Gender Affirming Surgery and Related Procedures

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon* ☐ *Washington*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Gender affirming surgery and related procedures are treatments that a health care provider prescribes to an individual to treat the incongruence between the individual's gender identity and their sex assignment at birth, or to support and affirm the individual's gender identity. Gender affirming treatment can be prescribed to transgender, nonbinary, two spirit, and other gender diverse individuals. These treatments may be a covered benefit for members with diagnoses of F64.0 through F64.9 (gender identity and dysphoria disorders), or Z87.890, personal history of sex reassignment.

PacificSource reviews for coverage in accordance with benefit plan language and established medical criteria. Some PacificSource benefit plans do not include coverage of all gender affirming surgeries and related procedures. Groups may elect to customize benefits; therefore, benefit determinations are based on contract language.

PacificSource uses the following criteria for all requests for gender affirming surgery. The gender affirming surgery and related procedures criteria is in alignment with Guideline Note 127 of the Oregon Health Plan Prioritized List of Health Services.

PacificSource Medicare follows CMS guidelines and criteria. National Coverage Determination (NCD) 140.9 and Local Coverage Determination (LCD) L35163 do not outline specific criteria and give direction for a case-by-case review. In absence of CMS criteria, PacificSource Medicare requests are

reviewed on an individual basis for determination of coverage and medical necessity using this policy criteria.

Care Management services are available for members to assist with understanding benefits and criteria related to gender affirming surgery and treatment, and to provide support navigating gender affirming health care.

Criteria

The following coverage and criteria are based on the World Professional Association for Transgender Health (WPATH) Standards of Care, Version 8.

Commercial, Medicaid and Medicare

I. Gender Affirming Treatment Coverage

A. Core Gender Affirming

PacificSource may cover the following procedures:

- Clitoroplasty
- Breast reconstruction/augmentation/mammaplasty (with fat transfer/graft or implants)
- Body Contouring, including liposuction, lipofilling, and implants
- Hair removal (electrolysis or laser) for gender affirmation or as required pre-operatively on the surgical site or skin graft site
- Hysterectomy
- Labiaplasty
- Mastectomy including nipple reconstruction and tattooing
- Metoidioplasty/Meta
- Monsplasty/mons reduction
- Orchiectomy
- Penectomy
- Phalloplasty (may include penile implant and skin substitutes)
- Placement of testicular implant
- Salpingo-oophorectomy
- Scrotoplasty
- Urethroplasty
- Vaginectomy
- Vaginoplasty
- Vulvoplasty

B. Facial Gender Affirming

PacificSource may cover the following procedures:

- Blepharoplasty
- Brow reduction, augmentation, and lift
- Cheek/Malar augmentation - reshaping, fat transfer/grafting (which may include liposuction), and implants
- Chin reconstruction/genioplasty
- Facelift/mid-face lift/rhytidectomy (following alteration of the underlying skeletal structures), including platysmaplasty (neck tightening)
- Forehead lift
- Frontal bone reshaping/reduction
- Hair line advancement and/or hair transplant
- Hair removal (electrolysis or laser)
- Jaw (mandible) bone reshaping
- Laryngoplasty or laryngectomy
- Lip - upper lip shortening, lip augmentation (includes fat transfer, lip implants, injectable fillers)
- Lipofilling
- Rhinoplasty (+/- fillers)
- Tracheal shave/chondrolaryngoplasty

C. Voice and Communication Therapy

PacificSource covers gender affirming voice and communication therapy within traditional therapies (PT/ST/OT) benefits.

D. Revisions

PacificSource covers revisions of previous gender affirming surgeries that are medically necessary and prescribed in accordance with WPATH standards of care. Request must include surgical pre-exam or consultation clinical notes and the clinical rationale for supporting the requested surgical procedures.

Note: See member benefit handbook for specific scar revision contract exclusions.

E. Reversal

PacificSource does not cover reversal of a gender affirming surgery.

G. Adverse Benefit Determinations (Non-coverage)

All potential adverse benefit determinations (non-approvals) are reviewed and determined by a health care provider with experience prescribing or delivering gender affirming treatment.

II. Hormone Therapy

PacificSource Pharmacy Department reviews requests for hormone therapy for members under eighteen (18) years of age.

Prior authorization is not required for gender affirming hormone therapies for members 18 years of age and older.

III. Gender Affirming Surgery

A. Gender Affirming Surgical Procedures and Hair Removal for Adults

Prior authorization is required.

PacificSource considers gender affirming surgical procedures, including hair removal (electrolysis or laser), medically necessary when **ALL** of the following criteria is met:

1. A letter of recommendation (opinion) must be written within 18 months of the prior authorization request, by **one** qualified, licensed health care professional who has experience in the evaluation of gender dysphoria. Qualified Mental Health Provider (QMHP) letters are not eligible without licensed supervising provider's co-signature. The referring licensed health care professional's letter must include the clinical rationale for supporting the gender-affirming surgical procedure and address **ALL** of the following:
    a. Member is at least 18 years old
    b. Member has a diagnosis of gender dysphoria
    c. Duration of the referring health professional's relationship with the client, including the type of evaluation and treatment
    d. Member's identifying characteristics and that their gender incongruence is marked and sustained
    e. Member demonstrates capacity consent for treatment
    f. Member understands the effect of gender-affirming surgery on reproduction and reproductive options have been explored. This can be addressed by any provider on the member's care team, including the surgeon
    g. Other possible causes of apparent gender-incongruence have been identified and excluded
    h. Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgery have been assessed, with risks and benefits discussed
    i. Member has received at least 6 months of hormone treatment, or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated
    j. Noted permission to contact the licensed health care professional for questions and coordination of care
2. Request must include surgical pre-exam or consultation clinical notes, the clinical rationale for supporting the requested surgical procedures, and a statement that the member meets eligibility criteria. Clinical notes should also show evidence the member has been counseled on potential risks of treatment, complications, and post-surgical recovery and long-term care.

B. Gender Affirming Surgical Procedures and Hair Removal for Adolescents

Prior authorization is required.

All gender affirming surgical treatment for adolescents requires MD review.

PacificSource considers gender affirming surgery, including hair removal (electrolysis or laser), medically necessary when **ALL** of the following criteria is met:

1. Member has received a comprehensive biopsychosocial assessment including relevant mental health and medical professionals. This includes parent(s)/guardian(s) involvement in the assessment process unless the involvement is determined to be harmful to the adolescent or not feasible.
2. A letter of recommendation (opinion) must be written within 12 months of the prior authorization request for by **one** qualified, licensed health care professional who has experience in the evaluation of gender dysphoria with. Qualified Mental Health Provider (QMHP) letters are not eligible without licensed supervising provider's co-signature. The referring licensed health care professional's letter must include the clinical rationale for supporting the gender-affirming surgical procedure and address **ALL** of the following:
    a. The letter must reflect the comprehensive assessment and opinion from the treatment team that involves both medical and mental health professions
    b. Member has a diagnosis of gender dysphoria
    c. Duration of the referring health professional's relationship with the client, including the type of evaluation and treatment
    d. Member's identifying characteristics and that their gender diversity/incongruence is marked and sustained over time.
    e. Member demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment
    f. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender affirming medical treatment have been addressed; sufficiently so that gender affirming medical treatment can be provided optimally
    g. Member has been informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility. This can be addressed by any provider on the member's care team
    h. Member has had at least 12 months of gender affirming hormone therapy or longer, if required, to achieve the desired surgical result for the procedures, unless hormone therapy is either not desired or is medically contraindicated
    i. Noted permission to contact the licensed health care professional for questions and coordination of care
3. Request must include surgical pre-exam or consultation clinical notes, the clinical rationale for supporting the requested surgical procedures, and a statement that the member meets eligibility criteria. Clinical notes should also show evidence the member has been counseled on potential risks of treatment, complications, and post-surgical recovery and long-term care.

IV. Voice Therapy

Gender affirming voice and communication therapy is covered within traditional therapies (PT/ST/OT) benefits. See the member benefit book for specific contract for therapy benefit coverage and limitations.

Definitions

Blepharoplasty - Surgery to modify the eyelid.

Clitoroplasty - Surgery to create a clitoris.

Gender Dysphoria - A marked incongruence between one's own experienced/expressed gender and assigned gender.

Genioplasty - Surgery to alter the chin.

Hysterectomy - Surgery to remove all or part of the uterus.

Labiaplasty - Surgery to alter the labia.

Laryngoplasty or laryngectomy - Surgery on the larynx (voice box) to alter one's voice.

Lipofilling – Surgical transfer of fat removed by liposuction to other areas of the body

Mammaplasty - Surgery to reconstruct or alter the breast.

Mastectomy - Surgery to remove one or both breasts.

Metoidioplasty - Surgery that works with existing genital tissue of individuals assigned female at birth to form a neophallus, or "new penis."

Monsplasty – Surgery to remove extra skin and tissue from the mons pubis, which is the mound of tissue in front of the pubic bone.

Orchiectomy - Surgery to remove of one or both testicles.

Penectomy - Surgery to removal the penis.

Phalloplasty - Surgical procedures to construct a penis.

Rhinoplasty - Surgery that changes the shape of the nose.

Rhytidectomy - Surgical face lift.

Salpingo-oophorectomy - Surgery to remove one or both ovaries and fallopian tubes.

Scrotoplasty - Surgery that creates a scrotum.

Tracheal Shave - Surgery to reduce the size of the Adam's apple.

Urethroplasty - Plastic surgery of the urethra.

Vaginectomy - Surgery to remove all of part of the vagina.

Vaginoplasty - Surgery to create a vagina.

Vulvoplasty - Surgery to create a vulva

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

The following CPT codes may be covered when the above criteria is met:

11920-11922	Tattooing To Correct Color Defects
11950-11954	Subcutaneous injection of filling material (e.g., collagen)
13131-13133	Repair, Complex, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet;
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
15273	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
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15769	Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)
15770	Graft; derma-fat-fascia
15771-15774	Grafting of autologous fat harvested by liposuction technique
15775-15776	Punch graft for hair transplant;
15820-15823	Blepharoplasty
15824-15829	Rhytidectomy (face-lift)
15830-15839	Excision, excessive skin, and subcutaneous tissue (includes lipectomy, neck tightening); abdomen, infraumbilical panniculectomy

15876-15879 Suction assisted lipectomy

17110 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions

17111 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions

17380 Electrolysis epilation, each 30 minutes

17999 Unlisted procedure, Skin, mucous membrane

19303 Mastectomy, simple, complete

19318 Breast reduction

19325 Breast augmentation with implant

19350 Nipple/areola reconstruction

20912 Cartilage graft; nasal septum

21025 Excision of bone (e.g., for osteomyelitis or bone abscess); mandible

21026 Excision of bone (e.g., for osteomyelitis or bone abscess); facial bone(s)

21120-21123 Genioplasty

21125 Augmentation, mandibular body, or angle; prosthetic material

21127 Augmentation, mandibular body, or angle; with bone graft, onlay or interpositional (includes obtaining autograft)

21137-21139 Frontal Bone reshaping (forehead reduction and contouring)

21141-21143 Reconstruction Midface, Lefort W/O Bone Graft

21145-21147 Reconstruction Midface, Lefort, W/ Bone Graft

21172 Reconstruction superior-lateral orbital rim and lower forehead, advancement, or alteration, with or without grafts (includes obtaining autografts)

21175 Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement, or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)21188 Reconstruction, Midface, Osteotomies (Non-Lefort Type), W/Grafts, W/Obtaining Autografts

21193 Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft

21208 Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)

21209 Osteoplasty, facial bones; reduction

21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)

21270	Malar augmentation, prosthetic material
21295	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach
30400-30420	Rhinoplasty; primary
30430-30450	Rhinoplasty; secondary
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring, or replacement with graft
31599	Unlisted procedure, larynx
31750	Tracheoplasty; cervical
31899	Unlisted procedure, trachea, bronchi (tracheal shaving for gender facial confirmation)
40654	Repair lip, full thickness; over one-half vertical height, or complex
40799	Unlisted procedure, lips
51102	Aspiration of bladder; with insertion of suprapubic catheter
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
53020	Meatotomy, cutting of meatus (separate procedure); except infant
53400-53430	Urethroplasty
53450	Urethromeatoplasty, with mucosal advancement
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
54120	Amputation of penis; partial
54125	Amputation of penis; complete
54348	Repair, hypospadias complication(s) (i.e., fistula, stricture, diverticula); requiring extensive dissection, urethroplasty with flap, patch, or tubed graft (including urinary diversion, when performed)
54352	Revision prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin grafts and island flaps and skin brought in as flaps or grafts
54360	Plastic operation on penis to correct angulation
54400-54417	Penile prosthesis
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach

54530	Orchiectomy, radical, for tumor; inguinal approach
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopic, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55899	Unlisted surgery of the male genital system (for metoidioplasty and phalloplasty)
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56620	Vulvectomy Simple; Partial
56625	Vulvectomy simple; complete
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106-57107; 57110-57111	Vaginectomy
57120	Colpocleisis (Le Fort Type)
57291-57292	Construction of artificial vagina
57335	Vaginoplasty, intersex state
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)58150, Hysterectomy
58180, 58260, 58262, 58263 58267 58270 58275-58291, 58541-58544, 58550-58554	
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 (separate procedure)
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

92508 Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals

The following CPT codes considered <u>not coverable</u> as part of gender affirming procedures:

15780-15787 Dermabrasion

15788-15789 Chemical Peel

S2900 Surgical techniques requiring use of robotic surgical system

Related Policies

Care of the Surgical Patient

Coding Guidelines for Claims Editing (Line-Item Bill Auditing)

Skin and Soft Tissue Substitutes

References

American College of Obstetricians and Gynecologists (ACOG). (March 2021). Health Care for Transgender and Gender Diverse Individuals: Committee Opinion, Number 823. Accessed March 16, 2022. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals

American Psychiatric Association. (2013) *Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*.

The World Professional Association for Transgender Health (WPATH) (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. http://www.wpath.org

Appendix

Policy Number:

Effective: 4/16/2020 **Next review:** 2/1/2025

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): Oregon Guideline Note 127

Commercial OPs: 7/2024

Government OPs: 7/2024