

## Gender Reassignment

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**Policy Number:**

MM.06.026

**Line(s) of Business:**

FED 087; 873 and Y-R; 872 and 733

**Section:**

Medicine

**Place(s) of Service:**

Outpatient/Inpatient/Office

**Original Effective Date:**

01/01/2016

**Current Effective Date:**

01/01/2016

For coverage codes 873 and Y-R, benefits for gender reassignment surgery are covered under a unique group-specific Gender Reassignment Surgery rider in addition to the other benefits provided under these plans effective 04/01/2016.

For coverage codes 872 and 733, benefits for gender reassignment surgery are covered under a unique group-specific Gender Reassignment Surgery rider in addition to the other benefits provided under these plans effective 10/01/2016.

### I. Description

Gender reassignment surgery is a treatment option for extreme cases of gender dysphoria, a condition in which a person feels a strong and persistent identification with the opposite gender accompanied with a severe sense of discomfort in their own gender. People with gender dysphoria often report a feeling of being born the wrong sex. Gender reassignment surgery is not a single procedure, but part of a complex process involving multiple medical, psychiatric, and surgical specialists working in conjunction with each other and the patient to achieve successful behavioral and medical outcomes. Before gender reassignment surgery, important medical and psychological evaluations, medical therapies and behavioral trials should be undertaken to confirm that surgery is the most appropriate treatment choice for the patient.

### II. Criteria/Guidelines

Gender reassignment surgery is covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:

- A. The patient is at least 18 years old and is capable of making informed decisions and consent for treatment; and
- B. The patient has been diagnosed with persistent, well documented gender dysphoria, and exhibits all of the following:
  1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
  2. The transsexual identity has been present persistently for at least two years; and
  3. The disorder is not a symptom of another mental disorder; and

4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The patient has undergone a minimum of 12 months of continuous hormonal therapy (unless contraindicated) when recommended by a mental health professional and provided under the supervision of a physician.
- D. The patient has completed a minimum of 12 months of successful continuous full time real-life experience in their desired gender, with no returning to their original gender, across a wide span of life experiences and events that occur throughout the year (i.e., holidays, vacations, season-specific school and/or work experience, family events).
- E. Two referrals from qualified mental health professionals (The minimal credentials for qualified mental health professionals who work with adults presenting with gender dysphoria include a master's degree or its equivalent or more advanced degree (e.g., Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) in clinical behavioral science field with established competence in the assessment and treatment of gender dysphoria.)

### III. Limitations

- A. The following surgeries are considered cosmetic and therefore not covered as part of gender reassignment services, including, but limited to:
  1. Liposuction;
  2. Rhinoplasty;
  3. Facial bone reconstruction/facial feminization surgery;
  4. Jaw shortening/sculpturing;
  5. Chin/nose implants;
  6. Voice modification surgery;
  7. Tracheal shaving/thyroid chondroplasty;
  8. Hair removal, electrolysis or hairplasty;
  9. Procedures aimed at preservation of fertility (e.g., procurement, cryopreservation, storage of sperm, oocytes or embryos) prior to gender reassignment surgery;
  10. Lip reduction/enhancement.
  11. Cosmetic services and revisions (as defined by HMSA's Cosmetic and Reconstructive services policy) of the breast/chest wall after the initial augmentation mammoplasty (male to female) or mastectomy (female to male).
- B. Services to reverse gender reassignment surgery are not covered.
- C. Treatment received outside of the United States is not covered.

### IV. Administrative Guidelines

- A. Precertification is required. To precertify, please complete HMSA's [Pre-certification Request](#) and mail or fax the form as indicated Complete HMSA's Precertification request and mail or fax as indicated. Include the following:
  1. Two referrals from qualified mental health professionals who have independently assessed the patient. The first referral should be from the patient's psychotherapist, and the second from a qualified mental health professional who has had only an evaluative role with the patient. The content of the referrals should include the following:

- a. Information regarding patients general identifying characteristics
  - b. Results of the patients psychosocial assessment, including any diagnosis
  - c. The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date; and
  - d. An explanation that the above criteria for surgery have been met, and a brief description of the clinical rationale that support the patient's request for surgery; and
  - e. Informed consent obtained from the patient.
2. Documentation that the patient has completed a minimum of 12 months of successful continuous full-time real-life experience in their desired gender, across a wide span of life experiences and events that may occur throughout the year (i.e., holidays, vacations, season-specific school and/or work experience, family events).
- B. If the patient does not meet HMSA's guidelines for coverage but has indicated that he or she wants the services performed despite noncoverage, the patient should be asked to sign HMSA's Agreement of Financial Responsibility. A signed waiver indicates that the patient will be responsible for the denied charges.

When submitting a claim for services that do not meet HMSA guidelines, append modifier GA to the CPT code for the service. The use of the GA modifier will alert HMSA that the service should be processed to indicate that the patient will be financially responsible, and that the noncovered charges should not be a provider adjustment.

The signed waiver should be kept in the patient's record. HMSA reserves the right to conduct periodic audits on claims submitted with the GA modifier and review medical records for signed waivers for this service.

**C. Applicable codes:**

ICD-10 Codes	Description
F64.1	Gender identity disorder in adolescence and adulthood
F64.8 – F64.9	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

**Male to Female**

CPT Codes	Description
55970	Intersex surgery; male to female (For reporting purposes only)
19324	Mammaplasty, augmentation; without prosthetic implant
19325	Mammaplasty, augmentation; with prosthetic implant
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage

53430	Urethroplasty, reconstruction of female urethra
54125	Penectomy
54520	Orchiectomy (simple)
54690	Orchiectomy, (laparoscopic)
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
56800	Plastic repair of introitus
56805	Clitoroplasty
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
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach

**Female to Male**

<b>CPT Codes</b>	<b>Description</b>
55980	Intersex surgery female to male (For reporting purposes only)
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty
54660	Placement of testicular prostheses
55175	Scrotoplasty
56625	Vulvectomy
57106	Vaginectomy, partial removal of vaginal wall
57110	Vaginectomy, complete removal of vaginal wall
58150	Total abdominal f (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58260	Vaginal hysterectomy, for uterus 250 grams or less;
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)
58275	Vaginal hysterectomy, with total or partial vaginectomy

58290	Vaginal hysterectomy, for uterus greater than 250 grams;
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s), and/or ovary(s)
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 grams or less;
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams 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 grams; with removal of tube(s), and/or ovary(s)
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 250 g or less
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 lysis of adhesions (salpingolysis, ovariolysis) (separate procedure): 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

ICD-10 Procedure	Description
0UQG0ZZ	Repair vagina, open approach
0UQJ0ZZ-0UQJXZZ	Repair clitoris [by approach; includes codes 0UQJ0ZZ, 0UQJXZZ]
OUT20ZZ-OUT2FZZ	Resection of bilateral ovaries [by approach; includes codes 0UT20ZZ, 0UT24ZZ, 0UT27ZZ, 0UT28ZZ, 0UT2FZZ]
OUT70ZZ-OUT7FZZ	Resection of bilateral fallopian tubes [by approach; includes codes 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ]
OUT90ZZ-OUT9FZZ	Resection of uterus [by approach; includes codes 0UT90ZZ, 0UT94ZZ, 0UT97ZZ, 0UT98ZZ, 0UT9FZZ]
OUTC0ZZ-OUTC8ZZ	Resection of cervix [by approach; includes codes 0UTC0ZZ, 0UTC4ZZ,

	OUTC7ZZ, OUTC8ZZ]
OUTG0ZZ-OUTG8ZZ	Resection of vagina [by approach; includes codes OUTG0ZZ, OUTG4ZZ, OUTG7ZZ, OUTG8ZZ]
OUTJ0ZZ-OUTJXZZ	Resection of clitoris [by approach; includes codes OUTJ0ZZ, OUTJXZZ]
OUTM0ZZ-OUTMXZZ	Resection of vulva [by approach; includes codes OUTM0ZZ, OUTMXZZ]
OVRC0JZ	Replacement of bilateral testes with synthetic substitute, open approach
OVTC0ZZ-OVTC4ZZ	Resection of bilateral testes [by approach; includes codes OVTC0ZZ, OVTC4ZZ]
OVTS0ZZ-OVTSXZZ	Resection of penis [by approach; includes codes OVTS0ZZ, OVTS4ZZ, OVTSXZZ]
OVUS07Z-OVUSX7Z	Supplement penis with autologous tissue substitute [by approach, includes codes OVUS07Z, OVUS47Z, OVUSX7Z]
OVUS0KZ-OVUSXKZ	Supplement penis with nonautologous tissue substitute [by approach; includes codes OVUS0KZ, OVUS4KZ, OVUSXKZ]
OW4M070	Creation of vagina in male perineum with autologous tissue substitute, open approach
OW4M0J0	Creation of vagina in male perineum with synthetic substitute, open approach
OW4M0K0	Creation of vagina in male perineum with nonautologous tissue substitute, open approach
OW4M0Z0	Creation of vagina in male perineum, open approach
OW4N071	Creation of penis in female perineum with autologous tissue substitute, open approach
OW4N0J1	Creation of penis in female perineum with synthetic substitute, open approach
OW4N0K1	Creation of penis in female perineum with nonautologous tissue substitute, open approach
OW4N0Z1	Creation of penis in female perineum, open approach

- D. The following procedures are considered cosmetic (and not covered) when used to improve the gender-specific appearance of an patient who has undergone or is planning to undergo gender reassignment surgery: (This list is not all inclusive)

CPT Codes	Description
11950, 11951, 11952, 11954	Collagen injections
15775, 15839, 17380	Hair removal, electrolysis or hairplasty
15822, 15823	Blepharoplasty
15825, 15826, 15828, 15829	Face lift (rhytidectomy)
15847	Abdominoplasty
15876, 15877, 15878, 15879	Liposuction

21125,21127,21137	Facial bone reconstruction
30400-30450 and 30620	Rhinoplasty
31599	Voice modification surgery
54400,54401,54405	Penile prosthesis

## V. Rationale

Based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) V criteria for a diagnosis of gender dysphoria includes: Evidence of a strong and persistent cross-gender identification; this cross-over identification must not merely be a desire for any perceived cultural advantages of being the other sex; there must also be evidence of persistent discomfort about one's assigned sex or sense of inappropriateness in the gender role of that sex; the patient must not have a concurrent physical intersex condition (e.g., androgen insensitivity syndrome, congenital adrenal hyperplasia); and there must be evidence of clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The World Professional Association for Transgender Health or WPATH (formerly known as the Harry Benjamin International Gender Dysphoria Association) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People and the DSM V criteria are widely accepted as definitive documents in the area of gender dysphoria treatment. The SOC criteria have been adopted as the standard of care for the treatment of gender dysphoria, including hormone therapy and gender reassignment surgery.

The criteria in the SOC are supported by evidence-based peer-reviewed journal publications. Several studies have shown that extensive long-term trials of hormonal therapy and real-life experience living as the other gender, as well as social support and acceptance by peer and family groups, greatly improve psychological outcomes in patients undergoing Gender reassignment surgery (Eldh, 1997; Landen, 1998). A study reported by Monstrey and colleagues (2001) described the importance of close cooperation between the many medical and behavioral specialties required for proper treatment of patients with gender dysphoria who wish to undergo gender reassignment surgery.

Gender reassignment surgery presents significant medical and psychological risks, and results are irreversible. A stepwise approach to therapy for gender dysphoria, including accurate diagnosis and long-term treatment by a multidisciplinary team including behavioral, medical and surgical specialists, has been shown to provide the best results. As with any treatment involving psychiatric disorders, a thorough behavioral analysis by a qualified practitioner is needed. Once a diagnosis of gender dysphoria is established, treatment with hormone therapy and establishment of real-life transgender experience may be warranted. Gender reassignment surgery should be considered only after such trials have been undertaken, evaluated and confirmed. Hormone therapy should be administered under on-going medical supervision and is important in beginning the gender transition process by altering body hair, breast size, skin appearance and texture, body fat distribution, and the size and function of sex organs. Real-life experience is important to validate the patient's desire and ability to incorporate their desired gender role into their social network and daily environment. This generally involves gender-specific appearance (garments, hairstyle,

etc.), involvement in various activities in the desired gender role including work or academic settings, legal acquisition of a gender appropriate first name, and acknowledgement by others of their new gender role. Once these treatment steps have been established and stable for at least 12 months, a patient may be considered for gender reassignment surgery.

For both transmen and transwomen, additional surgeries have been proposed to improve the gender appropriate appearance of the patient. Procedures such as liposuction, Adam's apple reduction, rhinoplasty, facial reconstruction, and others have no medical necessity role in gender identification and are considered cosmetic in nature.

## **VI. Important Reminder**

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

## **VII. References**

1. World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming people. 2012 7th version.
2. Day P. Trans-gender reassignment surgery. New Zealand health technology assessment (NZHTA). The clearing house for health outcomes and Health technology assessment. February 2002; Volume 1 Number 1.