

Gender Affirming/Reassignment Surgery — New York

Last Review Date: May 8, 2020

Number: MG.MM.SU.28mv2

Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Gender dysphoria	General descriptive term that refers to an individual's discontent with the assigned gender. It is more specifically defined when used as a diagnosis. See APPENDIX to view complete DSM V Gender Dysphoria definition
Transgender	Refers to the broad spectrum of individuals who transiently or persistently identify with a gender different from their gender at birth.
Transsexual	Refers to an individual who seeks, or has undergone, a social transition from male to female or female to male. In many, but not all, cases this also involves a physical transition through cross-sex hormone treatment and genital surgery (sex reassignment surgery).
Hormonal gender reassignment	The administration of androgens to genotypic and phenotypic females and estrogen or progesterones to genotypic or phenotypic males for the purpose of effecting somatic changes to more closely approximate the physical appearance of the genotypically other sex. ¹ Hormones are also utilized for pubertal suppression.
Genital surgical gender reassignment	Genital surgery that alters the morphology to approximate the physical appearance of the genetically other sex. The surgical procedures in the table below (occurring in the absence of any diagnosable birth defect or other medically defined pathology [except gender dysphoria]) are included in this category.
Gender non-conforming (TGNC-Transgender/ Gender Non-Conforming)	Also referred to as non-binary. Gender nonconformity refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex.

¹ Hormonal gender reassignment does not refer to the administration of hormones for the purpose of medical care or research conducted for the treatment or study of non-gender-dysphoric medical conditions (i.e., aplastic anemia, impotence, cancer).

Non-binary	The individual's identity does not exist as a dichotomy of male or female (binary) but rather identifies as belonging to neither male nor female genders and prefer pronouns such as <i>they</i> and <i>them</i> , and possibly label themselves as Gender Non-Conforming.
------------	--

Common Medically Necessary Procedures	
Breast augmentation*	Phalloplasty [±]
Breast reduction mammoplasty (trial of hormone therapy not pre-requisite)	Prostatectomy
Clitoroplasty	Salpingectomy
Hysterectomy	Scrotoplasty
Labioplasty	Testicular/penile prosthesis implantation
Mastectomy (trial of hormone therapy not pre-requisite)	Urethroplasty
Metoidioplasty	Vaginectomy
Oophorectomy	Vaginoplasty [±]
Orchiectomy	Vulvectomy
Penectomy	Vulvoplasty

* Breast augmentation is considered medically necessary provided that the member has completed a minimum of 24 months of hormone therapy, during which time breast growth has been negligible; or hormone therapy is medically contraindicated; or the member is otherwise unable to take hormones

[±] Genital electrolysis is not considered a surgical procedure, but is performed in conjunction with genital surgery (i.e., when required for vaginoplasty or phalloplasty)

Guideline

- A.** Hormone therapy (whether or not in preparation for gender affirming/reassignment surgery) will be covered as follows:
1. Treatment with gonadotropin-releasing hormone agents (pubertal suppressants) when based upon a determination by a qualified medical professional that the member is eligible and ready for such treatment, i.e., that the member:
 - a. Meets gender dysphoria diagnostic criteria
 - b. Has experienced puberty to at least Tanner stage 2 with pubertal changes resulting in increased gender dysphoria
 - c. Does not suffer from psychiatric comorbidity that interferes with diagnostic work-up or treatment
 - d. Has adequate psychological and social support during treatment
 - e. Demonstrates knowledge and understanding of expected treatment-outcomes associated with pubertal suppressants and cross-sex hormones, as well as the medical and social risks and benefits of sex reassignment

2. Treatment with cross-sex hormones, including testosterone, cypionate, conjugated estrogen, and estradiol, for members **greater than or equal to 16** years of age, when based upon a determination of medical necessity made by a qualified medical professional. (Members less than 18 years of age must meet Criteria # 1).

Note: Requests for coverage of cross-sex hormones for members less than 16 years of age will be reviewed on a case-by-case basis.

- B. Gender affirming/reassignment surgery will be covered for members **greater than or equal to 18** years of age.**

The request must be accompanied by letters from two qualified New York State (NYS) licensed health professionals, acting within the scope of his/her practice, who have independently assessed the member and are referring the member for the surgery. (Note: Only one letter is required for breast surgery)

One letter must be from a psychiatrist, psychologist, psychiatric nurse practitioner (NP) or licensed clinical social worker (CSW) with whom the member has an established and ongoing relationship.

The other letter may be from a psychiatrist, psychologist, physician, psychiatric NP or licensed CSW who has only an evaluative role with the member.

Together, the letters must establish that the member:

1. Has a persistent and well-documented case of gender dysphoria
2. Has received hormone therapy (not prerequisite for mastectomy) appropriate to member's gender goals for a minimum of 12 months prior to seeking genital surgery (unless medically contraindicated or the member is otherwise unable to take hormones)
3. Has lived 12 months in gender role congruent with member's gender identity (inclusive of binary and Nonbinary Gender) and has received mental health counseling, as deemed medically necessary, during that time (Note: Not required for breast surgery)
4. Has no other significant medical or mental health conditions that would be a contraindication to gender reassignment surgery, or if so, that those are reasonably well-controlled prior to the gender reassignment surgery
5. Has the capacity to make fully informed decisions and consent to treatment

Limitations/Exclusions

- A. Requests for gender reassignment surgery for members less than 18 years will be reviewed on a case-by-case basis.**

- B. The following services and procedures are excluded from coverage:**

1. Cryopreservation, storage, and thawing of reproductive tissue (including all related services and charges)
2. Reversal of genital and/or breast surgery
3. Reversal of surgery to revise secondary sex characteristics
4. Reversal of any procedure resulting in sterilization

- C. Coverage is not available for any surgeries, services or procedures that are purely cosmetic (i.e., when performed solely to enhance appearance, but not to medically treat the underlying gender dysphoria).**

The following surgery, services and procedures will be reviewed on a case by case basis. It is expected that the clinical rationale for each requested procedure is specifically documented in the letter of medical necessity from the treating physician:

1. Abdominoplasty, blepharoplasty, neck tightening or removal of redundant skin
2. Breast, brow, face or forehead lifts
3. Calf, cheek, chin, nose or pectoral implants Collagen injections
4. Drugs to promote hair growth or loss
5. Gluteal augmentation
6. Electrolysis (unless required for vaginoplasty or phalloplasty)
7. Facial bone reconstruction, reduction or sculpturing (including jaw shortening) and rhinoplasty
8. Hair transplantation
9. Lip reduction
10. Liposuction
11. Thyroid chondroplasty
12. Voice therapy, voice lessons or voice modification surgery

Revision History

11/3/2020	1. Added gluteal augmentation to case-by-case review list
5/8/2020	Specific to breast surgery: 2. Eliminated two-letter prerequisite 3. Eliminated prerequisite requiring members to live 12 months in the gender congruent with the member's gender identity
12/14/2018	1. Correction of clerical errors in Limitations/Exclusions Section C
8/17/2018	1. Added New York to title 2. Added complete DSM V gender dysphoria definition
6/8/2018	1. Changed title from Gender Reassignment Surgery to Gender Affirming/Reassignment Surgery 2. Added non-conforming non-binary and definitions 3. Added the term "affirming" to the Hormone and Surgical sections to denote inclusiveness
4/11/2018	1. Moved augmentation mammoplasty from Limitations/Exclusions section (depicted as case-by-case when clinical criteria met) to covered procedures list (using same clinical criteria) 2. Removed age prerequisite for pubertal suppressants
2/9/2018	1. Added breast reduction mammoplasty coverage for Medicaid members 2. Lowered hormone therapy age eligibility from 18 to 16 years of age for pubertal suppressants 3. Clarified the roll of medical necessity review for procedures that may be regarded as cosmetic
8/11/2017	1. Added breast reduction mammoplasty to covered procedures list (Commercial and Medicare only)
2/20/2017	1. Removed outdated/subjective terminology 2. Removed prerequisite that identified specific medical or mental health conditions which must be absent; clarifying, that no other significant medical or mental conditions should be present if contraindicated to surgery [or if so, reasonably well-controlled prior to surgery]) 3. Lowered eligibility for coverage of hormonal services from 18 to 16 years of age 4. Removed psychotherapy time-frame prerequisites and simplified requirements 5. Added to Limitations/Exclusions: Voice therapy, voice lessons and voice modification surgery
1/13/2016	1. Removed mammoplasty as a medically necessary procedure for MtF gender reassignment
6/20/2015	1. Clarified which surgical procedures are considered medically necessary and which are not 2. Added that hormone therapy is not pre-requisite to mastectomy

3. Added that cryopreservation, storage and thawing of reproductive tissue is not reimbursable

Applicable ICD-10 Diagnosis Codes

F64.0	Transsexualism
F64.1	Gender Dysphoria (ICD 10 Code Diagnosis: Dual-Role Transvestism)
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

Applicable Procedure Codes

19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopy, surgical; orchiectomy
55150	Resection of scrotum
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
55810	Prostatectomy, perineal radical;
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal
55840	Prostatectomy, retropubic radical, with or without nerve sparing;
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)

55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56620	Vulvectomy simple; partial
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57106	Vaginectomy, partial removal of vaginal wall
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57110	Vaginectomy, complete removal of vaginal wall
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
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57335	Vaginoplasty for intersex state
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
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	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58290	Vaginal hysterectomy, for uterus greater than 250 g;
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral

References

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
- American Psychiatric Association. What is Gender Dysphoria. February 2016. <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>. Accessed May 8, 2020.
- Chen, D., Hidalgo, M.A., Leibowitz, S., Leininger, J., Simons, L., Finlayson, C. and Garofalo, R., 2016. Multidisciplinary Care for Gender-Diverse Youth: A Narrative Review and Unique Model of Gender-Affirming Care. *Transgender Health*, 1(1), pp.117-123.
- Wylie C. Hembree, Peggy Cohen-Kettenis, Henriette A. Delemarre-van de Waal, Louis J. Gooren, Walter J. Meyer, Norman P. Spack, Vin Tangpricha, Victor M. Montori; Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism*, Volume 94, Issue 9 1 September 2009, Pages 3132–3154, <https://doi.org/10.1210/jc.2009-0345>.
- Wylie C Hembree, Peggy T Cohen-Kettenis, Louis Gooren, Sabine E Hannema, Walter J Meyer, M Hassan Murad, Stephen M Rosenthal, Joshua D Safer, Vin Tangpricha, Guy G T’Sjoen; Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, <https://doi.org/10.1210/jc.2017-01658>
- New York State Department of Health. New York State Medicaid Update. January 2017. Volume 33, number 1. https://www.health.ny.gov/health_care/medicaid/program/update/2017/2017-01.htm#transgender. Accessed May 8, 2020.
- Monstrey S, Hoebeke P, Dhont M, et al. Surgical therapy in transsexual patients: a multi-disciplinary approach. *Acta Chir Belg*. 2001;101:200-209.
- Schechter, L.S., 2016. Gender confirmation surgery: an update for the primary care provider. *Transgender Health*, 1(1), pp.32-40. Smith YL, Cohen L, Cohen-Kettenis PT.
- Postoperative psychological functioning of adolescent transsexuals: a Rorschach study. *Arch Sex Behav*. 2002;31:255-261.

Smith YL, van Goozen SH, Cohen-Kettenis PT. Adolescents with gender identity disorder who were accepted or rejected for sex reassignment surgery: a prospective follow-up study. *J Am Acad Child Adolesc Psychiatry*. 2001;40:472-481.

Specialty-matched clinical peer review.

World Professional Association for Transgender Health, Inc. Standards of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons. Version 7. 2011. <https://www.wpath.org/publications/soc>. Accessed May 8, 2020.

eMedNY. Provider Manual. New York State Medicaid Program Physician Procedure Codes. Section 5 Surgery. <https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician%20Procedure%20Codes%20Sect5.pdf>. Accessed May 8, 2020.

Yarbrough, E. *Transgender Mental Health*. 2018, American Psychiatric Association.

APPENDIX

DSM V

Gender Dysphoria in Children 302.6 (F64.2)

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, or at least 6 months duration, as manifested by at least six of the following (one of which must be Criterion A1):
1. A strong desire to be the other gender or an insistence that one is the other gender) or some alternative gender different from one's assigned gender).
 2. In boys (assigned gender), a strong preference for crossing-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
 3. A strong preference for cross-gender roles in make-believe play or fantasy play
 4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
 5. A strong preference for playmates of the other gender
 6. In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
 7. A strong dislike of one's sexual anatomy.
 8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
- B. The condition is associated with clinical significant distress or impairment in social, school, or other important areas of functioning.

Specify if:

With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 255.2 (E25.) congenital adrenal hyperplasia or 259.50 (E34.50) androgen insensitivity syndrome).

Gender Dysphoria in Adolescent and Adults 302.85 (F64.1)

- A. 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:
1. A marked incongruence between one' experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
 2. 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).
 3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
 4. A strong desire to be of the other gender (or some) alternative gender different from one's assigned gender).
 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 6. 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.

Specify if:

With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 255.2 (E25.) congenital adrenal hyperplasia or 259.50 (E34.50) androgen insensitivity syndrome).

Specify if:

Posttransition: The individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen—namely, regular cross-sex hormone treatment or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in a natal male; mastectomy or phalloplasty in a natal female).

Specifiers

The posttransition specifier may be used in the context of continuing treatment procedures that serve to support the new gender assignment.

Other Specified Gender Dysphoria 302.6 (F64.8)

This category applies to presentations in which symptoms characteristic of gender dysphoria that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for gender dysphoria. The other specified gender dysphoria category is used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for gender dysphoria. This is done by recording “other specified gender dysphoria” followed by the specific reason (e.g. “brief gender dysphoria”).

An example of presentation that can be specified using the “other specified” designation is the following:

The current disturbance meets symptom criteria for gender dysphoria, but the duration is less than 6 months.

Unspecified Gender Dysphoria 302.6 (F64.9)

This category applies to presentations in which symptoms characteristic of gender dysphoria that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for gender dysphoria. The unspecified gender dysphoria category is used in situations in which the clinician chooses *not* to specify the reason that the criteria are not met for gender dysphoria, and includes presentations in which there is insufficient information to make a more specific diagnosis.