

# EVH Clinical Guideline 2719.CC for Surgical Management of Gender Dysphoria

<b>Guideline Number:</b> EVH_CG_2719.CC	<b><u>Applicable Codes</u></b>	
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## STATEMENT

### General Information

- *It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines, and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

## INDICATIONS

### Clinical Criteria – Genital-Related Surgery <sup>(1)</sup>

CountyCare considers genital-related (e.g., hysterectomy/salpingo-oophorectomy, orchiectomy, genital reconstructive surgeries) Surgical Management of Gender Dysphoria medically necessary when **ALL** the following criteria are met:

- The member is at least 21 years old;
  - CountyCare may allow for approval of services for those under 21 years old where medically necessary
- The member has the mental capacity for fully-informed consent that is confirmed by a Licensed Practitioner of the Healing Arts) and documented in the clinical record
- The member has been diagnosed with Gender Dysphoria (see DSM-5-TR diagnosis criteria below) by a LPHA or from either the individual's primary care physician or the physician managing the individual's gender-related healthcare, in accordance with the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text-Revision (DSM-5-TR), and gender role of the member has been present persistently and documented for at least one (1) year
- The member has completed 12 continuous months of living in the gender role that is congruent with their gender identity
- The member has undergone a minimum of 12 months of continuous hormonal therapy to the member's gender goals (unless hormone therapy is contraindicated)
- For proposed genital surgery, the member has at least one (1) letter of referral from the member's primary care physician or the physician managing the member's gender-

related healthcare, and at least one (1) letter of referral from a Licensed Practitioner of the Healing Arts (LPHA), as defined by Title 89 Code 140.453(b)(3)(A-F)

- The qualified medical provider or providers must have independently assessed the individual and must be referring the individual for the surgery
- Referral letters for gender-affirming surgical procedures must follow format outlined in Title 89 Code 140.413(a)(16), including the requirements of at least two (2) letters, one from LPHA and another from a physician

## **Clinical Criteria – Non-Genital Surgery <sup>(1)</sup>**

CountyCare considers non-genital (e.g., mastectomy, chest reconstruction, augmentation mammoplasty) Surgical Management of Gender Dysphoria medically necessary when all of the criteria above are met, with the exception of the number of referral letters. Referral letter requirements for non-genital related surgery are described below:

- For proposed breast/chest surgery, the member has at least one (1) referral letter from either the member's primary care physician or the physician managing the individual's gender-related healthcare
  - The qualified medical provider or providers must have independently assessed the individual and must be referring the individual for the surgery
  - Referral letters for gender-affirming surgical procedures must follow format outlined in Title 89 Code 140.413(a)(16)
- For proposed breast augmentation with nipple/areola reconstruction surgery, the member has at least one (1) referral letter from either the individual's primary care physician or the physician managing the individual's gender-related healthcare
  - The qualified medical provider or providers must have independently assessed the individual and must be referring the individual for the surgery
  - Referral letters for gender-affirming surgical procedures must follow format outlined in Title 89 Code 140.413(a)(16)

## **REVERSALS**

Although rare, gender-affirming surgery reversals may be required to reverse a partially or fully completed prior gender reassignment surgery when the criteria for medical necessity are satisfied. However, coverage determinations are evaluated on an individual case-by-case basis.

## **LIMITATIONS**

If the member has a significant medical condition or a mental health concern, they must be reasonably well controlled and medically cleared for surgery.

## CODING AND STANDARDS

### Codes

Procedures for Genital Surgeries			
CPT Code	Description	HFS Coverage	Price
58940	oophorectomy	Yes	System price
58720	salpingo-oophorectomy	Yes	System price
58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541-58544, 58550-58554, 58570-58573	hysterectomy	Yes	System price
57106, 57110	vaginectomy	Yes	System price
56625	vulvectomy	Yes	System price
53020, 56805, 55899	metoidioplasty	Yes	System price
54304	phalloplasty	Yes	System price
55175, 55180	scrotoplasty	Yes	Hand priced
54400, 54401, 54405	erectile prostheses	Covered for QMB only	
54660	testicular prostheses	Covered for QMB only	
53420, 53425, 53430	urethroplasty	Yes	System price
54520, 54690	orchiectomy	Yes	System price
54120, 54125, 54130-54135	penectomy	Yes	System price
52601, 52630, 55866, 55801, 55810-55815, 55821, 55831, 55840-55845	prostatectomy	Yes	System price
56805	clitoroplasty	Yes	System price

Procedures for Genital Surgeries			
CPT Code	Description	HFS Coverage	Price
57335	vaginoplasty	Yes	System price
59300	vulvoplasty	Yes	System price
56620	labiaplasty	Yes	System price
57291, 57292	colovaginoplasty	Yes	Hand priced
56810	Perineoplasty	Yes	System price

Procedures for Non-Genital Surgeries - Chest			
CPT Code	Description	HFS Coverage	Price
19303, 19304	mastectomy	Yes	System price
19318, 19324, 19325	mammoplasty	Yes	System price
19357-19380	breast augmentation	Yes	System price
20926, 15777, 15756,	Implants (gluteal, calf, pectoral)	Yes	System price
19316	mastopexy	Yes	System price
19350	nipple graft	Yes	System price

Procedures for Non-Genital Surgeries – Body Contouring			
CPT Code	Description	HFS Coverage	Price
15830-15839, 15847. 15876-15879	panniculectomy	Yes	15830–hand priced 15832-15839– system priced 15847-hand priced 15876-15879- hand priced

<b>Procedures for Non-Genital Surgeries – Body Contouring</b>			
CPT Code	Description	HFS Coverage	Price
20926	autologous fat grafting	Yes	System price

<b>Procedures for Non-Genital Surgeries – Facial Feminization Surgeries</b>			
CPT Code	Description	HFS Coverage	Price
30400, 30410, 30420, 30430, 30435, 30450, 30462	rhinoplasty	Yes	System price
21193, 21194	facial bone reconstruction	Yes	System price
15820-15823	Blepharoplasty	Yes	System price
21244	mandibular lift	Yes	System price
21137-21139	forehead reduction	Yes	System price
31899	trachea shave/reduction thyroid	Yes	Hand priced
11950-11954	collagen injections	Covered for QMB only	
29877	chondroplasty	Yes	System price
31580-31587	laryngoplasty	Yes	System price
40530 (reduction) 20926 Autograft	lip reduction/enhancement	Yes	System price
21087	chin/*nose implants	Yes	System price
21210 (auto) or 21270 (allograft)	cheek or malar implant	Yes	System price
15820-15823	brow lift	Yes	System price
21120, 21123	genioplasty/mentoplasty *(nose)	Yes	System price
14021	scalp advancement or reduction	Yes	System price

Other Procedures			
CPT Code	Description	HFS Coverage	Price
17380	permanent hair removal	Yes	
15876 (neck), 15877 (trunk), 15878 (upper extremities), 15879 (lower extremities)	Liposuction-Depends on location	Yes	Hand priced
31540-31571, 60210-60212	voice modification surgery	Yes	System price
92507*	voice therapy	Yes	System price

**\*This service will be reviewed by Evolent Specialty Services and will require prior authorization.**

## Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

## 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.

## DSM-5-TR Criteria for Gender Dysphoria in Adults and Adolescents <sup>(3)</sup>

- 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:

- 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)
- 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)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- 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)
- The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**A Licensed Practitioner of the Healing Arts (LPHA) is defined as one of the following (From Title 89 Code 140.453(b)(3)(A) - (F)) <sup>(2)</sup>**

- Licensed physician, or
- Licensed advanced practice registered nurse with psychiatric specialty, or
- Licensed clinical psychologist, or
- Licensed clinical professional counselor possessing a Master's degree, or
- Licensed marriage and family therapist, or
- Licensed clinical social worker.

**Characteristics of a Qualified Mental Health Professional (QMHP) (From Title 89 Code 140.453(b)(4)(A)–(D)) <sup>(2)</sup>**

- Any individual identified as a LPHA (see above), or
- A registered nurse who holds a valid license in the state of practice, is legally authorized under state law or rule to practice as a registered 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
- An occupational therapist who holds a valid license in the state of practice and is legally 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 [225 ILCS 75], with at least one year of clinical experience in a mental health setting. In the event 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

- An individual possessing 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:
  - Successfully completed 1,000 hours of practicum and/or internship under clinical and educational supervision; or
  - One year of documented clinical experience under the supervision of a QMHP

## POLICY HISTORY

Date	Summary
November 20, 2025	<ul style="list-style-type: none"> <li>● This guideline replaces PA.205.CC Surgical Management of Gender Dysphoria</li> <li>● Editorial changes to match the formatting and layout of the new template, updated Background and Clinical Criteria Sections; replaced outdated References with updated References; removed Archived References (<i>Revisions approved by CountyCare 11/09/2025 and by Medical Policy Committee during 11/11/2025 Medical Policy Sub-Committee Meeting</i>)</li> </ul>

## LEGAL AND COMPLIANCE

### Guideline Approval

#### Committee

**Reviewed / Approved by Evolent Administrative Services Medical Policy Committee**

### Disclaimer

*Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole*



*discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.*

*This guideline is the proprietary information of Evolent. Any sale, copying, or dissemination of said policies is prohibited.*

## REFERENCES

1. Illinois Administrative Code. Title 89: Social Services 140.413. ILGA.gov; 2019.  
<https://ilga.gov/commission/jcar/admincode/089/089001400D04130R.html>
2. Illinois Administrative Code. *Title 89: Social Services 140.453*. ILGA.gov; 2022.  
<https://ilga.gov/commission/jcar/admincode/089/089001400D04530R.html>
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision. 5th ed.; 2022.