



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Gender Reassignment Surgery

Policy Number: PG0311
Last Review: 11/14/2017

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

☒ Professional
☐ Facility

DESCRIPTION

Gender reassignment surgery, which involves genital reconstruction surgery and chest surgery, is part of the treatment approach for persons with gender dysphoria (GD). Individuals with GD have persistent feelings of gender discomfort and inappropriateness of their anatomical sex, strong and ongoing cross-gender identification, and a desire to live and be accepted as a member of the opposite sex. Gender reassignment surgery includes the surgical procedures by which the physical appearance and function of a person's existing sexual characteristics are changed to those of the other sex in an effort to resolve or minimize GD and improve quality of life.

People with GD feel a severe incongruity between anatomical sex and gender identity. The prevalence of GD is 1 in 11,900 to 1 in 45,000 persons for male-to-female (MtF) and 1 in 30,400 to 1 in 200,000 persons for female-to-male (FtM) transgender persons. The diagnostic criteria for GD outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) require that the individual believes there is a marked difference between the gender assigned to him or her by others and the gender he or she experiences or wishes to express. Additional criteria must also be met for a diagnosis of GD.

Experts believe that gender identity develops as the result of a combination of biological factors, possibly including genetic and/or prenatal and perinatal hormonal influences, and environmental influences that have psychological effects. Gender reassignment surgery involves modification of the genitalia and/or breast/chest to resemble that of the opposite sex. The goal is to feminize or masculinize the body to facilitate an individual's desire to live in the gender role opposite from the biological sex.

POLICY

Gender reassignment surgery requires prior authorization for all product lines.

Cryopreservation, storage, and thawing of reproductive tissue is non-covered. Refer to PG0098 Infertility and Reproductive Services.

Cosmetic procedures are non-covered. Refer to PG0104 Cosmetic and Reconstructive Surgery.

Some reconstructive procedures require prior authorization. A provider must refer to the Paramount prior authorization list and specific medical policy in reference to specific procedures (this list may not be all-inclusive):

- **PG0007 Blepharoplasty, Reconstructive Eyelid Surgery, and Brow Lift**
- **PG0009 Rhinoplasty**
- **PG0012 Breast Implant Removal**
- **PG0054 Reduction Mammoplasty**

- **PG0091 Treatment of Spider Veins**
- **PG0105 Benign Skin Lesion Removal**
- **PG0144 Breast Reconstructive Services**
- **PG0162 Excimer Laser**
- **PG0163 Bariatric Services**
- **PG0199 Keratoprosthesis**
- **PG0221 Mastectomy for Gynecomastia**
- **PG0226 Orthognathic Surgery**
- **PG0251 Prophylactic Mastectomy**
- **PG0256 Penile Implant Surgical Services and Prosthesis**
- **PG0289 Refractive Surgery**
- **PG0299 Abdominoplasty, Panniculectomy and Liposuction**
- **PG0308 Pulsed Dye Laser Therapy for Cutaneous Vascular Lesions**
- **PG0348 Acne Treatments**
- **PG0376 Otoplasty**

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Gender reassignment surgery (including, but not limited to, related services such as medical counseling, psychological clearance for surgery in the absence of a need for behavioral health therapeutic services, and pre and post-surgical hormonal therapy) is specifically excluded under many health benefit plans. In addition, procedures associated with gender reassignment surgery that are performed solely for the purpose of improving or altering appearance or self-esteem, or to treat psychological symptomatology or psychosocial complaints related to one's appearance are considered cosmetic in nature and not medically necessary and are not covered under many benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

If coverage for gender reassignment surgery is available, the following conditions of coverage apply and prior authorization must be obtained.

The member must meet **all** of the following eligibility qualifications prior to surgery:

1. Persistent, well-documented *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) diagnosis of gender dysphoria by a competent behavioral health professional.
2. If significant medical or mental health concerns are present, they must be controlled or resolved to the point where they do not pose a significant risk of post-transition harm.
3. Capacity to make a fully informed decision and to consent for treatment.
4. Member is age 18 or older.
5. The member must complete 12 months of successful continuous full time real life experience in the desired gender.
6. The member may be required to complete continuous hormone therapy (for those without contraindications). In consultation with the patient's physician, this should be determined on a case-by-case basis through the process.
7. The treatment plan must conform to identifiable external sources including the World Professional Association for Transgender Health Association (WPATH) standards, and/or evidence-based professional society guidance.

Paramount may cover the following gender reassignment surgery:

- **Female-to-Male Gender Reassignment (55980)**
Includes only the following procedures: 19303, 19304, 53420, 53425, 53430, 54660, 55175, 55180, 56625, 57106, 57110, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720
- A. Breast surgery (i.e., initial mastectomy, breast reduction) when there is one letter of support from a qualified mental health professional
- B. Hysterectomy and salpingo-oophorectomy when BOTH of the following additional criteria are met:

1. Documentation of at least 12 months of continuous hormonal* sex reassignment therapy
 2. Recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (At least one letter should be a comprehensive report. Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist.)
- C. Vaginectomy (including colpectomy, metoidioplasty with initial phalloplasty, urethroplasty, urethromeatoplasty) when ALL of the following criteria are met:
1. Documentation of at least 12 months of continuous hormonal* sex reassignment therapy (May be simultaneous with real life experience.)
 2. The individual has lived within the desired gender role for at least 12 continuous months and which includes a wide range of life experiences and events (e.g., family events, holidays, vacations, season-specific work or school experiences), including notification to partners, family, friends, and community members (e.g., at school, work, other settings) of their identified gender
 3. Recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (At least one letter should be a comprehensive report. Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist.)
- Male-to-Female Gender Reassignment (55970)
Includes only the following procedures: 19325, 54125, 54520, 54690, 55866, 56800, 56805, 57291, 57292, 57295, 57296, 57335, 57426
- A. Orchiectomy when BOTH of the following additional criteria are met:
1. Documentation of at least 12 months of continuous hormonal* sex reassignment therapy
 2. Recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (At least one letter should be a comprehensive report. Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist.)
- B. Vaginoplasty (including colovaginoplasty, penectomy, labiaplasty, clitoroplasty, vulvoplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy), when ALL of the following criteria are met:
1. Documentation of at least 12 months of continuous hormonal* sex reassignment therapy,(May be simultaneous with real life experience.)
 2. The individual has lived within the desired gender role for at least 12 continuous months, and which includes a wide range of life experiences and events (e.g., family events, holidays, vacations, season-specific work or school experiences), including notification to partners, family, friends, and community members (e.g., at school, work, other settings) of their identified gender
 3. Recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (At least one letter should be a comprehensive report. Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist.)

*Note: For individuals considering hysterectomy/salpingo-oophorectomy, orchiectomy, vaginectomy or vaginoplasty procedures a total of 12 months continuous hormonal sex reassignment therapy is required. An additional 12 months of hormone therapy is not required for vaginectomy or vaginoplasty procedures.

Gender specific screenings may be medically necessary for transgender persons appropriate to their anatomy. Examples include:

1. Breast cancer screening may be medically necessary for transmen who have not undergone a mastectomy.
2. Prostate cancer screening may be medically necessary for transwomen who have retained their prostate.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
Female-to-Male Gender Reassignment (55980) includes only the following procedures:	
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty, reconstruction of female urethra
54660	Insertion of testicular prosthesis (separate procedure)
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55980	Intersex surgery, female to male
56625	Vulvectomy simple; complete
57106	Vaginectomy, partial removal of vaginal wall
57110	Vaginectomy, complete removal of vaginal wall
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less;
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58275	Vaginal hysterectomy, with total or partial vaginectomy;
58290	Vaginal hysterectomy, for uterus greater than 250 g;
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 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)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
Male-to-Female Gender Reassignment (55970) includes only the following procedures:	
19325	Mammoplasty, augmentation; with prosthetic implant
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach

54690	Laparoscopy, surgical; orchiectomy
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55970	Intersex surgery; male to female
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57335	Vaginoplasty for intersex state
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
ICD-10-CM CODES	
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
Z87.890	Personal history of sex reassignment

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 08/22/2014

08/22/14: Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

08/20/15: Added codes 19303, 19304, 53430, 54660, 55175, 55180, 56625, 57110, 58150, 58260, 58262, 58275, 58290, 58291, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720 for Female-to-Male Gender Reassignment. Added codes 54125, 54520, 54690, 56800, 56805, 57291, 57292, 57335 for Male-to-Female Gender Reassignment. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

06/24/16: Per CMS A53793 added codes 53420, 53425, 57106, 58180, 58541, 58542, 58543, 58544 for Female-to-Male Gender Reassignment; Removed code 58661 for Female-to-Male Gender Reassignment; Added codes 19325, 55866, 57295, 57296, 57426 for Male-to-Female Gender Reassignment; Added codes 11950, 11951, 11952, 11954, 15775, 15776, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17380, 19316, 19350, 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 30400, 30410, 30420, 30430, 30435, 30450 as non-covered when billed with gender reassignment ICD-10 diagnosis code. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

11/17/16: Added effective 01/01/17 new ICD-10 code F64.0. Revised effective 01/01/17 ICD-10 code F64.1. Removed codes 11950, 11951, 11952, 11954, 15775, 15776, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17380, 19316, 19350, 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 30400, 30410, 30420, 30430, 30435, 30450. Policy updated per administrative review/direction.

01/27/17: Codes 55970 & 55980 are now covered for Advantage per ODM guidelines. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

11/14/17: Removed ICD-9 codes. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

12/21/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

