



## CLINICAL POLICY AND PROCEDURE MANUAL

Policy Number: PA.205.CC  
Last Review Date: 11/17/2022  
Effective Date: 12/01/2022

### 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, 5<sup>th</sup> 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:**

<b>Procedures for genital surgeries</b>			
<b>CPT Code</b>	<b>Description</b>	<b>HFS Coverage</b>	<b>Price</b>
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**

<b>CPT Code</b>	<b>Description</b>	<b>HFS Coverage</b>	<b>Price</b>
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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

<b>Procedures for non-genital surgeries – Body contouring</b>			
<b>CPT Code</b>	<b>Description</b>	<b>HFS Coverage</b>	<b>Price</b>
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

<b>Procedures for non-genital surgeries – Facial feminization surgeries</b>			
<b>CPT Code</b>	<b>Description</b>	<b>HFS Coverage</b>	<b>Price</b>
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
<b>Other procedures</b>			
<b>CPT Code</b>	<b>Description</b>	<b>HFS Coverage</b>	<b>Price</b>
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

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**Archived References**

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2. Hayes. Hormone Therapy for the Treatment of Gender Dysphoria. May 19, 2014. Annual Review: August 29, 2018. Archived: June 19, 2019.

**Revision History:**

<b>Revision</b>	<b>Date</b>
Updates to policy format	February 2021
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Minor format update and added link to Reference #4; updated Annual Review Date in Reference #5; created Archived References section and moved Reference #s 6 under that heading and added archived Reference Date; added link to new Reference #6; updated title and added link to Reference #s7, 8, 9 10 and 11; replaced link in Reference #12; added link to Reference #s 13; replaced link in Reference #s 14 and 15; added link to Reference #16; added Reference #17	November, 2022

**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 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.

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