EFFECTIVE DATE: 1/1/2014/
POLICY LAST UPDATED: 08/19/2014

OVERVIEW

The policy reflects the policy for Gender Reassignment Surgery applicable to groups to limited commercial products that have included coverage for Gender Reassignment treatment. This policy is not applicable to BlueCHip for Medicare.

PRIOR AUTHORIZATION

Recommended for those limited groups that have included coverage for this service

POLICY STATEMENT

Limited groups with coverage

Preauthorization is recommended to determine if the member is eligible for coverage and to assist in maximizing the benefit.

When a covered benefit for gender reassignment surgery exists, it is considered a covered service when documentation submitted confirms that all of the following criteria are met:

- The individual is at least 18 years of age
- The individual has been diagnosed with the Gender Identity Disorder (GID) or Gender Dysphoria of transsexualism
- The individual has successfully lived and worked within the desired gender role full-time for at least 12 months (real life experience) without returning to the original gender
- **Surgical Treatment for Gender Reassignment**
- When a covered benefit for gender reassignment surgery exists and all of the above criteria are met, the following surgeries are medically necessary for transwomen (male to female):

    - Orchiectomy (54520, 54690)
    - Penectomy (54125
    - Vaginoplasty (57335)
    - Colovaginoplasty (57291-57292)
    - Clitoroplasty (56805)
    - Labiaplasty (58999
    - Breast Augmentation (19324-19325) Note: augmentation mammoplasty (including breast prosthesis if necessary) if the Physician prescribing hormones and the surgeon have documented that breast enlargement after undergoing hormone treatment for 12 months is not sufficient for comfort in the social role
    - Trachea shave/reduction thyroid chondroplasty: reduction of the thyroid cartilage (31899)

When a covered benefit for gender reassignment surgery exists and all of the above criteria are met, the following surgeries are medically necessary for transmen (female to male):

- Breast reconstruction (eg, mastectomy (19303-19304), eduction mammoplasty (19318])
- Hysterectomy (58150, 58262, 58291, 58552, 58554, 58571, 58573)
- Salpingo-oophorectomy (58661)
- Colpectomy/Vaginectomy (57110)
- Metoidioplasty (55899)
- Phalloplasty (55899)
- Urethroplasty (53430)
- Scrotoplasty (55175, 55180)
-

Other services (e.g Laboratory, Pharmacy, radiology or behavioral health services) are covered according to the plan design.

For all other Commercial products
Gender reassignment surgery is contract exclusion and non-covered.

For all Commercial products (including those with coverage for gender reassignment)

The following procedures are considered cosmetic services and are non-covered:

- Abdominoplasty;
- Brow ptosis surgery;
- Cervicoplasty;
- Chemical exfoliations, peels, abrasions (or dermabrasions or planing for acne, scarring, wrinkling, sun damage or other benign conditions;
- Correction of variations in normal anatomy including augmentation mammoplasty, mastopexy, and correction of congenital breast asymmetry;
- Dermabrasion;
- Ear Piercing or repair of a torn earlobe;
- Excision of Excess Skin or Subcutaneous Tissue (except Panniculectomy as listed above);
- Genioplasty;
- Gynecomastia surgery, including but not limited to mastectomy and reduction mammoplasty;
- Hair Transplants;
- Hair Removal (including electrolysis epilation);
- Inverted nipple surgery;
- Laser treatment for acne and acne scars;
- Osteoplasty - Facial Bone Reduction;
- Otoplasty;
- Procedures to correct visual acuity including, but not limited to, cornea surgery or lens implants;
- Removal of Asymptomatic Benign Skin Lesions;
- Repeated cauterizations or electrofulguration methods used to remove growths on the skin;
- Rhinoplasty;
- Rhytidectomy;
- Scar Revision, regardless of symptoms;
- Sclerotherapy for Spider Veins;
- Subcutaneous Injection of Filling Material;
- Suction assisted Lipectomy;
- Tattooing or Tattoo Removal (except tattooing of the nipple/areola related to a mastectomy);

- Testicular prosthesis surgery;
- Treatment of vitiligo;
- Voice modification surgery;
- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics.

MEDICAL CRITERIA

None

BACKGROUND

Gender Identity Disorder (GID) is the formal diagnosis used by professionals to describe persons who experience significant gender dysphoria (discontent with their biological sex and/or birth gender).

DSM V (just released in May 2013) now uses the term, "Gender Dysphoria" instead of GID because of stigmatization associated with the term Gender Identity Disorder. Additionally the diagnosis grouping has been moved out of the sexual disorder category and moved into its own.

DSM V criteria:

1. Discomfort with one's assigned sex or gender role for period of at least six months, as manifested by at least two of the following indicators:
   a. Feeling of incongruence between one's felt gender identity and one's primary and secondary sex characteristics;
   b. Desire to be rid of one primary and secondary sex characteristics;
   c. Desire for the sex characteristics of the other sex;
   d. Desire to be the other sex;
   e. Desire to be treated as the other sex;
   f. Belief that one has the feelings and reactions typical of the other sex
2. The individual does not have an intersex or development condition;
3. The condition causes clinically significant distress or impairment in social, occupational, or other areas of functioning;
4. "Gender identity disorder not otherwise specified" is proposed to include individuals who cannot be diagnosed as having a specific gender identity disorder but experience distress and impairment as a result of their gender identity.

In 2010, the World Professional Association for Transgender Health (WPATH) released a statement noting that "the expression of gender characteristics, including identities that are not stereotypically associated with one's assigned sex at birth is a common and culturally-diverse human phenomenon [that] should not be judged as inherently pathological or negative." Accordingly, transsexual, transgender, and gender nonconforming persons are not intrinsically disordered. Rather, the distress of gender dysphoria, when present, is the matter that may be diagnosable and for which several therapeutic options are available.

Gender reassignment surgery (GRS) is one treatment option. GRS is not a single procedure, but part of a complex process involving multiple medical, psychiatric, and surgical modalities performed in conjunction with each other to help the candidate for gender reassignment achieve successful behavioral and medical outcomes. Before undertaking GRS, candidates need to undergo important medical and psychological evaluations, and begin medical therapies and behavioral trials to confirm that surgery is the most appropriate treatment choice.

Therapeutic approaches include psychological interventions and gender reassignment therapy, including hormonal interventions that muscularize or feminize the body, and surgical interventions that change the genitalia and other sex characteristics. Gender identity disorders may manifest at childhood, adolescence, or adulthood.

The surgical procedures for male-to-female individuals, also known as "transwomen" may include orchiectomy, penectomy, vaginoplasty, clitoroplasty, labioplasty breast autmentation Trachea shave/reduction thyroid chondroplasty and techniques include penile skin inversion, pedicled colosigmoid transplant, and free skin grafts to line the neovagina. For female-to male persons, also known as "transmen" surgery may include hysterectomy, ovariectomy, vaginectomy, salpingooophorectomy, metoidioplasty, scrotoplasty, urethroplasty, placement of testicular prostheses, and phalloplasty.

Prior to surgery, patients typically undergo hormone replacement therapy for a period of 12 continuous months. Biological females are treated with testosterone to increase muscle and bone mass, decrease breast size, increase clitoris size, increase facial and body hair, arrest menses, and deepen the voice. Biological males are treated with anti-androgens and estrogens to increase percentage of body fat compared to muscle mass, decrease body hair, decrease testicular size, decrease erectile function, and increase breast size.

Individuals diagnosed with gender dysphoria also must undertake real life experience living in the identity-congruent gender role. This provides sufficient opportunity for patients to experience and socially adjust in their desired role before undergoing irreversible surgery. During this experience, patients should present themselves consistently, on a day-to-day basis and across all life settings, in their desired gender role. Changing gender role can have profound personal and social consequences, and individuals must demonstrate an awareness of the challenges and the ability to function successfully in their gender role.

In 2009 the Endocrine Society published a clinical practice guideline for endocrine treatment of transsexual persons (Hembree, et al., 2009). As part of this guideline, the endocrine society recommends that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable; that surgery be recommended only after completion of at least one year of consistent and compliant hormone treatment; and that the physician responsible for endocrine treatment c advise the individual for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.

Sex reassignment surgical procedures for diagnosed cases of GID should be recommended only after a comprehensive evaluation by a qualified mental health professional. The surgeon should have a demonstrated competency and extensive training in sexual reconstructive surgery. Long-term follow-up is highly recommended.

Typical documentation that supports the comprehensive evaluation is generally supported by the following documentation

1. Letters that attests to the psychological aspects of the candidate's GID.
    - **a.** One of the letters must be from a behavioral health professional with a doctoral degree (who is capable of adequately evaluating if the candidate has any co-morbid psychiatric conditions;
    - **b.** One of the letters must be from the candidate's physician or behavioral health provider, who has treated the candidate for a minimum of 12 months (Note: if the candidate has not been treated continuously by one clinician for 12 months but has transferred care from one clinician to a second clinician, then both clinicians must submit documentation and their combined treatment must have been for 12months). The letter or letters must document the following:
        - **i.** Whether the author of the letter is part of a gender identity disorder treatment team; and
        - **ii.** The candidate's general identifying characteristics; and
        - **iii.** The initial and evolving gender, sexual, and other psychiatric diagnoses; and
        - **iv.** The duration of their professional relationship including the type of psychotherapy or evaluation that the candidate underwent; and
        - **v.** The eligibility criteria that have been met by the candidate; and

vi. The physician or mental health professionals rationale for surgery; and
vii. The degree to which the candidate has followed the treatment and experiential requirements to date and the likelihood of future compliance; and
viii. The extent of participation in psychotherapy throughout the 12 month real-life trial, (if such therapy is recommended by a treating medical or behavioral health practitioner) and
ix. That during the 12 month, real-life experience (for candidates not meeting the 12 month candidate criteria as noted in 5 and 6, the letter should still comment on the candidates ability to function and experience in the desired gender role), persons other than the treating therapist were aware of the candidate's experience in the desired gender role and could attest to the candidate's ability to function in the new role.
x. That the candidate has, intends to, or is in the process of acquiring a legal gender identity-appropriate name change and
xi. Demonstrable progress on the part of the candidate in consolidating the new gender identity, including improvements in the ability to handle:
    1. Work, family, and interpersonal issues;
    2. Behavioral health issues, should they exist. This implies satisfactory control of issues such as
        a. Sociopathy;
        b. Substance abuse;
        c. Psychosis;
        d. Suicidality

c. If the letters specified in 1a and 1b above come from the same clinician, then a letter from a second physician or behavioral health provider familiar with the candidate corroborating the information provided by the first clinician is required;

a. A letter of documentation must be received from the treating surgeon. If one of the previously described letters is from the treating surgeon then it must contain the documentation noted in the section below. All letters from a treating surgeon must confirm that:
    i. The candidate meets the "candidate criteria" listed in this policy and
    ii. The treating surgeon feels that the candidate is likely to benefit from surgery and
    iii. The surgeon has personally communicated with the treating mental health provider or physician treating the candidate, and that
    iv. The surgeon has personally communicated with the candidate and that the candidate understands the ramifications or surgery

COVERAGE

Commercial Products
Benefits may vary between groups and contracts and most plans exclude coverage of gender reassignment surgery, sex change surgery, transgender surgery or treatment of gender identity disorders.

Please refer to the appropriate Subscriber Agreement for the applicable sex reassignments benefit

CODING

For limited groups

The following codes, when done for the purpose of gender reassignment, for those limited groups are covered when the medical criteria are meet:

19301	19303	19304	19316	16324	19325	19350	31899	53430	54125	54520	54690	51575

55180	56625	56800	56805	56810	57106	57107	57110	57111	57291	57292	57335	58150
58180	58260	58262	58275	58280	58285	58290	58291	58541	58542	58543	58544	58550
58552	58553	58554										

The following CPT codes are not to be used for pricing or claims processing. Claims should be filed with the specific procedures

55970 Intersex surgery; male to female
55980 Intersex surgery; female to male

RELATED POLICIES

None

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