

Clinical UM Guideline

Subject: Gender ~~Reassignment-Affirming~~ Surgery
Guideline #: CG-SURG-27

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Description

This document addresses gender ~~reassignment-affirming~~ surgery (also known as sex affirmation surgery, gender or sex reassignment surgery, gender or sex confirmation surgery, or gender or sex affirmation surgery). ~~Gender affirming surgery is, which is one~~ treatment option for ~~extreme cases of~~ gender dysphoria, a condition in which a person ~~experiences persistent incongruence between gender identity and sexual anatomy at birth 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 gender.~~ Gender ~~reassignment affirming~~ surgery is not ~~an single procedure isolated intervention; it is, but~~ part of a complex process involving multiple medical, psychiatric and psychologic, and surgical specialists working in conjunction with each other and the individual to achieve successful behavioral and medical outcomes. Before undertaking gender ~~affirming reassignment~~ surgery, ~~important~~ medical and psychological evaluations, medical therapies and behavioral trials ~~should are be~~ undertaken to ~~confirm-help ensure~~ that surgery is ~~the most an~~ appropriate treatment choice for the individual.

Note: Please refer to the following documents for additional information, including the use of these and other procedures for individuals with gender dysphoria that are not related to planning gender affirming surgery:

- ANC.00007 Cosmetic and Reconstructive Services: Skin Related
- ANC.00008 Cosmetic and Reconstructive Services of the Head and Neck
- ANC.00009 Cosmetic and Reconstructive Services of the Trunk and Groin

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Gender ~~Reassignment~~ Affirming Surgery

- CG-SURG-12 Penile Prosthesis Implantation
- SURG.00023 Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures

Note: Voice therapy is not addressed in this document, as it is not a surgical procedure.

Medically Necessary: In this document, procedures are considered medically necessary if there is a significant functional impairment AND the procedure can be reasonably expected to improve the functional impairment.

Reconstructive: In this document, procedures are considered reconstructive when intended to address a significant variation from normal related to accidental injury, disease, trauma, treatment of a disease or a congenital defect.

Note: Not all benefit contracts/certificates include benefits for reconstructive services as defined by this document. Benefit language supersedes this document.

Cosmetic: In this document, procedures are considered cosmetic when intended to change a physical appearance that would be considered within normal human anatomic variation. Cosmetic services are often described as those that are primarily intended to preserve or improve appearance.

Clinical Indications

~~**NOTE:** Procedures for the chest, also known as “top surgery”, and those for the groin and reproductive organs, also known as “bottom surgery”, do not need to be done in conjunction. Additionally, individuals undergoing top surgery do not need to subsequently undergo bottom surgery, or vice versa. The selection of appropriate procedures should be based on the needs of the individual in relation to the treatment of their diagnosis of gender dysphoria.~~

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Gender Reassignment/Affirming Surgery

NOTE: Procedures to address postoperative complications of gender reassignment/affirming surgery procedures (for example, stenosis, scarring, chronic infection, or pain) are not considered a separate gender reassignment/affirming surgery procedures.

NOTE: Reversal of a prior gender reassignment/affirming surgery procedure is considered gender reassignment/affirming surgery and the medical necessity criteria above/below apply.

Medically Necessary:

~~For individuals undergoing g~~Gender affirming pelvic or gonadal reassignment surgery (which may, consisting of any combination of the following; hysterectomy, orchiectomy, ovariectomy, or salpingo-oophorectomy), ~~ovariectomy, or orchiectomy~~, it is considered **medically necessary** when *all* of the following criteria are met:

- A. The individual is at least 18 years of age; **and**
- B. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- C. The individual has been diagnosed with gender dysphoria (see Discussion section for Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5) criteria); **and** exhibits all of the following:
 - ~~1. The desire to live and be accepted as a member of the opposite gender, usually accompanied by the wish to make their body as congruent as possible with the preferred gender through surgery and hormone treatment; **and**~~
 - ~~2. The transgender 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; **and**~~
- D. For individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
- E. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**

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Gender ~~Reassignment~~ Affirming Surgery

F. Two referrals from qualified mental health professionals* who have independently assessed the individual. If the first referral is from the individual’s psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter(s) must have been signed within 12 months of the request submission.

~~For individuals undergoing g~~Gender affirming genital reassignment surgery (which may, consisting of any combination of the following: clitoroplasty, labiaplasty, metoidioplasty, penectomy, phalloplasty, scrotoplasty, urethroplasty, vaginectomy, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, serotoplasty, urethroplasty, or placement of penile or testicular prostheses), ~~it~~ is considered **medically necessary** when *all* of the following criteria are met:

- A. The individual is at least 18 years of age; **and**
- B. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- ~~A.~~ A. The individual has been diagnosed with gender dysphoria (see Discussion section for diagnostic criteria); **and** ~~and exhibits all of the following:~~
 - ~~2.~~ 2. The desire to live and be accepted as a member of the opposite gender, usually accompanied by the wish to make their body as congruent as possible with the preferred gender through surgery and hormone treatment; **and**
 - ~~3.~~ 3. The transgender identity has been present persistently for at least two years; **and**
 - ~~4.~~ 4. The disorder is not a symptom of another mental disorder; **and**
 - ~~5.C.~~ 5.C. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; **and**
- ~~C.D.~~ C.D. For individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
- ~~D.E.~~ D.E. Documentation** that the individual has completed a minimum of 12 months of successful continuous full time real-life experience in the new gender, across a wide range of life experiences and events that may occur throughout the year (for example, family events, holidays, vacations, season-specific work or school experiences). This includes coming out to partners, family, friends, and community members (for example, at school, work, and other settings); **and**
- ~~E.F.~~ E.F. Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner; **and**

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Gender ~~Reassignment~~ Affirming Surgery

F.G. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**

G.H. Two referrals from qualified mental health professionals* who have independently assessed the individual. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter(s) must have been signed within 12 months of the request submission.

*At least one of the professionals submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field (for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating co-morbid psychiatric conditions. One letter is sufficient if signed by two providers, one of whom has met the specifications set forth above.

**The medical documentation should include the start date of living full time in the new gender. Verification via communication with individuals who have related to the individual in an identity-congruent gender role, or requesting documentation of a legal name change, may be reasonable in some cases.

The use of hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure is considered **medically necessary**. ~~when the medical necessity criteria for phalloplasty or vaginoplasty procedures above has been met.~~

Reconstructive

~~Gender affirming~~ For individuals undergoing gender reassignment surgery, Chest reconstruction surgery (ilateral augmentation, mastectomy, or reduction) is are is considered **reconstructivemedically necessary** when all of the following criteria have been met:

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Gender ~~Reassignment~~ Affirming Surgery

- A. The individual is at least 18 years of age (see *Further Considerations* section below for individuals under 18 years of age); **and**
- B. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- ~~A. The individual has been diagnosed with gender dysphoria (see Discussion section for diagnostic criteria); **and exhibits all of the following:**~~
 - ~~2. The desire to live and be accepted as a member of the opposite gender, usually accompanied by the wish to make their body as congruent as possible with the preferred gender through surgery and hormone treatment; **and**~~
 - ~~3. The transgender identity has been present persistently for at least two years; **and**~~
 - ~~4. The disorder is not a symptom of another mental disorder; **and**~~
 - ~~5.C. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; **and**~~
- D. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**
- ~~C.E. For gender affirming breast augmentation procedures only: for individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician, and insufficient breast development has occurred; **and**~~
- F. Existing chest appearance demonstrates significant variation from normal appearance for the experienced gender (note: each procedure requested should be considered separately as some procedures may be cosmetic and others may be reconstructive); **and**
- G. One letter, signed by the referring qualified mental health professional* who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission.; **and**
- ~~D. The individual is a female desiring gender transition.~~

Nipple reconstruction, including tattooing, following a gender affirming mastectomy that meets the reconstructive criteria above is considered reconstructive.

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~~*At least one of the professionals submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field (for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating co-morbid psychiatric conditions. One letter is sufficient if signed by two providers, one of whom has met the specifications set forth above.~~

~~**The medical documentation should include the start date of living full time in the new gender. Verification via communication with individuals who have related to the individual in an identity congruent gender role, or requesting documentation of a legal name change, may be reasonable in some cases.~~

Gender affirming facial surgery[†] is considered **reconstructive** when *all* of the following criteria have been met:

- A. The individual is at least 18 years of age; **and**
- B. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- C. The individual has been diagnosed with gender dysphoria (see Discussion section for diagnostic criteria); **and**
- D. For individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
- E. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**
- F. Existing facial appearance demonstrates significant variation from normal appearance for the experienced gender; **and**
- G. The procedure directly addresses variation from normal appearance for the experienced gender (note: each procedure requested should be considered separately as some procedures may be cosmetic and others may be reconstructive); **and**
- H. One letter, signed by the referring qualified mental health professional* who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission.

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Gender Reassignment/Affirming Surgery

[†]See Discussion section for a list of procedures included in this group of procedures

Gender affirming voice modification surgery is considered **reconstructive** when *all* of the following criteria have been met:

- A. The individual is at least 18 years of age; **and**
- B. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- C. The individual has been diagnosed with gender dysphoria (see Discussion section for diagnostic criteria); **and**
- D. *For gender masculinization only:* for individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
- E. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**
- F. Existing vocal presentation demonstrates significant variation from normal for the experienced gender; **and**
- G. One letter, signed by the referring qualified mental health professional* who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission.

~~NOTE: Procedures to address postoperative complications of gender reassignment surgery procedures (for example, stenosis, scarring, chronic infection, or pain) are not considered a separate gender reassignment surgery procedure.~~

~~NOTE: Reversal of a prior gender reassignment surgery procedure is considered gender reassignment surgery and the medical necessity criteria above apply.~~

Nipple reconstruction, including tattooing, following a mastectomy that meets the medically necessary criteria above is considered **medically necessary**.

The use of hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure is considered **medically necessary** when the medical necessity criteria for phalloplasty or vaginoplasty procedures above has been met.

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Not Medically Necessary:

The following ~~Gender affirming reassignment~~ surgical procedures ~~is~~ are considered **not medically necessary** when one or more of the medical necessary or reconstructive criteria above have not been met:

- A. Clitoroplasty
- B. Hysterectomy
- C. Labiaplasty
- D. Metoidioplasty
- E. Orchiectomy
- F. Ovariectomy
- G. Penectomy
- H. Phalloplasty
- I. Salpingo-Oophorectomy
- J. Scrotoplasty
- K. Urethroplasty
- L. Vaginectomy
- M. Vaginoplasty

Cosmetic and Not Medically Necessary:

The following procedures, when requested alone or in combination with other procedures, are considered **cosmetic and not medically necessary** when applicable reconstructive criteria above have not been met, or when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo gender affirming reassignment surgery, including, but not limited to, the following:

- A. Abdominoplasty
- B. Bilateral mastectomy
- ~~B-C.~~ C. Blepharoplasty
- ~~C-D.~~ D. Breast augmentation
- ~~D-E.~~ E. Brow lift
- ~~E-F.~~ F. Calf implants
- ~~F-G.~~ G. Face lift

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Gender Reassignment Affirming Surgery

- G.H. Facial bone reconstruction
- H.I. Facial implants
- I.J. Gluteal augmentation
- J.K. Hair removal (for example, electrolysis or laser) and hairplasty, when the criteria above have not been met
- K.L. Jaw reduction (jaw contouring)
- L.M. Lip reduction/enhancement
- M.N. Lipofilling/collagen injections
- N.O. Liposuction
- O.P. Nose implants
- P.Q. Pectoral implants
- Q.R. Rhinoplasty
- R.S. Thyroid cartilage reduction (chondroplasty)
- S.T. Voice modification surgery
- Voice therapy

Further Considerations:

A provider with experience treating adolescents with gender dysphoria may request further consideration of a gender affirming chest procedure bilateral mastectomy case in an individual under 18 years old when they meet all other gender affirming chest procedure bilateral mastectomy criteria above (including prior mental health evaluation) by contacting a Medical Director. (Further information is available in the Discussion/General Information section of this document titled ‘Gender Reassignment Affirming Surgery in Individuals Under the Age of 18’).

Note: Please refer to the following documents ANC.00007, ANC.00008 and ANC.00009 for more information regarding the use of these and other procedures for individuals with gender dysphoria that are not planning gender reassignment surgery.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider

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Gender Reassignment/Affirming Surgery

reimbursement policy. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

When services may be Medically Necessary when criteria are met:

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| 11920-11922 | <i>Combinations of individual procedures billed separately, including but not limited to: Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less [when specified for nipple/areola reconstruction after breast surgery; includes codes 11920, 11921, 11922]</i> |
| 17380 | Electrolysis epilation, each 30 minutes <u>[when done to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure]</u> |
| 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue [when specified as permanent hair removal by laser <u>to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure]</u> |
| 19303 | Mastectomy, simple, complete |
| 19318 | Breast reduction |
| 19350 | Nipple/areola reconstruction |
| 53410 | <u>Urethroplasty, 1-stage reconstruction of male anterior urethra</u> |
| 53420 | <u>Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage</u> |
| 53425 | <u>Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage</u> |
| 53430 | <u>Urethroplasty, reconstruction of female urethra</u> |
| 54125 | Amputation of penis; complete |
| 54400 | Insertion of penile prosthesis; non-inflatable (semi-rigid) |
| 54401 | Insertion of penile prosthesis; inflatable (self-contained) |
| 54405 | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir |
| 54520 | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach |

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Gender Reassignment/Affirming Surgery

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| 54660 | Insertion of testicular prosthesis |
| 54690 | Laparoscopy, surgical; orchiectomy |
| 55180 | Scrotoplasty; complicated |
| 55899 | Unlisted procedure, male genital system [when specified as metoidioplasty or phalloplasty with penile prosthesis] |
| 56625 | Vulvectomy, simple; complete |
| 56800 | Plastic repair of introitus |
| 56805 | Clitoroplasty for intersex state |
| 57110 | Vaginectomy, complete removal of vaginal wall; |
| 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 |
| 57426 | Revision (including removal) of prosthetic vaginal graft, laparoscopic approach |
| 58150 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); |
| 58552 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) |
| 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) |
| HCPCS | |
| C1813 | Prosthesis, penile, inflatable |
| C2622 | Prosthesis, penile, non-inflatable |
| L8699 | Prosthetic implant, not otherwise specified [when specified as <u>testicular or penile</u> prosthesis] |

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ICD-10 Procedure

| | |
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| 0HBV0ZZ-0HBV8ZZ | Excision of breast, bilateral [by approach; includes codes 0HBV0ZZ, 0HBV3ZZ, 0HBV7ZZ, 0HBV8ZZ] |
| 0HDSXZZ | Extraction of hair, external approach [<u>when done to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure</u>] |
| 0HRW07Z-0HRXXKZ | Replacement of nipple [by approach; includes codes 0HRW07Z, 0HRW0JZ, 0HRW0KZ, 0HRW3JZ, 0HRW3KZ, 0HRW37Z, 0HRWX7Z, 0HRWXJZ, 0HRWXKZ, 0HRX07Z, 0HRX0JZ, 0HRX0KZ, 0HRX3JZ, 0HRX3KZ, 0HRX37Z, 0HRXX7Z, 0HRXXJZ, 0HRXXKZ] |
| 0UQG0ZZ | Repair vagina, open approach |
| 0UQJ0ZZ-0UQJXZZ | Repair clitoris [by approach; includes codes 0UQJ0ZZ, 0UQJXZZ] |
| 0UT20ZZ-0UT2FZZ | Resection of bilateral ovaries [by approach; includes codes 0UT20ZZ, 0UT24ZZ, 0UT27ZZ, 0UT28ZZ, 0UT2FZZ] |
| 0UT70ZZ-0UT7FZZ | Resection of bilateral fallopian tubes [by approach; includes codes 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ] |
| 0UT90ZZ-0UT9FZZ | Resection of uterus [by approach; includes codes 0UT90ZZ, 0UT94ZZ, 0UT97ZZ, 0UT98ZZ, 0UT9FZZ] |
| 0UTC0ZZ-0UTC8ZZ | Resection of cervix [by approach; includes codes 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ] |
| 0UTG0ZZ-0UTG8ZZ | Resection of vagina [by approach; includes codes 0UTG0ZZ, 0UTG4ZZ, 0UTG7ZZ, 0UTG8ZZ] |
| 0UTJ0ZZ-0UTJXZZ | Resection of clitoris [by approach; includes codes 0UTJ0ZZ, 0UTJXZZ] |
| 0UTM0ZZ-0UTMXZZ | Resection of vulva [by approach; includes codes 0UTM0ZZ, 0UTMXZZ] |
| 0VRC0JZ | Replacement of bilateral testes with synthetic substitute, open approach |
| 0VTC0ZZ-0VTC4ZZ | Resection of bilateral testes [by approach; includes codes 0VTC0ZZ, 0VTC4ZZ] |
| 0VTS0ZZ-0VTSXZZ | Resection of penis [by approach; includes codes 0VTS0ZZ, 0VTS4ZZ, 0VTSXZZ] |
| 0VUS07Z-0VUSX7Z | Supplement penis with autologous tissue substitute [by approach, includes codes 0VUS07Z, 0VUS47Z, 0VUSX7Z] |
| 0VUS0JZ-0VUSXJZ | Supplement penis with synthetic substitute [by approach; includes codes 0VUS0JZ, 0VUS4JZ, 0VUSXJZ] |

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Gender ~~Reassignment~~ Affirming Surgery

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| 0VUS0KZ-0VUSXKZ | Supplement penis with nonautologous tissue substitute [by approach; includes codes 0VUS0KZ, 0VUS4KZ, 0VUSXKZ] |
| 0W4M070 | Creation of vagina in male perineum with autologous tissue substitute, open approach |
| 0W4M0J0 | Creation of vagina in male perineum with synthetic substitute, open approach |
| 0W4M0K0 | Creation of vagina in male perineum with nonautologous tissue substitute, open approach |
| 0W4N071 | Creation of penis in female perineum with autologous tissue substitute, open approach |
| 0W4N0J1 | Creation of penis in female perineum with synthetic substitute, open approach |
| 0W4N0K1 | Creation of penis in female perineum with nonautologous tissue substitute, open approach |

ICD-10 Diagnosis

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|-------------|--------------------------------------|
| F64.0-F64.9 | Gender identity disorders |
| Z87.890 | Personal history of sex reassignment |

When services are Not Medically Necessary:

For the procedure and diagnosis codes listed above when criteria are not met.

When services may be Reconstructive when criteria are met:

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| <u>11920-11922</u> | <u>Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less [when specified for nipple/areola reconstruction after breast surgery; includes codes 11920, 11921, 11922]</u> |
| <u>11950-11954</u> | <u>Subcutaneous injection of filling material (eg, collagen) [includes codes 11950, 11951, 11952, 11954]</u> |
| <u>15769</u> | <u>Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)</u> |
| <u>15771-15772</u> | <u>Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs</u> |

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Gender ~~Reassignment~~ Affirming Surgery

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| <u>15773-15774</u> | <u>Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet</u> |
| <u>15876</u> | <u>Suction assisted lipectomy, head and neck</u> |
| <u>15877</u> | <u>Suction assisted lipectomy, trunk [when specified as breast liposuction for breast reduction]</u> |
| <u>17999</u> | <u>Unlisted procedure, skin, mucous membrane and subcutaneous tissue [when specified as injection of a dermal soft tissue filler]</u> |
| <u>19303</u> | <u>Mastectomy, simple, complete</u> |
| <u>19318</u> | <u>Breast reduction</u> |
| <u>19325</u> | <u>Breast augmentation with implant</u> |
| <u>19350</u> | <u>Nipple/areola reconstruction</u> |
| <u>21120-21123</u> | <u>Genioplasty [includes codes 21120, 21121, 21122, 21123]</u> |
| <u>21125</u> | <u>Augmentation, mandibular body or angle; prosthetic material</u> |
| <u>21127</u> | <u>Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)</u> |
| <u>21137-21139</u> | <u>Reduction forehead [includes codes 21137, 21138, 21139]</u> |
| <u>21172</u> | <u>Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)</u> |
| <u>21188</u> | <u>Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)</u> |
| <u>21193-21194</u> | <u>Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy [with or without bone graft]</u> |
| <u>21195-21196</u> | <u>Reconstruction of mandibular rami and/or body, sagittal split [with or without internal rigid fixation]</u> |
| <u>21198</u> | <u>Osteotomy, mandible, segmental</u> |
| <u>21208</u> | <u>Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)</u> |
| <u>21209</u> | <u>Osteoplasty, facial bones; reduction</u> |
| <u>21210</u> | <u>Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)</u> |
| <u>21215</u> | <u>Graft, bone; mandible (includes obtaining graft)</u> |
| <u>21230</u> | <u>Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)</u> |
| <u>21235</u> | <u>Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)</u> |
| <u>21270</u> | <u>Malar augmentation, prosthetic material</u> |

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Gender ~~Reassignment~~ Affirming Surgery

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| <u>30400-30420</u> | <u>Rhinoplasty, primary [includes codes 30400, 30410, 30420]</u> |
| <u>30430-30450</u> | <u>Rhinoplasty, secondary [includes codes 30430, 30435, 30450]</u> |
| <u>31599</u> | <u>Unlisted procedure, larynx [when specified as thyroid cartilage chondroplasty, tracheal shave, or voice modification surgery such as anterior glottal web formation, cricothyroid approximation, vocal cord shortening]</u> |
| | |
| <u>HCPCS</u> | |
| <u>L8600</u> | <u>Implantable breast prosthesis, silicone or equal</u> |
| <u>Q2026</u> | <u>Injection, Radiesse, 0.1 ml</u> |
| <u>Q2028</u> | <u>Injection, sculptra, 0.5 mg</u> |
| | |
| <u>ICD-10 Procedure</u> | |
| <u>0H0V07Z-0H0V0KZ</u> | <u>Alteration of bilateral breast, open approach; [with autologous tissue substitute, synthetic substitute, or nonautologous tissue substitute; includes codes 0H0V07Z, 0H0V0JZ, 0H0V0KZ]</u> |
| <u>0HBV0ZZ-0HBV8ZZ</u> | <u>Excision of breast, bilateral [by approach; includes codes 0HBV0ZZ, 0HBV3ZZ, 0HBV7ZZ, 0HBV8ZZ]</u> |
| <u>0HRW07Z-0HRXXKZ</u> | <u>Replacement of nipple [by approach; includes codes 0HRW07Z, 0HRW0JZ, 0HRW0KZ, 0HRW3JZ, 0HRW3KZ, 0HRW37Z, 0HRWX7Z, 0HRWXJZ, 0HRWXKZ, 0HRX07Z, 0HRX0JZ, 0HRX0KZ, 0HRX3JZ, 0HRX3KZ, 0HRX37Z, 0HRXX7Z, 0HRXXJZ, 0HRXXKZ]</u> |
| <u>0NB10ZZ</u> | <u>Excision of frontal bone, open approach</u> |
| <u>0NBB0ZZ</u> | <u>Excision of nasal bone, open approach</u> |
| <u>0NBM0ZZ</u> | <u>Excision of right zygomatic bone, open approach</u> |
| <u>0NBN0ZZ</u> | <u>Excision of left zygomatic bone, open approach</u> |
| <u>0NBR0ZZ</u> | <u>Excision of maxilla, open approach</u> |
| <u>0NBT0ZZ</u> | <u>Excision of right mandible, open approach</u> |
| <u>0NBV0ZZ</u> | <u>Excision of left mandible, open approach</u> |
| <u>0NU107Z-0NU10KZ</u> | <u>Supplement frontal bone, open approach; [with autologous tissue substitute, synthetic substitute, or nonautologous tissue substitute; includes codes 0NU107Z, 0NU10JZ, 0NU10KZ]</u> |

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Gender ~~Reassignment~~ Affirming Surgery

| | |
|------------------------|--|
| <u>0NUB07Z-0NUB0KZ</u> | <u>Supplement nasal bone, open approach; [with autologous tissue substitute, synthetic substitute, or nonautologous tissue substitute; includes codes 0NUB07Z, 0NUB0JZ, 0NUB0KZ]</u> |
| <u>0NUM07Z-0NUN0KZ</u> | <u>Supplement zygomatic bone, open approach; [right or left, with autologous tissue substitute, synthetic substitute, or nonautologous tissue substitute; includes codes 0NUM07Z, 0NUM0JZ, 0NUM0KZ, 0NUN07Z, 0NUN0JZ, 0NUN0KZ]</u> |
| <u>0NUR07Z-0NUR0KZ</u> | <u>Supplement maxilla, open approach; [with autologous tissue substitute, synthetic substitute, or nonautologous tissue substitute; includes codes 0NUR07Z, 0NUR0JZ, 0NUR0KZ]</u> |
| <u>0NUT07Z-0NUV0KZ</u> | <u>Supplement mandible, open approach; [right or left, with autologous tissue substitute, synthetic substitute, or nonautologous tissue substitute; includes codes 0NUT07Z, 0NUT0JZ, 0NUT0KZ, 0NUV07Z, 0NUV0JZ, 0NUV0KZ]</u> |
| <u>0W0407Z-0W040KZ</u> | <u>Alteration of upper jaw, open approach [with autologous tissue substitute, synthetic substitute, or nonautologous tissue substitute; includes codes 0W0407Z, 0W040JZ, 0W040KZ]</u> |
| <u>0W040ZZ</u> | <u>Alteration of upper jaw, open approach</u> |
| <u>0W0507Z-0W050KZ</u> | <u>Alteration of lower jaw, open approach [with autologous tissue substitute, synthetic substitute, or nonautologous tissue substitute; includes codes 0W0507Z, 0W050JZ, 0W050KZ]</u> |
| <u>0W050ZZ</u> | <u>Alteration of lower jaw, open approach</u> |
| <u>0WU407Z-0WU40KZ</u> | <u>Supplement lower jaw, open approach [with autologous tissue substitute, synthetic substitute, or nonautologous tissue substitute; includes codes 0WU407Z, 0WU40JZ, 0WU40KZ]</u> |
| <u>0WU507Z-0WU50KZ</u> | <u>Supplement lower jaw, open approach [with autologous tissue substitute, synthetic substitute, or nonautologous tissue substitute; includes codes 0WU507Z, 0WU50JZ, 0WU50KZ]</u> |

ICD-10 Diagnosis

| | |
|--------------------|---|
| <u>F64.0-F64.9</u> | <u>Gender identity disorders</u> |
| <u>Z87.890</u> | <u>Personal history of sex reassignment</u> |

When services are Cosmetic and Not Medically Necessary:

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Gender ~~Reassignment~~ Affirming Surgery

For the procedure and diagnosis codes listed above when reconstructive criteria are not met or when the code describes a procedure designated in the Clinical Indications section as cosmetic and not medically necessary.

~~When services are Cosmetic and Not Medically Necessary:~~

~~For the following procedure code, or when the code describes a procedure designated in the Clinical Indications section as cosmetic and not medically necessary.~~

~~CPT~~

~~19325~~

~~Including, but not limited to the following:~~

~~Breast augmentation with implant~~

~~ICD-10 Diagnosis~~

~~F64.0-F64.9~~

~~Gender identity disorders~~

~~Z87.890~~

~~Personal history of sex reassignment~~

Discussion/General Information

~~Gender dysphoria is a condition wherein an individual's psychological gender identity does not coincide with their anatomic gender. This may results in athe persistent feeling of gender incongruence, characterized by strong desire to hide or change one's physical gender appearance or anatomybeing "trapped in the wrong body" or gender incongruence. This diagnosis should not be confused with cross-dressing, refusal to accept homosexual orientation, psychotic delusions, or personality disorders.~~

The American Psychiatric Association's published an update to its Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5) provides criteria for the diagnosis of gender dysphoria. The DSM-5 criteria are widely recognized as the community standard by which individuals suspected of gender dysphoria are evaluated and diagnoses are confirmed. This update included a significant change to the nomenclature of conditions related to gender psychology. Specifically, the term "Gender Identity Disorder (GID)" was replaced with "Gender Dysphoria." Additionally, the DSM-5 provided updated diagnostic criteria for gender dysphoria for both children and adults. The new DSM-5 criteria for gender dysphoria are as follows:

Gender dysphoria in Children*

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Gender ~~Reassignment~~ Affirming Surgery

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of 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 of 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 cross dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to wearing of typical feminine clothing.
 3. A strong preference for cross-gender roles in make-believe play ~~of~~ fantasy play.
 4. A strong preference for 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 clinically 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 2.55.2 [E25.0] congenital adrenal hyperplasia or 259.0 [E34.50] androgen insensitivity syndrome)
- Coding note:** Code the disorder of sex development as well as gender dysphoria.

Gender dysphoria in Adolescents and Adults*

- 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's experienced/expressed gender and primary and/or secondary sex characteristics (on 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 (~~on~~ in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).

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Gender ~~Reassignment~~ Affirming Surgery

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 2.55.2 [E25.0] congenital adrenal hyperplasia or 259.0 [E34.50] androgen insensitivity syndrome)

Coding note: Code the disorder of sex development as well as gender dysphoria.

Specify if:

Post transition: 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 treatment or gender reassignment surgery confirming the desired gender (e.g., appendectomy, vaginoplasty in the natal male; mastectomy or phalloplasty in the natal female).

*From: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. DSM-5. American Psychiatric Association. Washington, DC. May 2013. Page 451-459.

~~Surgical treatment for gender dysphoria differs depending upon the natal gender of the individual. For male-to-female (MtF) individuals, also known as "transwomen," surgery involves removal of the testicles and penis and the creation of neovagina, clitoris, and labia. For female-to-male (FtM) individuals, known as "transmen," surgery involves removal of the uterus, ovaries, and vagina, and creation of a neophallus, and scrotum with scrotal prostheses. At this time, the creation of a neophallus for transmen is a multistage reconstructive procedure.~~ [WJM1]

~~A document recognized as playing an important role in the treatment of individuals with gender dysphoria is (The World Professional Association for Transgender Health's (WPATH) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version (2012) provides .Th criteria~~

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Gender ~~Reassignment~~ Affirming Surgery

~~provided for various treatments and procedures are recommendations considered within the of an individual's medical social circumstances for care of individuals with gender dysphoria. The SOC specifically states,~~

The SOC are intended to be flexible in order to meet the diverse health care needs of transsexual, transgender, and gender-nonconforming people. While flexible, they offer standards for promoting optimal health care and guiding the treatment of people experiencing gender dysphoria.

and

Clinical departures from the SOC may come about because of a patient's unique anatomic, social, or psychological situation; an experienced health professional's evolving method of handling a common situation; a research protocol; lack of resources in various parts of the world; or the need for specific harm-reduction strategies.

Any variations from recommendations by WPATH within this guideline may reflect where SOC standards are, for example, not based on published medical evidence.

Procedures for the chest, also known as "top surgery", and those for the groin and reproductive organs, also known as "bottom surgery", do not need to be done in conjunction. Additionally, individuals undergoing top surgery do not need to subsequently undergo bottom surgery, or vice versa. The selection of appropriate procedures should be based on the needs of the individual in relation to the treatment of their diagnosis of gender dysphoria. The WPATH SOC addresses this issue, "The SOC do not specify an order in which different surgeries should occur. The number and sequence of surgical procedures may vary from patient to patient, according to their clinical needs."

Gender Affirming Pelvic and Gonadal Procedures

Procedures addressing pelvic and gonadal anatomy in individuals with gender dysphoria are conducted to achieving the desired physical anatomy and function aligning with the individual's experienced gender. No alternatives for individuals with severe dysphoric symptoms related to these anatomical structures exist. In affected individuals, the presence of anatomy related to dysphoric symptoms may comprise a significant functional impairment, and procedures to address these issues may be medically necessary when criteria have been met. Numerous studies have demonstrated that g-Gender affirming pelvic and gonadal procedures have been shown in many studies to provide significant functional improvement in multiple areas (Becker, 2018; Butler, 2019; Cardoso da Silva, 2016; Castellano, 2015; De Cuyper, 2005; de Vries, 2014; Djordjevic, 2009; Guss, 2015; Hage, 2006; Jellestad, 2018;

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Gender Reassignment/Affirming Surgery

Lawrence, 2006; Miller, 2019; Murad, 2010; Olson-Kennedy, 2018; Owen-Smith, 2018; Papadopoulos, 2015; Simbar, 2018; Terrier, 2014; Tucker, 2018; van de Grift, 2017; Weigert, 2013; Wernick, 2019; Wierckx, 2011). These improvements include gender dysphoria-related symptoms such as psychological distress, depression, anxiety, and acceptance of the individual's body. Additionally, the available literature also demonstrates significant benefits related to quality of life and overall well-being. Gender affirming pelvic and gonadal procedures significantly improve symptomology and quality of life in the post-operative period.

The medical necessity criteria above for pelvic and gonadal procedures are based on several sources including upon the WPATH SOC, in conjunction with evidence from published peer-reviewed studies and expert opinion. Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version, published by the World Professional Association for Transgender Health (WPATH) (2013). This document is widely accepted as the definitive document in the area of gender dysphoria treatment, and it has been cited in numerous articles by other respected authors and organizations. The WPATH criteria have been adopted in several countries as the standard of care for the treatment of gender dysphoria, including hormone therapy and gender reassignment surgery.

Several criteria noted by the WPATH for irreversible surgical procedures are widely accepted by the practicing community. In addition to having an established gender dysphoria diagnosis, individuals seeking gender affirmation surgery must be of the age of legal majority in the country in which they are seeking care (in the United States: 18 years of age). Individuals seeking irreversible surgical procedures should have the capacity to make fully informed decisions, and any significant medical or mental health issues should be reasonably well controlled. Gender affirming surgical procedures present significant medical and psychological risks, and the results are difficult to reverse (Djordjevic, 2016).

The criteria in the SOC are supported by evidence-based peer-reviewed journal publications. Several A variety of published peer-reviewed 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 individuals undergoing gender reassignment affirming 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 individuals with gender dysphoria who wish to undergo gender affirming reassignment surgery. Similar findings were reported earlier by

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Gender ~~Reassignment~~ Affirming Surgery

Schlatterer ~~(et al. in 1996)~~. One study of 188 subjects undergoing gender ~~affirming reassignment~~ surgery found that dissatisfaction with surgery was highly associated with sexual preference, psychological co-morbidity, and poor pre-operative body image and satisfaction (Smith, 2005).

~~While this document does not address the medical necessity of h~~Gender reassignment surgery presents significant medical and psychological risks, and the results are difficult to reverse (Djordjevic, 2016). Some procedures are irreversible, such as removal of gonad tissue. A step-wise 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, when indicated, ~~it should be~~ is administered under ~~ongoing~~ medical supervision and ~~is important in beginning~~ the gender transition process by altering body hair, breast size or development, skin appearance and texture, body fat distribution, ~~and~~ the size and function of sex organs, and other characteristics, including voice deepening. Hormone therapy is consistent with the development of secondary sexual characteristics vital to gender transition, and should be administered unless contraindicated. The WPATH guidelines support this using hormonal therapy recommendation for prior to both pelvic and gonadal procedures.

For individuals undergoing gender affirming genital procedures, ~~Additionally,~~ real-life experience living as the desired gender is important to validate the individual's desire and ability to incorporate into their desired gender role within 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 the new gender role. With regard to real-life experience, the ~~2013-WPATH document specifically~~ states:

The criterion noted above for some types of genital surgeries – i.e., that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity – is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery. As noted in section VII, the social aspects of changing one's gender role are usually challenging – often more so than the physical aspects. Changing gender role can have profound personal and social consequences,

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and the decision to do so should include an awareness of what the familial, interpersonal, educational, vocational, economic, and legal challenges are likely to be, so that people can function successfully in their gender role. Support from a qualified mental health professional and from peers can be invaluable in ensuring a successful gender role adaptation (Bockting, 2008).

The duration of 12 months allows for a range of different life experiences and events that may occur throughout the year (e.g., family events, holidays, vacations, season-specific work or school experiences). During this time, patients should present consistently, on a day-to-day basis and across all settings of life, in their desired gender role. This includes coming out to partners, family, friends, and community members (e.g., at school, work, other settings).

Health professionals should clearly document a patient's experience in the gender role in the medical chart, including the start date of living full time for those who are preparing for genital surgery. In some situations, if needed, health professionals may request verification that this criterion has been fulfilled: They may communicate with individuals who have related to the patient in an identity-congruent gender role, or request documentation of a legal name and/or gender marker change, if applicable.

Additionally, although not addressed in the current version of the WPATH SOC, expert opinion supports continued, regular participation in psychotherapy for individuals undergoing the process of living in a gender role that is congruent with their gender identity.

The widely accepted convention is that two referral letters are warranted for individuals requesting genital surgical procedures. Please see the "Referral Letters" section below for further information on this issue. When the medically necessary criteria above for these procedures is not met, they are considered not medically necessary on the basis of lack of demonstrated efficacy with regard to having a positive net health outcome or significant functional impairment.

Issues Related to Gender Affirming Chest Procedures Surgery:

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Gender ~~Reassignment~~ Affirming Surgery

~~Treatment of gender dysphoria with gender affirming chest surgery is an established treatment option. Gender affirming chest surgery in individuals with gender dysphoria is considered reconstructive, in that the procedure is because it is intended to address as a the significant variation from normal appearance for the experienced gender.~~

~~The evidence addressing gender affirming chest surgery for the treatment of gender dysphoria is supportive, supports a consistent association between surgery and demonstrates benefits with regard to satisfaction with breast satisfaction appearance, psychological and sexual well-being, and body image and attractiveness and most importantly, gender dysphoria symptoms; however, evidence supporting improvements in functional outcomes (for example, quality of life, gender dysphoria symptoms, or sequelae of severe illness, including crisis visits, suicide attempts, etc.) is less clear (Becker, 2018; Miller, 2019; Olson-Kennedy, 2018; Weigert, 2013). However, such procedures may be irreversible, and should be approached with the caution. As such, Criteria for chest surgery are generally consistent with genital/gonadal surgery including requirements related to many of the same criteria apply for the same reasons. This includes age, capacity to consent, diagnosis of gender dysphoria, and reasonably well controlled concomitant physical and mental health conditions.~~

~~For individuals born with male anatomy and considering gender affirming breast surgery, ample evidence suggest that pre-operative hormone therapy results in the development of at least some breast tissue in most cases. Breast development generally occurs, with the majority of growth occurring within the first 12 months (although development may continue through 2-3 years of therapy) (De Blok, 2020a). Published studies have reported that final breast size varies significantly, anywhere from no growth to a C-cup, although the average individual achieves an A-cup in size. While WPATH does not specifically have hormone therapy as an explicit criteria prior to breast augmentation procedures, they notes “Although not an explicit criterion, it is recommended that MtF patients undergo feminizing hormone therapy (minimum 12 months) prior to gender affirming breast augmentation surgery. The purpose is to maximize breast growth in order to obtain better surgical (aesthetic) results.” To establish a reconstructive intent, it is important that an individual has undergone a minimum of 12 months of continuous hormonal therapy (when recommended by a mental health professional), and insufficient breast development has occurred.~~

~~It is widely accepted that a single referral letter is sufficient for individuals requesting gender affirming chest surgery. Please see the “Referral Letters” section below for further information on this issue.~~

~~For FtM individuals, chest surgery involves subcutaneous mastectomy. The main goals of surgery are removal of breast tissue and excess skin, reduction and proper positioning of the nipple and areola, and ideally, minimization~~

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Gender Reassignment Affirming Surgery

of chest wall scars. In some cases, chest surgery may be performed via reduction mammoplasty, when the intention is to preserve the vascular integrity of the nipple-areolar complex. Regardless of the technique used, the procedures are considered equivalent when the intended volume of breast tissue removed is comparable, and the goal of chest surgery is to create a normal male thorax.

When the reconstructive criteria above for these procedures is not met, they are considered cosmetic and not medically necessary on the basis of lack of demonstrated efficacy with regard to having an impact significant variation from normal.

Gender Reassignment Affirming Chest Surgery in Individuals Under the Age of 18

Further consideration of a gender affirming chest procedure in select individuals under 18 years of age may be appropriate; there may exist extenuating circumstances, such as the level of maturity of the individual, duration of dysphoric symptoms, medical and mental health, and other factors, that should be considered in consultation with a provider with experience treating adolescents with gender dysphoria. The use of chest surgery, specifically mastectomy, for individuals under the age of 18 is an area of increasing interest, and involves a complex array of issues. The WPATH SOC provides the following guidance on The use of chest surgery, specifically mastectomy, for individuals under the age of 18 is an area of increasing interest, and involves a complex array of issues. this issue:

Genital surgery should not be carried out until (i) patients reach the legal age of majority to give consent for medical procedures in a given country, and (ii) patients have lived continuously for at least 12 months in the gender role that is congruent with their gender identity. The age threshold should be seen as a minimum criterion and not an indication in and of itself for active intervention.

Chest surgery in FtM patients could be carried out earlier, preferably after ample time of living in the desired gender role and after one year of testosterone treatment. The intent of this suggested sequence is to give adolescents sufficient opportunity to experience and socially adjust in a more masculine gender role, before undergoing irreversible surgery. However, different approaches may be more suitable, depending on an adolescent's specific clinical situation and goals for gender identity expression.

Gender Affirming Facial Surgery

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Gender Reassignment/Affirming Surgery

In some cases, an individual's facial features may be outside of what is perceived as normal for their experienced gender. Gender affirming facial surgery in individuals with gender dysphoria is considered reconstructive, in that the procedure is intended to address as a significant variation from normal appearance for the experienced gender.

The published data regarding gender affirming facial surgery generally support associations between surgery and re is a growing body of evidence that such treatment has a significant benefit in terms of may improve quality of life, mental health, and the likelihood of being properly identified by the experienced gender by observers; however, evidence supporting improvements in functional outcomes (for example, quality of life, gender dysphoria symptoms, or sequelae of severe illness, including crisis visits, suicide attempts, etc.) is less clear (Ainsworth, 2010; Cohen, 2018; Fisher, 2020; Morrison, 2020). There is some data to demonstrate that the long-term use of hormone therapy does quantifiably feminize or masculinize facial features, thus extended use of hormone therapy prior to facial feminization may be warranted in some circumstances (Tebbens, 2019).

The WPATH does not recommend specific criteria for the use of facial feminization procedures. Instead, they note the following:

Unfortunately, in the field of plastic and reconstructive surgery (both in general and specifically for gender-related surgeries), there is no clear distinction between what is purely reconstructive and what is purely cosmetic. Most plastic surgery procedures actually are a mixture of both reconstructive and cosmetic components.

While most professionals agree that genital surgery and mastectomy cannot be considered purely cosmetic, opinions diverge as to what degree other surgical procedures (e.g., breast augmentation, facial feminization surgery) can be considered purely reconstructive. Although it may be much easier to see a phalloplasty or a vaginoplasty as an intervention to end lifelong suffering, for certain patients an intervention like a reduction rhinoplasty can have a radical and permanent effect on their quality of life, and therefore is much more medically necessary than for somebody without gender dysphoria.

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Gender ~~Reassignment~~ Affirming Surgery

Individuals with gender dysphoria who undergo gender affirming procedures may seek additional procedures to further alter their facial appearance when existing facial appearance demonstrates significant variation from normal appearance for the experienced gender. Such procedures may include the following:

- Facial bone reconstruction
- Facial implants
- Jaw reduction (jaw contouring)
- Lip reduction/enhancement
- Lipofilling/collagen injections
- Liposuction
- Nose implants
- Rhinoplasty
- Thyroid cartilage reduction (chondroplasty)

Gender Affirming Voice Modification Surgery

Gender affirming voice modification surgery is considered reconstructive for individuals when existing vocal presentation demonstrates significant variation from normal for the experienced gender. WPATH notes:

Some transsexual, transgender, and gender-nonconforming people will undergo voice feminization surgery. (Voice deepening can be achieved through masculinizing hormone therapy, but feminizing hormones do not have an impact on the adult MtF (sic: male-to-female) voice.) There are varying degrees of satisfaction, safety, and long-term improvement in patients who have had such surgery. It is recommended that individuals undergoing voice feminization surgery also consult a voice and communication specialist to maximize the surgical outcome, help protect vocal health, and learn nonpitch related aspects of communication. Voice surgery procedures should include follow-up sessions with a voice and communication specialist who is licensed and/or credentialed by the board responsible for speech therapists/speech-language pathologists in that country.

WPATH notes that voice surgery to obtain a deeper voice in individuals desiring body masculinization is rare but may be recommended in some cases, such as when hormone therapy has been ineffective.

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Gender ~~Reassignment~~ Affirming Surgery

Published data evaluating gender affirming voice modification surgery is limited to postoperative satisfaction and vocal outcomes; functional outcomes (for example, quality of life, gender dysphoria symptoms, or sequelae of severe illness, including crisis visits, suicide attempts, etc.) have not been specifically assessed (Kim, 2020[CGB2]).

Referral Letters

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 affirming surgery should be considered only after such trials have been undertaken, evaluated and confirmed. An independent assessment of an individual by a qualified mental health professional is considered standard of care before an individual undergoes a gender affirming surgical procedure.

The SOC states the following regarding ~~r~~Regarding the necessity and content of referral letters in support of gender affirming surgery required with requests for genital and chest surgical procedures, the SOC states the following:

The recommended content of the referral letters for surgery is as follows:

1. The client's general identifying characteristics;
2. Results of the client's psychosocial assessment, including any diagnoses;
3. The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date;
4. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery;
5. A statement about the fact that informed consent has been obtained from the patient;
6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

While the SOC also states:

For providers working within a multidisciplinary specialty team, a letter may not be necessary, rather, the assessment and recommendation can be documented in the patient's chart.

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Gender ~~Reassignment~~ Affirming Surgery

Additionally, the SOC provides the following recommendations regarding the credentials for mental health professionals who work with adults presenting with gender dysphoria:

1. A master's degree or its equivalent in a clinical behavioral science field. This degree, or a more advanced one, should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent for that country.
2. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Diseases for diagnostic purposes.
3. Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria.
4. Documented supervised training and competence in psychotherapy or counseling.
5. Knowledgeable about gender-nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.
6. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

This statement from the SOC does not govern CG-SURG-27. A letter including all of the recommended items should be included in surgical requests.

Other Authoritative Recommendations Guidelines

In late 2017, the Endocrine Society released a clinical practice guideline for the endocrine treatment of gender-dysphoric/gender-incongruent persons (Hembree, 2017). This publication was co-sponsored by the American Association of Clinical Endocrinologists, the American Society of Andrology, the European Society for Pediatric Endocrinology, the European Society of Endocrinology, the Pediatric Endocrine Society, and WPATH. Among other recommendations this document includes the following:

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Gender ~~Reassignment~~ Affirming Surgery

- 2.1. We suggest that adolescents who meet diagnostic criteria for GD/gender incongruence, fulfill criteria for treatment, and are requesting treatment should initially undergo treatment to suppress pubertal development. (2 | ⊕ ⊕ ○ ○)
- 2.2. We suggest that clinicians begin pubertal hormone suppression after girls and boys first exhibit physical changes of puberty. (2 | ⊕ ⊕ ○ ○)
- 2.3. We recommend that, where indicated, GnRH analogues are used to suppress pubertal hormones. (1 | ⊕ ⊕ ○ ○)
- 2.4. In adolescents who request sex hormone treatment (given this is a partly irreversible treatment), we recommend initiating treatment using a gradually increasing dose schedule after a multidisciplinary team of medical and MHPs has confirmed the persistence of GD/gender incongruence and sufficient mental capacity to give informed consent, which most adolescents have by age 16 years. (1 | ⊕ ⊕ ○ ○)
- 2.5. We recognize that there may be compelling reasons to initiate sex hormone treatment prior to the age of 16 years in some adolescents with GD/gender incongruence, even though there are minimal published studies of gender-affirming hormone treatments administered before age 13.5 to 14 years. As with the care of adolescents ≥16 years of age, we recommend that an expert multidisciplinary team of medical and MHPs manage this treatment. (1 | ⊕ ○ ○ ○)
- 5.1. We recommend that a patient pursue genital gender-affirming surgery only after the MHP and the clinician responsible for endocrine transition therapy both agree that surgery is medically necessary and would benefit the patient's overall health and/or well-being. (1 | ⊕ ⊕ ○ ○)
- 5.2. We advise that clinicians approve genital gender affirming surgery only after completion of at least 1 year of consistent and compliant hormone treatment, unless hormone therapy is not desired or medically contraindicated. (Ungraded Good Practice Statement)
- 5.3. We advise that the clinician responsible for endocrine treatment and the primary care provider ensure appropriate medical clearance of transgender individuals for genital gender-affirming surgery and collaborate with the surgeon regarding hormone use during and after surgery. (Ungraded Good Practice Statement)
- 5.4. We recommend that clinicians refer hormone treated transgender individuals for genital surgery when: (1) the individual has had a satisfactory social role change, (2) the individual is satisfied about the hormonal effects, and (3) the individual desires definitive surgical changes. (1 | ⊕ ⊕ ○ ○ ○)

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Gender ~~Reassignment~~ Affirming Surgery

5.5. We suggest that clinicians delay gender-affirming genital surgery involving gonadectomy and/or hysterectomy until the patient is at least 18 years old or legal age of majority in his or her country. (2 | ⊕ ⊕ ○ ○).

Note: “MHP” is the Endocrine Society’s abbreviation for “mental health professional”.

Hair removal Procedures

In many instances, the creation of a neovagina or a urethra for a neopenis requires an autologous skin graft from the forearm or thigh. Such skin may be excessively hairy, which will impair the function of the newly constructed organ if not permanently removed. Pre-operative permanent hair removal treatments to these areas may be warranted to prevent post-operative complications.

Procedures to Address Postoperative Complications of Gender ~~Affirming~~ Reassignment Surgery and Reversal Surgery

Procedures to address postoperative complications of a prior gender affirming reassignment surgery (for example, scarring, stenosis, infection, etc.) are not considered a separate gender affirming reassignment surgery procedure and are not addressed in this document.

Reversal of a prior gender affirming reassignment surgery procedure is rare and is considered gender affirming reassignment surgery. According to the literature on this issue, the predominant factor in requests for reversals are regret, which has been further associated with age greater than 30 at first surgery, personality disorders, early loss of both parents, social instability, preoperative sexual orientation for heterosexual male-to-female (MtF) individuals, degree of social support, secondary transsexualism, early decision to undergo surgery and dissatisfaction with surgical results (Blanchard, 1989; Landén, 1998; Lawrence, 2003; Lindemalm, 1986 and 1987; Olsson, 2006).

~~In 2003 Lawrence reported the results of a study involving subjects who underwent MtF gender reassignment surgery conducted by a single surgeon. A pool of 727 eligible subjects was sent an anonymized questionnaire, and 232 provided valid responses. Interestingly, 51 subjects (22%) reported that they did not meet one or more of the minimum eligibility requirements prior to surgery, including less than 12 months of hormone therapy, less than 12~~

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Gender Reassignment/Affirming Surgery

~~months living in their desired gender role, and less than 12 hours of preoperative psychotherapy. No subject reported consistent regret of their decision but 15 reported being occasionally regretful, citing disappointing physical or functional surgical results and/or difficult familial or social issues. The authors reported that postoperative satisfaction was significantly correlated with increased childhood self-assessed femininity, early age at which a transition was desired, incidence of surgical complications and functional status. Importantly, they cited compliance with accepted preoperative treatment regimes, especially real life experience and psychotherapy, as significant correlates to postoperative success. While this study is hampered by significant methodological issues, it is the most rigorous data available on this issue and provides significant information.~~

Djordjevic (2016) reported on the outcomes of surgical reversal surgery in MtF individuals wishing to transition back to male. While the main focus of this paper is related to surgical outcomes, the authors reported on characteristics of the participating subjects and contributing factors to the reversal decisions. The seven subjects had an absence of “real-life experience” prior to surgery, absence or inappropriate hormonal treatment, recommendations by inexperienced professionals, and insufficient hormonal therapy and medical follow-up. Furthermore, they failed to fulfill the complete diagnostic criteria for GID. The authors concluded that the main factor contributing to regret was absence of proper pretreatment assessment. In their reversal protocol, each subject was required to have recommendations from three well-known WPATH psychiatrists prior to reversal procedures.

The available evidence indicates the importance of thorough preoperative physical and psychological evaluation and treatment as being a critical factor in postoperative success. As noted above, these aspects of the treatment process are critical to sufficiently prepare an individual for the social, physical, and mental ramifications of the decision to undergo gender affirming reassignment surgery.

~~For both transmen and transwomen, additional surgeries have been proposed to improve the gender appropriate appearance of the individual. Procedures such as breast augmentation, liposuction, Adam’s apple reduction, rhinoplasty, facial reconstruction, and others have no medically necessary role in gender identification and are considered cosmetic in nature.~~

The clinical evidence addressing the satisfaction and quality of life following gender affirming reassignment surgery is limited, and the reported findings are mixed (Cardoso da Silva, 2016; Castellano, 2015). It is important that proper and thorough pre-operative work-up and preparation be conducted in individuals considering such life-

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Gender ~~Reassignment~~ Affirming Surgery

altering procedures. Additionally, long-term post-operative follow-up, including availability of mental health services, may also contribute to satisfaction with surgical results.

Other Procedures

Additional surgeries have been proposed to improve the gender appropriate appearance of the individual. Such procedures may be considered cosmetic and are not reconstructive when intended to change a physical appearance that would be considered within normal human anatomic variation or are primarily intended to preserve or improve appearance irrespective of gender-defining features.

Such procedures may include the following when one or more of the medical necessary or reconstructive criteria above have not been met:

- A. Abdominoplasty
- B. Bilateral mastectomy
- C. Blepharoplasty
- D. Breast augmentation
- E. Brow lift
- F. Face lift
- G. Facial bone reconstruction
- H. Facial implants
- I. Gluteal implants
- J. Hair removal (for example, electrolysis or laser) and hairplasty, when the criteria above have not been met
- K. Jaw reduction (jaw contouring)
- L. Lip reduction/enhancement
- M. Lipofilling/collagen injections
- N. Liposuction
- O. Nose implants
- P. Pectoral implants
- Q. Rhinoplasty
- R. Thyroid cartilage reduction (chondroplasty)
- S. Voice modification surgery

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Gender Reassignment/Affirming Surgery

WPATH notes that other surgeries for assisting in body feminization or masculinization may include suction-assisted lipoplasty (contour modeling) of the waist, face-lift, blepharoplasty (rejuvenation of the eyelid), gluteal augmentation (implants/lipofilling), liposuction, lipofilling, pectoral implants, and “various aesthetic procedures.” Such procedures are considered cosmetic when intended to change a physical appearance that would be considered within normal human anatomic variation or are primarily intended to preserve or improve appearance.

Review Considerations:

Reconstructive procedures address features that are distinctly and directly related to gender appearance (or in the case of gender affirming voice modification surgery, vocal presentation), when documentation sufficiently demonstrates significant variation from what is considered normal for the experienced gender. When multiple procedures are requested, each procedure should be considered separately as some procedures may be cosmetic and others may be reconstructive. Procedures primarily intended to preserve or improve appearance (that is: independent of any gender-defining feature or overall gender appearance) are considered cosmetic.

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Gender Reassignment/Affirming Surgery

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Index

- Gender affirmation
- Gender confirmation
- Sex affirmation
- Sex change
- Sex confirmation
- Sex reassignment

History

| Status | Date | Action |
|--------|------|--------|
|--------|------|--------|

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Gender Reassignment/Affirming Surgery

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| Revised | 05/13/2021 | Medical Policy & Technology Assessment Committee (MPTAC) review. Updated title and rest of document to replace “reassignment” with “affirming”. Alphabetized procedures in MN statements. Revised gender dysphoria criteria in all MN statements. Added “or intolerance” to hormone therapy in related MN criteria. Clarified hair removal MN statement. Moved bilateral mastectomy from MN to Reconstructive section. Added breast augmentation and breast reduction procedures to Reconstructive section. Moved gender affirming facial feminization procedures and voice modification surgery from Cosmetic and NMN to Reconstructive section. Removed voice therapy from scope of document. Clarified the NMN statement and Cosmetic and NMN statement. Revised Further Considerations statement to include breast augmentation and breast reduction procedures. Updated Discussion and References sections. Updated Coding section with additional codes for facial and chest surgery. |
| Revised | 02/11/2021 | Medical Policy & Technology Assessment Committee (MPTAC) review. Clarified note regarding number of letters required for mastectomy procedures. The phrase “cosmetic” was clarified to read “cosmetic and not medically necessary”. Updated Description, Coding and References sections. |
| | 12/16/2020 | Updated Coding section with 01/01/2021 CPT changes, revised descriptors for codes 19318, 19325; removed deleted ICD-10-PCS codes. |
| Revised | 08/13/2020 | MPTAC review. Added penile prostheses to MN statement addressing phalloplasty procedures. Updated Description and References sections. Reformatted Coding section and added codes 54400, 54401, 54405, 55899, C1813, C2622, L8699. |
| Revised | 05/14/2020 | MPTAC review. Added text to MN statement for mastectomy referring reader to see Further Considerations section for individuals under 18 years of age. Added new Further Considerations section addressing mastectomy procedures for individuals under 18 years of age. Updated Description, Discussion, References and Index sections. |
| | 04/01/2020 | Updated Coding section; added CPT 19318 and removed deleted code 19304. |
| Revised | 11/07/2019 | MPTAC review. Updated title and document contents to replace “sex reassignment” with “gender reassignment” and “his or her” with “their”. Made |

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Gender ~~Reassignment~~ Affirming Surgery

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| | | minor language revisions to Clinical Indications section. Clarified MN statement regarding hair removal procedures. Added text to the Background section regarding WPATH recommendations for the content of referral letters. Updated Discussion and References sections. Updated Coding section with 01/01/2020 CPT changes; noted 19304 is deleted effective 12/31/2019. |
| Revised | 01/24/2019 | MPTAC review. Revised MN criteria for bilateral mastectomy to require one referral letter. Added new notes addressing treatment of postoperative complications and reversal procedures. Updated Discussion, Coding, and References sections. |
| Revised | 11/08/2018 | MPTAC review. Added criteria for referral letters to mastectomy MN statement. |
| Revised | 03/22/2018 | MPTAC review. |
| Revised | 02/23/2018 | Behavioral Health Subcommittee review. Clarification of mastectomy criteria to remove specification that a female must be transitioning to be a male. Clarification of several Cosmetic indications. |
| | 01/01/2018 | The document header wording updated from “Current Effective Date” to “Publish Date.” Updated Coding section; removed CPT 55970, 55980 (not applicable). |
| Revised | 08/03/2017 | MPTAC review. |
| Revised | 07/21/2017 | Behavioral Health Subcommittee review. Added note regarding timing of “top” and “bottom” surgical procedures. Added new statement regarding nipple reconstructions following mastectomy. Updated Coding and References sections. |
| Revised | 02/02/2017 | MPTAC review. |
| Revised | 01/20/2017 | Behavioral Health Subcommittee review. Updated criteria regarding confirmation of female gender prior to bilateral mastectomy in female-to-male transitions. Updated Reference sections. |
| Revised | 08/04/2016 | MPTAC review. |
| Revised | 07/29/2016 | Behavioral Health Subcommittee review. Updated formatting in the Clinical Indications section. Added bilateral mastectomy to MN section with criteria. Updated Reference sections. Updated Coding section to include 10/01/2016 ICD-10-CM changes. |

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Gender ~~Reassignment~~ Affirming Surgery

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| Revised | 05/05/2016 | MPTAC review. Revised title from “Gender Reassignment Surgery” to “Sex Reassignment Surgery”. Updated Coding, Rationale and Discussion section. |
| Revised | 02/04/2016 | MPTAC review. |
| Revised | 01/29/2016 | Behavioral Health Subcommittee review. Added new medically necessary statement addressing the use of hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure. Added additional procedures to Cosmetic statement. Updated Coding and Rationale sections. Removed ICD-9 codes from Coding section. |
| Revised | 08/06/2015 | MPTAC review. |
| Revised | 07/31/2015 | Behavioral Health Subcommittee review. Revised text regarding educational and professional qualifications required for individuals submitting referral letters to include master’s-level practitioners. Added text to referral letter criteria, requiring that letters need to be no more than 12 months old at time of request. Revised criteria regarding hormone therapy requirements. Replaced the word ‘surgeries’ with ‘procedures’ in Cosmetic statement. Added note to Cosmetic section. |
| Reviewed | 08/14/2014 | MPTAC review. |
| Reviewed | 08/08/2014 | Behavioral Health Subcommittee review. |
| Revised | 08/08/2013 | MPTAC review. |
| Revised | 07/26/2013 | Behavioral Health Subcommittee review. Revised document text to align with new DSM-5 terminology and diagnostic criteria. Updated Discussion and Reference sections. |
| Revised | 08/09/2012 | MPTAC review. |
| Revised | 08/03/2012 | Behavioral Health Subcommittee review. Created separate criteria sets for gonad and reproductive organ procedures and for external genital procedures in alignment with the WPATH SOC7. Deleted the criteria requiring 12 months of continuous living in desired gender role from the reproductive organ procedures criteria set. Deleted criteria requiring “Demonstrable knowledge of the required length of hospitalizations, likely complications, and post-surgical rehabilitation requirements of various surgical approaches”. Deleted “not due to chromosomal abnormality” from medically necessary criteria. Updated Coding, Discussion and Reference sections. |

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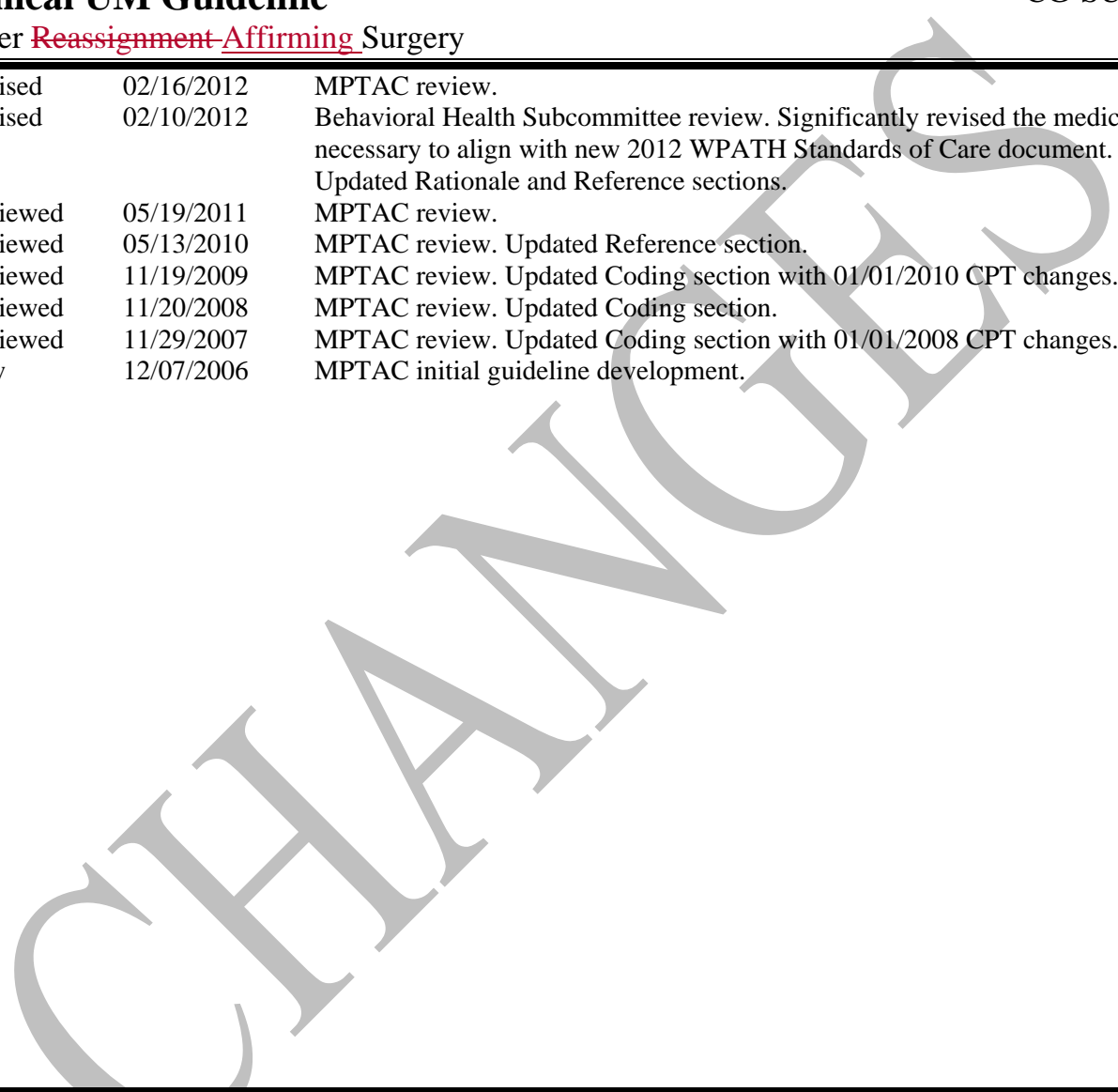
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Gender Reassignment/Affirming Surgery

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| Revised | 02/16/2012 | MPTAC review. |
| Revised | 02/10/2012 | Behavioral Health Subcommittee review. Significantly revised the medically necessary to align with new 2012 WPATH Standards of Care document. Updated Rationale and Reference sections. |
| Reviewed | 05/19/2011 | MPTAC review. |
| Reviewed | 05/13/2010 | MPTAC review. Updated Reference section. |
| Reviewed | 11/19/2009 | MPTAC review. Updated Coding section with 01/01/2010 CPT changes. |
| Reviewed | 11/20/2008 | MPTAC review. Updated Coding section. |
| Reviewed | 11/29/2007 | MPTAC review. Updated Coding section with 01/01/2008 CPT changes. |
| New | 12/07/2006 | MPTAC initial guideline development. |



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