

Document ID:	Title: Aetna Medicaid Administrator (AMA) Louisiana XXXX.XX Gender Affirming Care Policy	
Parent Documents: N/A		
Effective Date: <u>02 01 2024</u>	Last Review Date: <u>02 09 2024</u>	Business Process Owner (BPO):
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PURPOSE

The purpose of this policy is to describe the Aetna Better Health of Louisiana (ABHLA) health plan’s process for the prior authorization of gender affirming care, treatment, and services for minors.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing Louisiana authorization requests for gender affirming care, treatment, and services for diagnoses codes including but not limited to: F64.0- Transsexualism, F64.1- Dual role transvestism, F64.2- Gender identity disorder of childhood, F64.8- Other gender identity disorders, F64.9- Gender identity disorder, unspecified, and/or Z87.890- Personal history of sex reassignment.

POLICY

It is the policy of the plan that specific state law directives, in addition to Clinical Policy Bulletins (CPB) and MCG® criteria are used when processing authorization requests for Gender Affirming services. Louisiana state qualifications, authorization, and documentation requirements must be met. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

In compliance with 2023 Louisiana Law HB463, ABHLA prohibits gender affirming surgery, treatments, procedures, and drugs for minors. ABHLA will not cover or reimburse for gender transition procedures for any person under eighteen years of age.¹

The medical code(s) listed within this policy will require Prior Authorization by ABHLA for its Medicaid enrollees. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services (CMS) guidelines, including definitions and specific contract provisions/exclusions take precedence over these Prior Authorization rules and must be considered first when determining coverage.

¹ H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)

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Prior authorization requirements will be applied to all services related to gender affirming care, gender affirmation surgery, and/or including but not limited to gender identity disorders diagnoses codes F64.0- F64.9 and/or Z87.890.

The prohibitions listed within this policy shall not limit or restrict healthcare to enrollees whom prior to January 1, 2024, a healthcare professional has initiated treatment and by immediately terminating the minor’s use of the drug or hormone would cause harm to the minor. The healthcare professional may institute a period during which the drug or hormone is systematically reduced and discontinued, not to extend beyond December 31, 2024.²

APPLICABLE CPT CODES

Prior authorization requirements will be added for the following code(s) when the request is related to gender affirming care, gender affirmation surgery, and/or including but not limited to diagnoses codes F64.0, F64.1, F64.2, F64.8, F64.9, or Z87.890. This policy applies but is not limited to the procedure codes listed below. Listing of a CPT code in this policy does not imply that the service described by the code is a covered or non-covered health service.

Code	Description
11980	<u>Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)</u>
13131	<u>Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm</u>
13132	<u>Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm</u>
13133	<u>Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less</u>
13160	<u>Secondary closure of surgical wound or dehiscence, extensive or complicated</u>

² H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)

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<u>14021</u>	<u>Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm</u>
<u>14040</u>	<u>Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less</u>
<u>14041</u>	<u>Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm</u>
<u>14301</u>	<u>Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm</u>
<u>14302</u>	<u>Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof</u>
<u>15002</u>	<u>Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children. + each additional</u>
<u>15003</u>	<u>Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children. + each additional</u>
<u>15004</u>	<u>Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children</u>
<u>15100</u>	<u>Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children + each additional 1%</u>
<u>15101</u>	<u>Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children + each additional 1%</u>
<u>15115</u>	<u>Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children</u>
<u>15120</u>	<u>Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children</u>
<u>15200</u>	<u>Full thickness graft, free, including direct closure of donor site, trunk; 20 sq</u>

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	<u>cm or less [nipple reconstruction]</u>
<u>15240</u>	<u>Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less. + each additional</u>
<u>15241</u>	<u>Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less. + each additional</u>
<u>15273</u>	<u>Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children + each additional 1%</u>
<u>15274</u>	<u>Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children + each additional 1%</u>
<u>15275</u>	<u>Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area</u>
<u>15277</u>	<u>Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children. + each additional 1%</u>
<u>15278</u>	<u>Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children. + each additional 1%</u>
<u>15574</u>	<u>Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet</u>
<u>15734</u>	<u>Muscle, myocutaneous, or fasciocutaneous flap; trunk</u>
<u>15738</u>	<u>Muscle, myocutaneous, or fasciocutaneous flap; lower extremity</u>
<u>15740</u>	<u>Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel</u>
<u>15750</u>	<u>Flap; neurovascular pedicle</u>
<u>15757</u>	<u>Free skin flap with microvascular anastomosis</u>
<u>15769</u>	<u>Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)</u>

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<u>15771</u>	<u>Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate</u>
<u>15772</u>	<u>Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)</u>
<u>15773</u>	<u>Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate</u>
<u>15774</u>	<u>Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)</u>
<u>15820</u>	<u>Blepharoplasty, lower eyelid;</u>
<u>15821</u>	<u>Blepharoplasty, lower eyelid; with extensive herniated fat pad</u>
<u>15822</u>	<u>Blepharoplasty, upper eyelid;</u>
<u>15823</u>	<u>Blepharoplasty, upper eyelid; with excessive skin weighting down lid</u>
<u>15830</u>	<u>Excision, excessive skin, and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy</u>
<u>15860</u>	<u>Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft</u>
<u>17999</u>	<u>Unlisted procedure, skin, mucous membrane and subcutaneous tissue [laser hair removal] [Check benefits]</u>
<u>19301</u>	<u>Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)</u>
<u>19303</u>	<u>Mastectomy , simple, complete</u>
<u>19316</u>	<u>Mastopexy</u>
<u>19318</u>	<u>Reduction mammoplasty</u>
<u>19325</u>	<u>Breast augmentation with implant</u>
<u>19340</u>	<u>Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction</u>
<u>19342</u>	<u>Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction</u>

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<u>19350</u>	<u>Nipple/Areola reconstruction</u>
<u>19357</u>	<u>Tissue expander placement in breast reconstruction, including sub sequent expansion(s) can be authorized for gender affirmation coverage</u>
<u>20999</u>	<u>Unlisted procedure, musculoskeletal system, general [unlisted augmentation]</u>
<u>21087</u>	<u>Nasal prosthesis</u>
<u>21120</u>	<u>Genioplasty; augmentation (autograft, allograft, prosthetic material)</u>
<u>21121</u>	<u>Genioplasty; sliding osteotomy, single piece</u>
<u>21122</u>	<u>Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)</u>
<u>21123</u>	<u>Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)</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>21193</u>	<u>Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft</u>
<u>21194</u>	<u>Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)</u>
<u>21195</u>	<u>Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation</u>
<u>21196</u>	<u>Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation</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>21270</u>	<u>Malar augmentation, prosthetic material</u>
<u>30400</u>	<u>Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip</u>
<u>30410</u>	<u>Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip</u>

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30420	<u>Rhinoplasty, primary; including major septal repair</u>
30430	<u>Rhinoplasty, secondary; minor revision (small amount of nasal tip work)</u>
30435	<u>Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)</u>
30450	<u>Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)</u>
31599	<u>Unlisted procedure, larynx</u>
31899	<u>Unlisted procedure, trachea, bronchi [thyroid chondroplasty and tracheal shave] [augmentation thyroid chondroplasty (thyroid cartilage augmentation)]</u>
40799	<u>Unlisted procedure, lips</u>
40808	<u>Biopsy, vestibule of mouth</u>
40818	<u>Excision of mucosa of vestibule of mouth as donor graft</u>
49329	<u>Unlisted laparoscopy procedure, abdomen, peritoneum and omentum [graft from colon for vaginoplasty]</u>
51040	<u>Cystostomy, cystotomy with drainage</u>
51102	<u>Aspiration of bladder; with insertion of suprapubic catheter</u>
52005	<u>Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service</u>
53400	<u>Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)</u>
53405	<u>Urethroplasty; second stage (formation of urethra), including urinary diversion</u>
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>
53520	<u>Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)</u>
54120	<u>Amputation of penis; partial</u>
54125	<u>Amputation of penis; complete</u>

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<u>54235</u>	<u>Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)</u>
<u>54300</u>	<u>Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra</u>
<u>54304</u>	<u>Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps</u>
<u>54336</u>	<u>1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap</u>
<u>54406</u>	<u>Removal, Multi-Component Inflatable Penile Prosthesis W/O Replacement Prosthesis</u>
<u>54408</u>	<u>Repair Component(S) Multi-Component, Inflatable Penile Prosthesis</u>
<u>54410</u>	<u>Removal & Replacement, Multi-Component Inflatable Penile Prosthesis, Same Session</u>
<u>54411</u>	<u>Removal & Replacement, Multi-Component Inflatable Penile Prosthesis, Infected, W/ Irrig & Debride</u>
<u>54415</u>	<u>Removal, Non-Inflatable (Semi-Rigid)/Inflatable (Self-Contained) Penile Prosthesis W/O Replacement</u>
<u>54416</u>	<u>Removal & Replacement, Non-Inflatable (Semi-Rigid)/Inflatable (Self-Contained) Penile Prosthesis</u>
<u>54417</u>	<u>Removal & Replacement, Penile Prosthesis</u>
<u>54520</u>	<u>Orchiectomy, Simple, W/Wo Prosthesis, Scrotal/Inguinal Approach</u>
<u>54660</u>	<u>Insertion, Testicular Prosthesis (Sep Proc)</u>
<u>54690</u>	<u>Laparoscopy, Surgical; Orchiectomy</u>
<u>55150</u>	<u>Resection of scrotum</u>
<u>55175</u>	<u>Scrotoplasty; Simple</u>
<u>55180</u>	<u>Scrotoplasty; Complicated</u>
<u>55866</u>	<u>Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed</u>
<u>55970</u>	<u>Intersex surgery; male to female [a series of staged procedures that includes male genitalia removal, penile dissection, urethral transposition, creation of vagina and labia with stent placement]</u>

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<u>55980</u>	<u>Intersex surgery; female to male [a series of staged procedures that include penis and scrotum formation by graft, and prostheses placement]</u>
<u>56625</u>	<u>Vulvectomy Simple; Complete</u>
<u>56800</u>	<u>Plastic repair of introitus</u>
<u>56805</u>	<u>Clitoroplasty for intersex state</u>
<u>56810</u>	<u>Perineoplasty, repair of perineum, nonobstetrical (separate procedure)</u>
<u>57106</u>	<u>Vaginectomy, Partial Removal, Vaginal Wall;</u>
<u>57107</u>	<u>Vaginectomy, Partial Removal, Vaginal Wall; W/Removal, Paravaginal Tissue (Radical Vaginectomy)</u>
<u>57109</u>	<u>Vaginectomy, partial removal of vaginal wall, or complete removal of vaginal wall</u>
<u>57110</u>	<u>Vaginectomy, Complete Removal, Vaginal Wall</u>
<u>57282</u>	<u>Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)</u>
<u>57291</u>	<u>Construction of artificial vagina; without graft</u>
<u>57292</u>	<u>Construction of artificial vagina; with graft</u>
<u>57295</u>	<u>Revision (including removal) of prosthetic vaginal graft, vaginal approach</u>
<u>57296</u>	<u>Revision (including removal) of prosthetic vaginal graft; open abdominal approach</u>
<u>57335</u>	<u>Vaginoplasty for intersex state</u>
<u>57425</u>	<u>Laparoscopy, surgical, colpopexy (suspension of vaginal apex)</u>
<u>57426</u>	<u>Revision (including removal) of prosthetic vaginal graft, laparoscopic approach</u>
<u>58150</u>	<u>Total abdominal hysterectomy (corpus and cervix), with or without removal of tubes, with or without removal of ovary(s);</u>
<u>58180</u>	<u>Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tubes, with or without removal of tubes, with or without removal of ovary(s)</u>
<u>58260</u>	<u>Vaginal hysterectomy, for uterus 250 g or less;</u>
<u>58262</u>	<u>Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)</u>
<u>58275</u>	<u>Vaginal hysterectomy, with total or partial vaginectomy;</u>

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58290	<u>Vaginal hysterectomy, for uterus greater than 250 g;</u>
58291	<u>Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)</u>
58541	<u>Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;</u>
58542	<u>Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)</u>
58543	<u>Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;</u>
58544	<u>Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)</u>
58550	<u>Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;</u>
58552	<u>Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)</u>
58553	<u>Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;</u>
58554	<u>Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)</u>
58570	<u>Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;</u>
58571	<u>Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)</u>
58572	<u>Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;</u>
58573	<u>Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)</u>
58661	<u>Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)</u>
58720	<u>Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)</u>
58999	<u>Unlisted procedure, female genital system (nonobstetrical) [metoidioplasty]</u>
64708	<u>Neuroplasty, major peripheral nerve, arm or leg, open; other than specified</u>
64856	<u>Suture of major peripheral nerve, arm or leg, except sciatic; including transposition</u>

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64859	<u>Suture of each additional major peripheral nerve</u>
64874	<u>Suture of nerve; requiring extensive mobilization, or transposition of nerve</u>
64910	<u>Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve</u>
67900	<u>Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)</u>
G0153	<u>Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes</u>
J1950	<u>Injection, leuprolide acetate (for depot suspension), per 3.75 mg</u>
J9202	<u>Goserelin acetate implant, per 3.6 mg</u>
J9217	<u>Leuprolide acetate (for depot suspension), 7.5 mg</u>

DEFINITIONS:

<u>Biological sex, birth sex, and sex</u>	<u>The biological indication of male and female, including sex chromosomes, naturally occurring sex hormones, gonads, and non-ambiguous internal and external genitalia present at birth, regardless of an individual's psychological, chosen, or subjective experience of gender. ³</u>
<u>Cross-sex hormone</u>	<u>Testosterone or other androgens given to biological females at doses that are profoundly larger or more potent than would normally occur naturally in healthy biological females, or estrogen given to biological males at doses that are larger or more potent than would normally occur naturally in healthy biological males⁴.</u>
<u>Gender</u>	<u>The psychological, behavioral, social, and cultural aspects of being male or female.⁵</u>
<u>Gender reassignment surgery</u>	<u>Any medical or surgical service that seeks to surgically alter or remove healthy physical or anatomical characteristics or features that are typical for the individual's biological sex, in order to instill</u>

³ H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)

⁴ H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)

⁵ H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)

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	<u>or create physiological or anatomical characteristics that resemble a sex different from the individual's birth sex including but not limited to genital or non-genital reassignment surgery performed for the purpose of assisting an individual with a gender transition.</u> ⁶
<u>Gender transition</u>	<u>The process in which a person goes from identifying with and living as a gender that corresponds with his biological sex to identifying with and living as a gender different from his biological sex, including social, legal, or physical changes.</u> ⁷
<u>Gender transition procedures</u>	<u>Any medical or surgical service, including physician services, inpatient and outpatient hospital services, or prescription drugs related to gender transition, that seeks to alter or remove physical or anatomical characteristics or features that are typical for the individual's biological sex, or to instill or create physiological or anatomical characteristics that resemble a sex different from the individual's birth sex including medical services that provide puberty-blocking drugs, cross-sex hormones, or other mechanisms to promote the development of feminizing or masculinizing features in the opposite sex, or genital or non-genital gender reassignment surgery performed for the purpose of assisting an individual with a gender transition.</u> ⁸
<u>Genital gender reassignment surgery</u>	<u>Surgical procedures such as penectomy, orchiectomy, vaginoplasty, clitoroplasty, or vulvoplasty for biologically male patients or hysterectomy, ovariectomy, reconstruction of the fixed part of the urethra with or without a metoidioplasty or a phalloplasty, vaginectomy, scrotoplasty, or implantation of erection and testicular prostheses for biologically female patients when performed for the purpose of assisting an individual with a gender transition.</u> ⁹
<u>MCG ®</u>	<u>A standard set of guidelines and criteria that offer evidence-based criteria, goals, optimal care pathways, and other decision -support tools for proactive care management, case review and assessment of</u>

⁶ H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)

⁷ H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)

⁸ H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)

⁹ H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)

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Document Type: Policy and Procedure		

	<u>people facing hospitalizations, treatments, and equipment.</u> ¹⁰
<u>Medically Necessary Services</u>	<u>Those health care services that are in accordance with generally accepted, evidence based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of there respective professional organizations to be the standard of care. In order to be considered medically necessary, services must be: (1) deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction; and (2) those for which no equally effective, more conservative and less costly course of treatment is available or suitable for the Beneficiary. Any such services must be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and neither more nor less than what the Beneficiary requires at that specific point in time. Although a service may be deemed medically necessary, it doesn't mean the service will be covered under the Louisiana Medicaid Program. Services that are experimental, non-Food and Drug Administration (FDA) approved, investigational, or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary."</u> ¹¹
<u>Minor</u>	<u>Any natural person who has not reached the age of majority as provided in Civil Code Article 29 and who has not been emancipated pursuant to Title V of Book VII of the Code of Civil Procedure</u> ¹²
<u>Non-genital gender reassignment surgery</u>	<u>Surgical procedures such as augmentation mammoplasty, facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation, hair reconstruction, or other aesthetic procedures for biologically male patients or subcutaneous mastectomy, voice surgery, liposuction, lipofilling, pectoral implants, or other aesthetic procedures for biologically female patients when performed for the purpose of assisting an</u>

¹⁰ MCG Health definition found at <https://www.mcg.com>

¹¹ Louisiana Medicaid Managed Care Organization Attachment A Model Contract

¹² H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)

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	<u>individual with a gender transition.</u> ¹³
<u>Prior Authorization</u>	<u>The process of determining medical necessity for specific services before they are rendered.</u> ¹⁴
<u>Puberty-blocking drugs</u>	<u>Gonadotropin-releasing hormone analogs or other synthetic drugs used in biological male patients to stop luteinizing hormone secretion and therefore, testosterone secretion, or synthetic drugs used in biological females that stop the production of estrogen and progesterone, when used to delay or suppress pubertal development in children for the purpose of assisting an individual with a gender transition.</u> ¹⁵
<u>Service Authorization</u>	<u>A utilization management activity that includes pre-, concurrent, or post review of a service by a qualified health professional to authorize, partially deny, or deny the payment of a service, including a service requested by the Enrollee. Service authorization activities must consistently apply review criteria.</u> ¹⁶

REVIEW AND REVISION HISTORY

<u>Date</u>	<u>Revision No.</u>	<u>Reason for Change</u>	<u>Sections Affected</u>
<u>4/9/24</u>	<u>Initial</u>	<u>New policy</u>	<u>All</u>

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¹³ H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)

¹⁴ Louisiana Medicaid Managed Care Organization Attachment A Model Contract

¹⁵ H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)

¹⁶ Louisiana Medicaid Managed Care Organization Attachment A Model Contract

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Jess R. Hall
Chief Executive Officer

Antoinette Logarbo M.D.
Chief Medical Officer

STANDARD

- **Louisiana Medicaid Managed Care Organization Attachment A Model Contract,**
- **Louisiana Medicaid Managed Care Organization (MCO) Manual**
- **H.B. 648, 2023 Leg., Reg. Sess. (La. 2024)**
- **Aetna Medicaid Administrator (AMA) 7100.05 Prior Authorization Policy – Louisiana Amendment**