

MEDICAL REVIEW GUIDELINE

Gender Affirmation Care

Originally adopted by Medical Care Management
Committee on June 22, 2023
Revised - NA



Title: Gender Affirmation Care

This Medical Review Guideline (Guideline) is provided for informational purposes only and does not constitute medical advice. It is intended solely for the use of Community Health Choice, Inc. and its affiliates, subsidiaries or other related entities existing now or in the future (Community) clinical staff as a guideline for use in determining medical necessity of requested procedures and therapy. This Guideline does not address eligibility or benefit coverage. Other Policies and Coverage Determination Guidelines may apply. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Medical Review Guideline. If there is a discrepancy between this Guideline and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern. Community reserves the right, in its sole discretion, to modify its Policies and Guidelines, as necessary.

PURPOSE:

The purpose of this Guideline is to provide criteria for prior authorization review of gender affirmation treatment including requests for specific surgeries and treatments.

GUIDELINE:

1. Medical necessity criteria:

Gender affirmation surgery may be considered medically necessary when **ALL** of the following are met:

- The individual is greater than or equal to 18 years of age; **and**
- The individual has the capacity to make a fully informed decision and to consent for treatment; **and**
- The individual has been diagnosed with the gender dysphoria, including **ALL** of the following:
 - The desire to live and be accepted as a member of another gender, usually accompanied by the wish to make their body as congruent as possible with the identified gender through surgery and hormone treatment; **and**
 - The individual's identity has been present persistently for at least six (6) months; **and**
 - The dysphoria is not a symptom of another mental disorder; **and**
 - Any significant medical or mental health diagnosis that is present including severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder) which may require psychotropic medications and/or psychotherapy, and including Substance Use Disorder, must be reasonably well controlled before surgery is contemplated; **and**
 - The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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- The individual is under the care of physicians and/or mental health providers who are able to document **ALL** of the following conditions:
- For chest surgery (mastectomy and chest reconstruction)
 - Initiation of hormonal therapy (unless medically contraindicated or individual is unable or unwilling to take hormones); **and**
 - One (1) referral from a qualified mental health professional with written documentation submitted to the physician performing the breast surgery; **and**
- For hysterectomy and salpingo-oophorectomy, orchiectomy:
 - Documentation of at least 12 months of continuous hormonal sex reassignment therapy, (unless medically contraindicated or individual is unable or unwilling to take hormones); **and**
- For vaginoplasty, phalloplasty, metoidioplasty:
 - The individual has successfully lived and worked within the identified gender role full-time for at least 12 months (real life experience) without returning to the original gender (unless doing so would jeopardize the individual's safety); **and**
 - Documentation of at least 12 months of continuous hormonal therapy, (unless medically contraindicated or individual is unable or unwilling to take hormones); **and**
 - Separate evaluation by the physician performing the genital surgery.; **and**
 - The individual must complete a psychological evaluation performed by a licensed mental health care professional and be recommended for surgery. The individual's medical record documentation should indicate that all psychosocial issues have been identified and addressed and the individual expresses understanding of the permanency of surgical intervention.

Members under the age of 18 years are not eligible for these benefits.

2. Gender transition services that are covered: Male-to-Female (MTF) • Clitoroplasty • Labiaplasty • Orchiectomy • Penectomy • Urethroplasty • Vaginoplasty Female-to Male (FTM) • Bilateral mastectomy or breast reduction (Note: Bilateral mastectomy or breast reduction may be done as a stand-alone procedure, without having genital reconstruction procedures. In this situation, the patient does not need to complete hormone therapy prior to procedure.) • Hysterectomy • Metoidioplasty • Penile prosthesis • Phalloplasty • Salpingo-oophorectomy • Scrotoplasty • Testicular prostheses • Urethroplasty • Vaginectomy • Vulvectomy

Note: Coverage is limited to one sex transformation reassignment per lifetime which may include several staged procedures.

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3. Gender transition services that are not covered The following services are not covered: • Treatment received outside of the United States • Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics • Sperm preservation in advance of hormone treatment or gender surgery • Cryopreservation of fertilized embryos • Oocyte preservation • Surrogate parenting • Donor eggs, donor sperm and host uterus • Cosmetic procedures (See Noncovered Procedure Codes under Attachment A) • Suction-assisted lipoplasty of the waist • Surgical treatment-under eighteen (18) years of age • Surgical treatment not prior authorized by the insurer • Drugs for sexual performance for patients that have undergone genital reconstruction • Drugs for cosmetic purposes • Drugs for hair loss or growth
4. The following procedures are considered cosmetic and not medically necessary when performed as part of gender reassignment services: • Abdominoplasty • Blepharoplasty • Body contouring (e.g., fat transfer, lipoplasty, panniculectomy) • Breast enlargement, including breast implants and augmentation mammoplasty • Calf implants • Cheek/malar augmentation, chin and nose implants • Collagen injections • Brow lift/browplasty • Injection of fillers or neurotoxins • Face, forehead lift and or neck tightening • Facial bone remodeling/augmentation for facial feminization • Hair removal (e.g., electrolysis or laser) • Hair transplant • Lip augmentation/Lip reduction • Liposuction (e.g., suction-assisted lipectomy) • Mastopexy • Pectoral implants • Rhinoplasty • Skin resurfacing • Thyroid cartilage reduction, reduction thyroid chondroplasty, trachea shave • Voice modification surgery • Voice lessons and voice therapy

Post-payment Audit

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Community Health Choice at any time pursuant to the terms of your provider agreement.

CODING:

Diagnosis Codes ICD-10 Codes Description F64.0 Transsexualism; Gender identity disorder in adolescence and adulthood; Gender dysphoria in adolescents and adults 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 sexual reassignment

Procedure Codes CPT Codes Description 19303 Mastectomy, simple, complete 19304 Mastectomy, subcutaneous Policy No. MP-033-MD-DE Page 8 of 14 53420 Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; 1st stage 53425 Urethroplasty, 2-stage reconstruction or

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repair of prostatic or membranous urethra; 2nd stage 53430 Urethroplasty, reconstruction of female urethra 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 54406 Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis 54408 Repair of component(s) of a multi-component, inflatable penile prosthesis 54410 Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session 54411 Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue 54415 Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis 54416 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session 54417 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue 54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach 54660 Insertion of testicular prosthesis (separate procedure) 54690 Laparoscopy, surgical; orchiectomy 55175 Scrotoplasty; simple 55180 Scrotoplasty; complicated 55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed 55899 Phalloplasty 55970 Intersex surgery; male to female 55980 Intersex surgery; female to male 56625 Vulvectomy simple; complete 56800 Plastic repair of introitus 56805 Clitoroplasty for intersex state 57106 Vaginectomy, partial removal of vaginal wall 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 approach 57335 Vaginoplasty for intersex state 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); 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

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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) 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) 58940 Oophorectomy, partial or total, unilateral or bilateral; Non-covered Procedure Codes The following procedures are considered cosmetic, not reconstructive, and not medically necessary when performed as part of gender reassignment: CPT Codes Description 11950 Subcutaneous injection of filling material (e.g., collagen); 1 cc or less 11951 Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc 11952 Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc 11954 Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc 11960 Insertion of tissue expander(s) for other than breast, including subsequent expansion 11970 Replacement of tissue expander with permanent testicular insertion 14000 Adjacent tissue transfer or rearrangement, trunk; defect 10 sq. cm or less 14001 Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq. cm to 30.0 sq. cm 14041 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 Policy No. MP-033-MD-DE Page 10 of 14 15775 Punch graft for hair transplant; 1 to 15 punch grafts 15776 Punch graft for hair transplant; more than 15 punch grafts 15777 Implantation of biologic implant (e.g. acellular dermal matrix) for soft tissue reinforcement (i.e. breast, trunk) (List separately in addition to code for primary procedure 15780 Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis) 15781 Dermabrasion; segmental, face 15782 Dermabrasion; regional, other than face 15783 Dermabrasion; superficial, any site (e.g., tattoo removal) 15788 Chemical peel, facial; epidermal 15789 Chemical peel, facial; dermal 15792 Chemical peel, nonfacial; epidermal 15793 Chemical peel, nonfacial, dermal 15820 Blepharoplasty, lower eyelid; 15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad 15822 Blepharoplasty, upper eyelid; 15823 Blepharoplasty, upper eyelid; with excessive skin weighting down lid 15824 Rhytidectomy; forehead 15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) 15826 Rhytidectomy; glabellar frown lines 15828 Rhytidectomy; cheek, chin, and neck 15829 Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap 15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy 15832 Excision, excessive skin and

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subcutaneous tissue (includes lipectomy); thigh 15833 Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg 15834 Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip 15835 Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock 15836 Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm 15837 Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand 15838 Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad 15839 Excision, excessive skin and subcutaneous tissue (includes lipectomy); other areas 15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) 15876 Suction assist lipectomy; head and neck. 15877 Suction assist lipectomy; trunk 15878 Suction assist lipectomy; upper extremity 15879 Suction assisted lipectomy; lower extremity 17380 Electrolysis epilation, each 30 minutes 19316 Mastopexy 19324 Mammoplasty, augmentation; without prosthetic implant 19325 Mammoplasty, augmentation; with prosthetic implant 19340 Immediate insertion of breast prosthesis following mastopexy, mastectomy (unrelated to mastectomy or post mastectomy reconstruction).19350 Nipple/areola reconstruction (unrelated to mastectomy or post mastectomy reconstruction) 19342 Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction 20926 Tissue grafts, other (e.g., paratenon, fat, dermis) 21120 Genioplasty; augmentation (autograft, allograft, prosthetic material) 21121 Genioplasty; sliding osteotomy, single piece 21122 Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin) 21123 Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) 21125 Augmentation, mandibular body or angle; prosthetic material 21127 Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft) 21137 Reduction forehead; contouring only 21138 Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft) 21139 Reduction forehead; contouring and setback of anterior frontal sinus wall 21172 Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts 21173 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) 21179 Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material) 21180 Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining graft) 21208 Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) 21209 Osteoplasty, facial bones; reduction 21210 Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) 21230 Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) 21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft) 21248

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Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial 21249
Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete 21255
Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) 21256 Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia) 21260 Periorbital osteotomies for orbital hypertelorism, with bone grafts, extracranial approach 21261 Periorbital osteotomies for orbital hypertelorism, with combined intra- and extracranial approach 21263 Periorbital osteotomies for orbital hypertelorism, with forehead advancement. 21267 Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach 21268 Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach 21270 Malar augmentation, prosthetic material 21275 Secondary revision of orbitocraniofacial reconstruction 21899 Unlisted procedure, neck or thorax 27656 Repair fascial defect of leg (calf implants) 30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip 30410 Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip 30420 Rhinoplasty, primary; including major septal repair. 30430 Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip 30435 Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) 30450 Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) 31573 Laryngoscopy with therapeutic injection(s); (chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral 31574 Laryngoscopy with injection(s) for augmentation (e.g., percutaneous, transoral), unilateral 31587 Laryngoplasty, cricoid split; without graft 31599 Unlisted procedure, larynx (Laryngoplasty) 31750 Tracheoplasty; cervical (Adam's apple surgery) 31899 Trachea shave/reduction thyroid chondroplasty 67900 Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) 67901 Repair of blepharoptosis; frontalis muscle technique with suture or other material 67902 Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia) 67903 Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach 67904 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach 67906 Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) 67908 Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type) 69300 Otoplasty, protruding ear, with or without size reduction 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

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Exclude and Not Medically Necessary-Fertility Preservation CPC/HCPCS Codes Description 89258 Cryopreservation; embryo(s) 89259 Cryopreservation; sperm 89335 Cryopreservation; reproductive tissue, testicular, 89337 Cryopreservation; mature oocyte(s) Policy No. MP-033-MD-DE Page 13 of 14 89342 Storage (per year); embryo(s) 89343 Storage (per year); sperm/semens 89344 Storage (per year); reproductive tissue, testicular/ovarian 89346 Storage (per year); oocyte(s) 89354 Thawing of cryopreserved tissue, ovarian S4027 Storage of previously frozen embryos S4030 Sperm procurement and cryopreservation; initial visit S4031 Sperm procurement and cryopreservation; subsequent visit S4040 Monitoring and storage of cryopreserved embryos, per 30 days 0058T Cryopreservation; reproductive tissue, ovarian, 0357T Cryopreservation; immature oocyte(s)

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