



## **POLICY AND PROCEDURE MANUAL**

Policy Number: PA-205  
Last Review Date: 08/15/2019  
Effective Date: 01/01/2020

### **PA.205.CC- Surgical Management of Gender Dysphoria**

CountyCare considers Surgical Management of Gender Dysphoria medically necessary when ALL of the following criteria are met:

1. The patient is at least 21 years old;
2. The patient has the mental capacity for fully-informed consent (confirmed by a qualified mental health professional and documented in the clinical record);
3. The patient has been diagnosed with Gender Dysphoria (see diagnosis criteria in Background section) by an independently licensed behavioral health professional, in accordance with the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (DSM-5), and meets all the following indications:
  - a. The patient is participating in a recognized gender identity treatment group
  - b. The patient has the desire to live and be accepted as a member of the opposite sex
  - c. The transsexual identity of the patient has been present persistently for at least two years and is well-documented
  - d. Their gender dysphoria causes clinical distress or impairment in social, occupational, or other important areas of functioning;
4. The patient has undergone a minimum of 12 months of continuous hormonal therapy as appropriate to the patient's gender goals (unless hormone therapy is contraindicated)
5. The patient has completed 12 continuous months of living in the gender role that is congruent with their gender identity
6. For proposed genital surgery (e.g., hysterectomy/salpingo-oophorectomy, orchiectomy, genital reconstructive surgeries), the patient has at least one referral from the patient's primary care physician or the physician managing the patient's gender-related healthcare, and at least one referral from a Licensed Practitioner of the Healing Arts (LPHA), as defined by 89 Ill.ADM.Code 140.453(b)(3)(A-D, F) that has assessed the individual.
7. For breast/chest surgery (e.g., mastectomy, chest reconstruction, augmentation mammoplasty), the patient has at least one referral from the patient's primary care physician or the physician managing the individual's gender-related healthcare that has assessed the individual.

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8. For breast augmentation with nipple/ areola reconstruction surgery, the patient must meet ALL of the following:
  - a. The patient is undergoing a male to female gender reassignment
  - b. The patient has at least one (1) referral letter from a mental health professional with a minimum of a Master's degree or its equivalent in a clinical behavioral science field
  - c. The patient has documentation of a minimum of 12 months of continuous hormonal therapy as appropriate to the patient's gender goals (unless hormone therapy is contraindicated or the patient is unable to take hormone therapy)

Referral letters for gender-affirming services must follow format outlined in 89 Ill Adm. Code 140.413(a)(16).

### Limitations

1. Gender reassignment surgery is covered only once per lifetime. Transitioning back to the natal gender is not a covered benefit.
2. Revisions after gender reassignment surgery are not covered unless there is a complication which is life-threatening or prevents normal physiologic function.
3. If the patient has a significant medical condition or mental health concerns are present, they must be reasonably well controlled and medically cleared for surgery.
4. Procedures considered cosmetic and therefore not medically necessary include, but are not limited to:
  - Abdominoplasty
  - Subsequent breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast
  - Blepharoplasty
  - Brow lift
  - Calf implants
  - Cheek/malar implants
  - Chin/nose implants
  - Collagen injections
  - Dermabrasion/Abrasion
  - Drugs for hair loss or growth
  - Electrolysis
  - Eyelid plastic surgery
  - Face-lift
  - Facial feminization surgery
  - Facial bone reduction
  - Forehead lift

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- Gluteal augmentation
- Jaw reduction (jaw contouring)
- Hair transplantation
- Hair removal
- Lip Reduction
- Liposuction
- Mastopexy
- Neck tightening
- Pectoral implants
- Reduction thyroid chondroplasty (tracheal shaving)
- Removal of redundant skin
- Rhinoplasty
- Voice modification surgery
- Voice therapy/lessons

### Background

The Centers for Medicare and Medicaid (CMS) define gender dysphoria, previously known as gender identity disorder, as a classification used to describe persons who experience significant discontent with their biological sex and/or gender assigned at birth. Therapeutic options for gender dysphoria include behavioral and psychotherapies, hormonal treatments, and a number of surgeries used for gender reassignment.

The Massachusetts Behavioral Risk Factor Surveillance Survey found 0.5% of the adult population aged 18 to 64 years identified as Transgender and gender nonconforming (TGNC) between 2009 and 2011.

### DSM 5 Criteria for Gender Dysphoria in Adults and Adolescents:

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by two or more of the following:
  - a. 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)
  - b. 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)
  - c. A strong desire for the primary and/or secondary sex characteristics of the

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- other gender
- d. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
  - e. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
  - f. 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.

### Characteristics of a Qualified Mental Health Professional (QMHP) (From The Illinois Joint Committee on Administrative Rules Title 59: Mental Health, Section 132.25 Definitions):

- A. Any individual identified as an LPHA, or
- B. A registered professional nurse who holds a valid license in the state of practice, is legally authorized under state law or rule to practice as registered nurse or registered professional nurse, so long as that practice is not in conflict with the Illinois Nurse Practice Act, and has training in mental health services or one year of clinical experience, under supervision, in treating problems related to mental illness, or specialized training in the treatment of children and adolescents, or
- C. An occupational therapist who holds a valid license in the state of practice and is authorized under state law or rule to practice as an occupational therapist, so long as that practice is not in conflict with the Illinois Occupational Therapy Practice Act, with at least one year of clinical experience in a mental health setting. If the state of practice does not provide a legal authority for licensure, the individual must meet the requirements of 42 CFR 484.4 for an occupational therapist, or
- D. An individual who possesses a master's or doctoral degree in counseling and guidance, rehabilitation counseling, social work, psychology, pastoral counseling, family therapy, or a related field and has:
  - a. Successfully completed 1,000 hours of practicum and/or internship under clinical and educational supervision; or
  - b. One year of documented clinical experience under the supervision of a QMHP.

### A Licensed Practitioner of the Healing Arts (LPHA) is defined as one of the following (From The Illinois Joint Committee on Administrative Rules Title 59: Mental Health, Section 132.25 Definitions):

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- A. Physician, or
- B. Licensed advanced practice registered nurse with psychiatric specialty, or
- C. Licensed clinical psychologist, or
- D. Licensed clinical professional counselor, or
- E. Licensed marriage and family therapist, or
- F. Licensed clinical social worker.

### Codes:

CPT/HCPCS Codes	
Code	Description
19301	Mastectomy, partial
19303	Mastectomy, simple, complete
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
54400	Insertion of penile prosthesis, non-inflatable (semi-rigid)
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 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
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach

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54660	Insertion of testicular procedure (separate procedure)
54690	Laparoscopic, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106 - 57107, 57110 - 57111	Vaginectomy
57291 - 57292	Construction of artificial vagina
57335	Vaginoplasty for intersex state
58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541 - 58544, 58550 - 58554	Hysterectomy
58570 - 58573	Laparoscopy, surgical, with total hysterectomy
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral

### ICD-10 Codes

Code	Description
F64-F64.9	Gender identity disorder
F64.1	Gender identity disorder in adolescents and adulthood
Z87.890	Personal history of sex reassignment

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Adopted by the Council of Representatives, August 5 & 7, 2015.

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### **Disclaimer:**

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