis and erectile

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prosthesis in female to male; penectomy, vaginoplasty, labiaplasty, and clitoroplasty in male to female) has been medically proven to be effective and is considered **medically appropriate** when all the following are met:

- A. Two recommendation letters submitted by qualified mental health professionals or one letter from a qualified mental health professional and one letter from a physician (MD, DO):
 1. One letter should be submitted by a mental health professional with whom the individual has had ongoing interactions sufficient to:
 - a. establish a diagnosis of severe and persistent gender dysphoria;
 - b. rule-out other diagnoses which might confound the diagnosis of gender dysphoria;
 - c. identify pertinent patient strengths, stressors, and supports; and
 - d. diagnose and address other relevant psychological disorders which might otherwise interfere with the individual's success.
 2. The second mental health professional or physician providing a recommendation does not require an ongoing relationship with the individual, but they should have significant experience assessing individuals with gender dysphoria and/or evaluating decision making capacity in individuals prior to major medical procedures and surgeries (see guidelines for additional information).
 - B. The patient has an established and well-documented history of gender-dysphoria diagnosed by a mental health professional, including all the following characteristics:
 1. Distress with their assigned gender and with the physical attributes or secondary sex characteristics of their assigned gender;
 2. A desire to do away with current secondary sexual characteristics and/or a desire to change their secondary sex characteristics in order to bring them more in line with their internally experienced gender;
 3. Gender distress is noticeable and causes clinically significant impairment in social, occupational, or other areas of functioning; and
 4. The individual's distress and associated symptoms are not better explained by another psychological disorder or by a chromosomal abnormality or intersex condition.
 - C. Capacity to make a fully informed decision and to consent for treatment; (see guidelines) and
 - D. Age of majority (age 18 years and older); and
 - E. If significant medical or mental health conditions are present, the individual must have appropriate medical/psychiatric providers in place, symptoms must be under reasonably good control, and a plan for continued follow up of these conditions must be in place; and
 - F. Twelve months of continuous hormone therapy consistent with the member's gender goals (unless the member has a contraindication to hormone therapy or has history of a severe medical or psychiatric adverse effect from hormonal treatments.).
- V. Surgical/non-surgical interventions which may be elected by some transgender individuals that are generally considered **not medically necessary** as part of gender reassignment/gender affirming treatment, include:
- A. Abdominoplasty;
 - B. Blepharoplasty;
 - C. Liposuction;
 - D. Rhinoplasty;
 - E. Face lift;
 - F. Facial bone reconstruction/facial feminization surgery;
 - G. Jaw shortening/sculpturing;
 - H. Chin/nose implants;
 - I. Voice modification surgery;
 - J. Voice therapy/lessons;
 - K. Tracheal shaving/thyroid chondroplasty;
 - L. Hair removal, hair transplantation, electrolysis or hairplasty unless required for vaginoplasty or phalloplasty;
 - M. Procedures aimed at preservation of fertility (e.g., procurement, cryopreservation, storage of sperm, oocytes or embryos) prior to gender reassignment surgery;
 - N. Removal of redundant skin;
 - O. Skin resurfacing;

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- P. Prosthetic or filler substances to alter contour;
 - Q. Mastopexy;
 - R. Calf and pectoral implants; and
 - S. Lip reduction/enhancement.
- VI. Services to reverse gender reassignment/gender affirming surgery are considered **not medically necessary** and therefore, **not eligible for coverage**.
- VII. Based on our criteria and the lack of peer-reviewed literature, histrelin acetate subcutaneous implant is considered **investigational** for suppression of puberty in transgender individuals.

Refer to Corporate Medical Policy #3.01.15 regarding Behavioral Health Treatment for Gender Dysphoria.

Refer to Corporate Medical Policy #7.01.55 regarding Blepharoplasty with or without Levator Muscle Advancement.

Refer to Corporate Medical Policy #7.01.11 regarding Cosmetic and Reconstructive Procedures.

Refer to Corporate Medical Policy #7.01.53 regarding Abdominoplasty and Panniculectomy.

Refer to Corporate Medical Policy #8.01.13 regarding Speech Pathology/Therapy for voice therapy requests.

Refer to Corporate Medical Policy #11.01.26 regarding Sex Specific Services for Transgender Individuals.

POLICY GUIDELINES

- I. Coverage for oral or self-administered hormone therapy and hormone inhibitor agents is dependent upon the member's prescription drug coverage.
- II. Two state licensed health professionals must recommend gender reassignment/ gender affirming genital surgery. One must be from a qualified mental health provider with whom the patient has an established and ongoing professional relationship. The provider must state competency in transgender care. The second letter may be from a psychiatrist, psychologist, licensed clinical social worker, or a physician. The providers must establish that gender affirming surgery is medically necessary to treat the individual's gender dysphoria, and that the individual demonstrates full capacity for informed decision-making, consent, and compliance. Capacity includes: an understanding of common risks and complications, short and long-term outcomes (e.g., effects on sexual function/fertility), options available to address fertility or sexual function concerns, and the expected benefits associated with surgery. Further, informed decision-making requires that an individual has realistic expectations from surgical treatment and has the ability to plan for and comply with the recommendations of their providers with regard to surgical, medical, nursing, and psychological care following surgery. Based on a comprehensive assessment of capacity, the mental health provider should attest to the individual's readiness and appropriateness for the surgery being proposed (note: if breast/chest surgery is the only procedure being requested in an adult patient, only one mental health provider recommendation is required however this recommendation must come from a mental health provider with whom the individual has an established and ongoing professional relationship, and must include a comprehensive assessment of capacity as outlined above.
- III. An established and ongoing professional relationship is defined as one in which the provider has had ongoing interactions with the individual which have been sufficient to:
 - A. establish a diagnosis of severe and persistent gender dysphoria;
 - B. rule-out other diagnoses which might confound the diagnosis of gender dysphoria;
 - C. identify pertinent patient strengths, stressors, and supports; and
 - D. diagnose and address other relevant psychological disorders which might otherwise interfere with the individual's success.
- IV. For individuals with considerable comorbidities or a history of severe symptoms (due to gender dysphoria, minority stress, or other mental conditions, the provider may provide a recommendation for surgery which includes an appropriate treatment plan for addressing and mitigating these symptoms, stressors, or conditions in the pre-and post-surgical periods.)

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- V. The member should have sufficient medical, nursing, and emotional support to adequately address needs in the post-operative, recovery, and healing period. (For individuals having surgery remotely but returning home less than two weeks following surgery, medical providers who will be following the surgery both in the home area and/or in the city where surgery is to be performed.)
- VI. In-home medical/nursing supports are required in the post-op period. (these may include family members or friends, or if no family, friend, or partner is involved, identification of alternative options for aftercare support is sufficient ie: visiting nurse etc.).
- VII. If the member is to have surgery in an out-of town location and return home, the medical and/or surgical providers who will be responsible for the members post-surgical care and who will manage any complications should be identified. (Note: A plan to use urgent care/ ER care not sufficient).
- VIII. New York State Department of Financial Services Circular Letter No. 7 (2014) reminds insurers that under fully insured health insurance contracts that provide coverage for mental health conditions, treatment and diagnosis of gender dysphoria can only be denied based on medical necessity grounds.
- IX. The health plan recognizes that treatments and services to address gender dysphoria remain limited. In some areas, especially those areas remote from larger cities, finding surgical and/or mental health providers may be more challenging. For this reason, many individuals elect to have gender affirming treatments and surgeries in remote locations where more comprehensive services and providers with more experience are available. Individuals are encouraged to utilize these centers and facilities for mental health assessments and supports in addition to surgical treatments. Assessments done by mental health providers at such facilities will be considered carefully. Further: for individuals experiencing difficulties in locating medical, surgical, or mental health providers for treatment of gender dysphoria and/or for support in pursuing gender affirming treatment, care management services are available free of charge through the health plan.

DESCRIPTION

Gender dysphoria, previously known as Gender identity disorder (GID), involves a conflict between an individual's gender as perceived (or assigned) and the individual's own internal experience of their gender. Gender dysphoria as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) requires that there be a noticeable difference between an individual's assigned gender and their gender identity which is present at least 6 months and which causes clinically significant impairments in the individual's functioning. Gender dysphoria is not equivalent to gender non-conformity, gender expansiveness, or to the term "transgender." Not all transgender individuals experience gender dysphoria though many do. Gender dysphoria occurs when the individual feels significant discomfort, a desire to change their gender socially and/or physically. In addition, the individual may feel an intense need to transform their gender and/or severe difficulty coping with their conditions. People with gender dysphoria may report a feeling of being born the wrong sex. The causes of gender dysphoria and the developmental factors associated with it are not well-understood. Gender affirming surgical options in order to assist an individual to transition to a gender consistent with their identity are now well-established and effective interventions for the treatment of extreme cases of gender dysphoria for those with sufficient preparation and readiness. Gender reassignment therapy is an umbrella term for all procedures regarding gender reassignment and usually consists of a real-life experience in the desired role, hormone replacement therapy to modify secondary sex characteristics, and gender reassignment surgery to alter primary sex characteristics. This therapeutic approach is sometimes labeled triadic therapy due to the three key elements involved. Individuals with gender dysphoria require psychological treatment long before reassignment therapy begins and usually continue it permanently after the "transition".

Gender reassignment or gender affirming surgery is a permanent change to a patient's sexual identity and is not reversible. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history; gynecological, endocrinological and urological examination, and a clinical psychiatric/psychological examination. The goal of gender reassignment or gender affirming surgery (GRS) is to align the individual's physical appearance and genital anatomy with his/her gender identity. GRS involves a series of procedures that will make male genitals into female genitals or vice versa (e.g., penectomy, orchiectomy, vaginoplasty, hysterectomy, salpingo-oophorectomy, colpectomy, metoidioplasty,

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phalloplasty) and will reshape a male body into a body with female appearances or vice versa (e.g., mastectomy, facial feminization surgery, nose/chin implants, jaw sculpturing, tracheal shaving, voice modification surgery, hair removal).

Gender Dysphoria is a DSM-5 recognized medical condition and a pre-requisite for gender-affirming surgery coverage. Many individuals seek mental health treatment to address gender dysphoria, however gender-affirming treatment (including surgery) is recognized as effective in treating gender dysphoria. At the same time, gender transition is a stressful experience for most individuals and this is especially true in the post-operative period.

RATIONALE

A diagnosis of gender dysphoria is based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) \forall criteria. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) provides for one overarching diagnosis of gender dysphoria with separate specific criteria for children and for adolescents and adults. In adolescents and adults gender dysphoria diagnosis involves a difference between one's experienced/expressed gender and assigned gender, and significant distress or problems functioning. It lasts at least six months and is shown by at least two of the following:

- I. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics;
- II. A strong desire to be rid of one's primary and/or secondary sex characteristics;
- III. A strong desire for the primary and/or secondary sex characteristics of the other gender;
- IV. A strong desire to be of the other gender;
- V. A strong desire to be treated as the other gender; or
- VI. A strong conviction that one has the typical feelings and reactions of the other gender.

Psychological techniques that attempt to treat gender dysphoria via attempts to alter the individual's gender identity or expression to one considered appropriate for the person's assigned sex (conversion treatments) have typically been shown to be ineffective. Most providers agree (and research supports) the most effective and reasonable course of treatment for people with gender dysphoria is gender transition which for many will eventually involve gender affirming surgery of some type and that in those with persistent gender dysphoria, this option is considered medically necessary. This need is supported by evidence that individuals with untreated gender dysphoria have higher rates of depression, anxiety, substance abuse problems, and suicide..

The literature related to gender reassignment surgery has numerous limitations (e.g., lack of controlled studies, evidence not collected prospectively, large number of patients lost to follow-up). However, the majority of patients in case series and cohort studies experienced successful outcomes in terms of subjective self-assessment re: surgery as well as low rates of regret.

The World Professional Association for Transgender Health or WPATH (formerly known as the Harry Benjamin International Gender Dysphoria Association) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People and the DSM V criteria are widely accepted as definitive documents in the area of gender dysphoria treatment. Per WPATH, the rationale for a preoperative, 12-month experience of living in an identity-congruent gender role is as follows: The criterion noted for some types of genital surgeries—i.e., that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity—is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery. The social aspects of changing one's gender role are usually challenging—often more so than the physical aspects. Changing gender role can have profound personal and social consequences, and the decision to do so should include an awareness of what the familial, interpersonal, educational, vocational, economic, and legal challenges are likely to be, so that people can function successfully in their gender role. Support from a qualified mental health professional and from peers can be invaluable in ensuring a successful gender role adaptation (Bockting, 2008). The duration of 12 months allows for a range of different life experiences and events that may occur throughout the year (e.g., family events, holidays, vacations, season-specific work or school experiences). During this time, patients should present consistently, on a day-to-day basis and across all settings of life, in their desired gender role. This includes coming out to partners, family, friends, and community members (e.g., at school, work, other settings).

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The criteria in the SOC are supported by evidence-based peer-reviewed journal publications. Several studies have shown that extensive long-term trials of hormonal therapy and real-life experience living as the other gender, as well as social support and acceptance by peer and family groups, greatly improve psychological outcomes in patients undergoing gender reassignment surgery (Eldh, 1997; Landen, 1998). A study reported by Monstrey and colleagues (2001) described the importance of close cooperation between the many medical and behavioral specialties required for proper treatment of patients with gender dysphoria who wish to undergo gender reassignment surgery.

One study of 188 patients undergoing gender reassignment surgery found that dissatisfaction with surgery was highly associated with sexual preference, psychological co-morbidity, and poor pre-operative body image and satisfaction (Smith, 2005). MI Lobato, et al. (2006) and JC Goodard, et al. (2007) reported good overall cosmetic results and high patient satisfaction in studies related to the early and long-term follow-up of patients undergoing gender reassignment surgery (n=19 and n=233, respectively).

Gender affirming surgeries present significant medical and psychological risks, and involve long-term, often irreversible results. Further, gender transition is a highly stressful process for most, in many cases because of the stress placed upon transgender individuals by others in their families, communities, work sites, and within society. Many individuals who experience gender dysphoria do benefit from psychological support, if only to allow them a safe environment in which to explore their own minority-stress experience, and to process and plan for a transition that is individualized, safe, and affirming for them. In most cases, a step-wise approach to gender affirming transition interventions is prudent. In adults for whom secondary sex characteristics are established, a careful approach to transition and to gender affirming treatment allows for accurate diagnosis and long-term treatment planning by a multidisciplinary team including behavioral, medical and surgical specialists. Both short-term and long-term outcomes are improved in individuals' whose transitions have proceeded planfully and for whom multidisciplinary services and supports have been put in place. As with the treatment of any condition for which mental health symptoms are present, a thorough psychological analysis by a qualified practitioner is of fundamental importance. Once a diagnosis of gender dysphoria has been established, a trial of hormone therapy is an evidenced-based and helpful treatment intervention which is generally prescribed prior to embarking upon more invasive surgical treatment options. In addition, careful consideration of realistic, safe, and acceptable "real-life" or social transition experiences may be of help for many individuals who are planning for or receiving gender affirming treatment.

Histrelin acetate is a gonadotropin releasing hormone (GnRH) agonist *FDA approved for the treatment of children with central precocious puberty or for palliative treatment of advanced prostate cancer.* There is insufficient evidence in the literature to support the use of histrelin in the treatment of gender dysphoria or for the suppression of puberty onset in transgender youth.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	with prosthetic implant
19350	Nipple/areola reconstruction
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra

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Code	Description
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
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
54125	Amputation penis, complete
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
54520	Simple orchiectomy
54660	Insertion testicular prosthesis
54690	Laparoscopy, surgical, orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty, complicated
55970	Intersex surgery, male to female
55980	Intersex surgery, female to male
56625	Vulvectomy simple; complete
56800	Plastic repair introitus
56805	Clitoroplasty for intersex state
57110	Vaginectomy, complete
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57291	Construction of artificial vagina without graft
57292	Construction of artificial vagina with graft
57335	Vaginoplasty for intersex state
58150	Total abdominal hysterectomy, with or without removal ovaries and/or tubes
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	for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58275	with total or partial vaginectomy;
58290	for uterus greater than 250 g;
58291	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	for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	for uterus greater than 250 g;
58544	for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550-58554	Laparoscopy, surgical, with vaginal hysterectomy, with or without removal of ovaries and/or tubes

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Code	Description
58570-58573	Laparoscopy, surgical, total hysterectomy with or without removal of ovaries and/or tubes
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral;
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;
58999	Unlisted procedure, female genital system (nonobstetrical)

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Code	Description
J9225 (E/I)	Histrelin implant (Vantas), 50 mg
J9226 (E/I)	Histrelin implant (Supprelin LA), 50 mg

ICD10 Codes

Code	Description
F64.0-F64.9	Gender identity disorders (code range)
Z87.890	Personal history of sex reassignment

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KEY WORDS

Gender dysphoria, Gender identity disorder, GID, gender reassignment surgery, genital correction surgery, genital reassignment surgery, genital reconstruction, gender realignment surgery, gender confirmation surgery, intersex, transsexualism, transsexual surgery.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for Gender Dysphoria and Gender Reassignment Surgery. Please refer to the following NCD website for Medicare Members. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=368&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=41&KeyWord=gender+dysphoria&KeyWordLookUp=Doc&KeyWordSearchType=Exact&kq=true&bc=IAAAACAAAA&>

A final decision memo was issued in August 2016 by CMS for Gender Dysphoria and Gender Reassignment Surgery. The memo is located at: <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282&CoverageSelection=National&KeyWord=gender+reassignment+surgery&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAACAACAAAA%3d%3d&>

Per CMS Manual, Pub 100-03, Medicare National Coverage Determinations, Transmittal 194, change request 9981 was issued 03/03/17 with implementation 04/04/2017. Effective for claims with dates of service on or after August 30, 2016, coverage determinations for gender reassignment surgery, under section 1862(a)(1)(A) of the Social Security Act and any other relevant statutory requirements, will continue to be made by the local Medicare Administrative. Contractors (MACs) on a case-by-case basis. This transmittal is located at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R194NCD.pdf>

NYS DEPARTMENT OF HEALTH (DOH) COVERAGE FOR MEDICAID MANAGED CARE/HARP MEMBERS

NYS Medicaid Update: January 2017.

https://www.health.ny.gov/health_care/medicaid/program/update/2017/2017-01.htm

NYS Medicaid Update: April 2017.

https://www.health.ny.gov/health_care/medicaid/program/update/2017/2017-04.htm#transgender

NYS Medicaid Update: Effective Sept 1, 2018.

https://www.health.ny.gov/health_care/managed_care/plans/treat_gender_dysphoria.htm

18 NYCRR 505.2(1): Gender dysphoria treatment. <https://regs.health.ny.gov/volume-c-title-18/1262489358/section-5052-physicians-services>