

Premier Health Plan

POLICY AND PROCEDURE MANUAL

Policy Number: PA.205.PH
Last Review Date: 05/10/2018
Effective Date: 07/01/2018

PA.205.PH – Gender Reassignment

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers **Gender Reassignment** medically necessary for ALL of the following indications:

1. The patient is at least 18 years old;
2. The patient has the mental capacity for fully-informed consent
3. The patient has been diagnosed with Gender Dysphoria (per the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) per the American Psychiatric Association, see definition in Background section) and therefore meets all the following indications:
 - a. The patient is participating in a recognized gender identity treatment group
 - b. The patient has the desire to live and be accepted as a member of the opposite sex
 - c. The transsexual identity of the patient has been present persistently for at least two years and is well-documented
 - d. Their gender dysphoria causes clinical distress or impairment in social, occupational, or other important areas of functioning;
4. The patient has undergone a minimum of 12 months of continuous hormonal therapy as appropriate to the patient's gender goals (unless hormone therapy is contraindicated)
5. The patient has completed 12 continuous months of living in the gender role that is congruent with their gender identity
6. The patient has at least two referrals from qualified mental health professionals (see definition in Background section) who have independently assessed the patient

Limitations

1. Gender reassignment surgery is covered only once per lifetime. Transitioning back to the natal gender is not a covered benefit.
2. Revisions after gender reassignment surgery are not covered unless there is a complication which is life-threatening or prevents normal physiologic function.
3. If the patient has a significant medical condition or mental health concerns are present, they must be reasonably well controlled and medically cleared for surgery.
4. The following procedures may be considered cosmetic and therefore not medically necessary:

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- Abdominoplasty
- Breast Augmentation (unless for MtF when an appropriate trial of hormone therapy has not resulted in any breast enlargement)
- Blepharoplasty
- Brow lift
- Calf implants
- Cheek/malar implants
- Chin/nose implants
- Collagen injections
- Dermabrasion/Abrasion
- Drugs for hair loss or growth
- Electrolysis
- Eyelid plastic surgery
- Face-lift
- Facial feminization surgery
- Facial bone reduction
- Forehead lift
- Gluteal augmentation
- Jaw reduction (jaw contouring)
- Hair transplantation
- Hair removal
- Lip Reduction
- Liposuction
- Mastopexy
- Neck tightening
- Pectoral implants
- Reduction thyroid chondroplasty
- Removal of redundant skin
- Rhinoplasty
- Voice modification surgery
- Voice therapy/lessons

Background

The Centers for Medicare and Medicaid (CMS) define gender dysphoria, previously known as gender identity disorder, as a classification used to describe persons who experience significant discontent with their biological sex and/or gender assigned at birth. Therapeutic options for gender dysphoria include behavioral and psychotherapies, hormonal treatments, and a number of surgeries used for gender reassignment.

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The Massachusetts Behavioral Risk Factor Surveillance Survey found 0.5% of the adult population aged 18 to 64 years identified as Transgender and gender nonconforming (TGNC) between 2009 and 2011.

DSM 5 Criteria for Gender Dysphoria in Adults and Adolescents:

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by two or more of the following:
 - a. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
 - b. 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 (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
 - c. A strong desire for the primary and/or secondary sex characteristics of the other gender
 - d. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
 - e. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
 - f. 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.

Characteristics of a Qualified Mental Health Professional: (From World Professional Association for Transgender Health (WPATH, SOC-7):

- A. Master's degree or equivalent in a clinical behavioral science field granted by an institution accredited by the appropriate national accrediting board. The professional should also have documented credentials from the relevant licensing board or equivalent; and
- B. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Disease for diagnostic purposes; and
- C. Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria; and
- D. Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria; and
- E. 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.

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Codes:

CPT/HCPCS Codes	
Code	Description
55970	Intersex surgery, male to female
55980	Intersex surgery, female to male
19301	Mastectomy, partial
19302	Mastectomy, partial with axillary lymphadenectomy
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19325	Mammoplasty, augmentation; with prosthetic implant
53430	Urethroplasty, reconstruction of female urethra
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence
54125	Amputation of penis; complete
54400-54417	Penile prosthesis
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular procedure (separate procedure)
54690	Laparoscopic, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106 - 57107, 57110 - 57111	Vaginectomy
57291 - 57292	Construction of artificial vagina
57335	Vaginoplasty for intersex state

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58150, 58180, 58260 - 58262, 58275 - 58291, 58541 - 58544, 58550 - 58554	Hysterectomy
58570 - 58573	Laparoscopy, surgical, with total hysterectomy
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral

ICD-10 Codes	
Code	Description
F64-F64.9	Gender identity disorder
F64.1	Gender identity disorder in adolescents and adulthood
Z87.890	Personal history of sex reassignment

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Disclaimer:

Premier Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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Premier Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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