

Gender Reassignment Surgery

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Definitions

Gender identity	The sense of being male or female that is usually in accord with, but sometimes opposed to, physical anatomy.
Gender dysphoria	Refers to discomfort or distress caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) 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. Only some gender nonconforming people experience gender dysphoria at some point in their lives.
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.

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).

Medically Necessary Procedures	
Male-to-Female (MtF)	Female-to-Male (FtM)
Clitoroplasty	Breast reduction mammoplasty
Labioplasty	Hysterectomy
Orchiectomy	Mastectomy (trial of hormone therapy not pre-requisite)
Penectomy	Metoidioplasty
Prostatectomy	Oophorectomy
Urethroplasty	Phalloplasty
Vaginoplasty	Salpingectomy
Vulvoplasty	Scrotoplasty
	Testicular/penile prosthesis implantation
	Urethroplasty
	Vaginectomy
	Vulvectomy

Note: 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 reassignment surgery) will be covered for members ≥ 16 years of age 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 for members ≥ 16 years of age when based upon a determination of medical necessity made by a qualified medical professional. (Members < 18 years of age must meet Criteria # 1).

Note: Requests for coverage of cross-sex hormones for members < 16 years of age who meet Criteria # 1, will be reviewed on a case-by-case basis.

B. Gender reassignment surgery will be covered for members \geq 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.

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 and has received mental health counseling, as deemed medically necessary, during that time
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, services and procedures for members < 18 years will be reviewed on a case-by-case basis.

B. Requests will be case-by-case reviewed for members meeting the requirements of surgeries, services and procedures in connection with gender reassignment, if not specified above, or to be performed in situations other than those described above (including those performed to change the physical appearance to more closely conform secondary sex characteristics to those of the member's identified gender).

Clinical documentation must substantiate that such surgery, service or procedure is medically necessary to treat a member's gender dysphoria.

C. 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

D. 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. In addition, these types of requests need to be supported by articles in the peer reviewed literature:

1. Abdominoplasty, blepharoplasty, neck tightening or removal of redundant skin
2. Breast augmentation (case-by-case consideration will be given to members who have completed ≥ 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)
3. Breast, brow, face or forehead lifts/augmentation, including removal of wrinkles (e.g., rhytidectomy)
4. Calf, cheek, chin, nose or pectoral implants (e.g., genioplasty, mentoplasty, etc.)
5. Collagen injections
6. Drugs to promote hair growth or loss
7. Electrolysis (unless required for vaginoplasty or phalloplasty)
8. Facial bone reconstruction, reduction or sculpturing (including jaw shortening) and rhinoplasty
9. Hair transplantation
10. Lip reduction
11. Liposuction
12. Osteoplasty
13. Thyroid chondroplasty
14. Voice therapy, voice lessons or voice modification surgery

Revision History

2/9/2018	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 4. Added breast reduction mammoplasty to covered procedures list (Commercial and Medicare only)
2/20/2017	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Removed mammoplasty as a medically necessary procedure for MtF gender reassignment
6/20/2015	<ol style="list-style-type: none"> 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	Dual role transvestism
Z87.890	Personal history of sex reassignment

Applicable Procedure Codes

19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19318	Reduction mammoplasty
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
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

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