



CLINICAL POLICY AND PROCEDURE MANUAL

Policy Number: PA.205.CC
Last Review Date: 02/23/2021
Effective Date: 03/01/2021

PA.205.CC- Surgical Management of Gender Dysphoria

Summary:

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 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 89 Ill Admin Code 140.453(b)(4)(A)–(D))

- 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 (89 Ill Admin Code 140.453(b)(3)(A)-(D))

- 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.

Clinical Criteria:

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;
 - a. CountyCare may allow for approval of services for those under 21 years old where medically necessary.
2. The patient has the mental capacity for fully-informed consent (confirmed by a Licensed Practitioner of the Healing Arts (LPHA), and documented in the clinical record);

3. The patient has been diagnosed with Gender Dysphoria (see diagnosis criteria in Background section) 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 (DSM-5), and gender role of the patient has been present persistently and documented for at least one (1) year.
4. The patient has completed 12 continuous months of living in the gender role that is congruent with their gender identity
5. For proposed genital surgery (e.g., hysterectomy/salpingo-oophorectomy, orchiectomy, genital reconstructive surgeries), the patient has undergone a minimum of 12 months of continuous hormonal therapy to the patient's gender goals (unless hormone therapy is contraindicated)
6. For proposed genital surgery, 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) who 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.
8. For breast augmentation with nipple/ areola reconstruction surgery, the patient must meet ALL of the following:
 - a. The patient 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.
 - b. The patient has documentation of a minimum of 12 months of continuous hormonal therapy to the patient's gender role(unless hormone therapy is contraindicated or the patient is unable to take hormone therapy)

Referral letters for gender-affirming surgical procedures must follow format outlined in 89 Ill Adm. Code 140.413(a)(16), including the requirements of at least two (2) letters, one from LPHA and another from a physician

Limitations:

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

Applicable 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 |
| 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 |
| 20926 | autologous fat grafting | Yes | System price |

Procedures for non-genital surgeries – Facial feminization surgeries

| 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 |

References

1. American Psychologist: American Psychological Association. (2015): Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. Adopted by the Council of Representatives, August 5 & 7, 2015.
www.apa.org/practice/guidelines/transgender.pdf
2. American Psychological Association. Transgender, Gender Identity, & Gender Expression Non-Discrimination.
<http://www.apa.org/about/policy/transgender.aspx>
3. Centers for Medicare and Medicaid (CMS) Services. Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N). June 2, 2016. <https://www.cms.gov/medicare-coverage-database/details/nca-proposed-decision-memo.aspx?NCAId=282>
4. Endocrine Treatment of Transsexual Persons: an Endocrine Society Clinical Practice Guideline. Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, Gooren LJ, Meyer WJ 3rd, Spack NP, Tangpricha V, Montori VM; Endocrine Society. J Clin Endocrinol Metab. 2009;94:3132-54.
5. Hayes. Sex Reassignment Surgery for the Treatment of Gender Dysphoria. August 1, 2018
6. Hayes. Ancillary Procedures and Services for the Treatment of Gender Dysphoria. May 9, 2014. Annual Review: April 6, 2018.
7. Hayes. Hormone Therapy for the Treatment of Gender Dysphoria. May 19, 2014. Annual Review: August 29, 2018.
8. Health Care for Transgender Individuals: Committee Opinion. Committee on Health Care for Underserved Women; The American College of Obstetricians and Gynecologists. Dec 2011, No. 512. Obstet Gynecol. 2011;118:1454-8.

9. 59 Ill. Adm. Code 132.25. 1996. Web. 8 January 2020.
10. 89 Ill. Adm. Code 140.453. (d). 1996. Web. 8 January 2020.
11. [89 Ill Admin Code 140.453\(b\)\(3\)\(A\)-\(D\)](#)
12. [89 Ill Admin Code 140.453\(b\)\(4\)\(A\)-\(D\)](#)
13. [89 Ill Admin Code 140.453\(a\)\(16\)\(A\):](#)
14. National Institutes of Health Lesbian, Gay, Bisexual, and Transgender (LGBT) Research Coordinating Committee. Consideration of the Institute of Medicine (IOM) report on the health of lesbian, gay, bisexual, and transgender (LGBT) individuals. Bethesda, MD: National Institutes of Health; 2013.
http://report.nih.gov/UploadDocs/LGBT%20Health%20Report_FINAL_2013-01-03-508%20compliant.pdf
15. Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder. Byne, W, Bradley SJ, Coleman E, Eyler AE, Green R, Menvielle EJ, Meyer-Bahlburg HFL, Richard R. Pleak RR, Tompkins DA. Arch Sex Behav. 2012; 41:759–96.
16. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People (Version 7). Coleman E, Bockting W et al.
https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf Int J Transgend. 2012;13:165–232.
17. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Robert Graham (Chair); Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. (Study Sponsor: The National Institutes of Health). Issued March 31, 2011. <http://www.nationalacademies.org/hmd/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>
18. World Professional Association of Transgender Health, formerly known as the Harry Benjamin International Gender Dysphoria Association, Standards of Care for Gender Identity Disorders, 7th version.

Revision History:

| Revision | Date |
|--------------------------|---------------|
| Updates to policy format | February 2021 |
| Approved | March 2021 |

Disclaimer:

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of

PA.205.CC Surgical Management of Gender Dysphoria

Policy Number: PA.205.CC
Last Review Date: 02/23/2021
Effective Date: 03/01/2021

Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

CountyCare reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.