



## NHS MEDICAL POLICY

### Transgender Surgical Procedures Procedure 2017-003

Transgender surgical procedures may be indicated when **ALL** the following are present:

1	The member is age 18 or older.
2	<p>A qualified mental health provider has documented a diagnosis of persistent gender dysphoria with any 2 of the following, persisting for at least 6 months:</p> <ul style="list-style-type: none"> <li>• A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics</li> <li>• A strong desire to eliminate one's primary and/or secondary sex characteristics</li> <li>• A strong desire to have the primary and/or secondary sex characteristics of the other gender</li> <li>• A strong desire to be of the other gender or transform into another gender</li> <li>• A strong desire to be treated as the other gender</li> <li>• A strong conviction that one has the typical feelings and reactions of the other gender</li> </ul>
3	<p>A qualified mental health provider has documented ALL 3 of the following:</p> <ul style="list-style-type: none"> <li>• The member has the capacity to make a fully informed decision to consent for treatment</li> <li>• The member has participated in any necessary treatment of gender dysphoria and demonstrated adherence to treatment recommendations</li> <li>• The member has no active, untreated psychiatric comorbidity or substance abuse disorder.</li> </ul>
4	A multidisciplinary transgender care program has documented enrollment and participation in recommended treatment.
5	<p>IF pelvic genital reconstruction surgery is planned, the treating provider has documented that the member has been living in a gender role that is congruent with their gender identity for 12 months or more and has not reverted to the original gender role, OR the treating provider has documented a contraindication to doing so.</p> <p>For other types of surgery, not involving pelvic genital reconstruction, the treating provider has documented how the member has explored living in a gender role that is congruent with their gender identity.</p>

6	IF pelvic genital reconstruction surgery is planned, the treating provider has documented that the member has been prescribed and has been adherent to continuous hormone therapy consistent with their gender identity for 12 months or more, OR the treating provider has documented intolerance or a contraindication to hormone therapy. (Note: hormone therapy is not required for breast surgery – this requirement does not apply to those seeking only breast surgery.)																																								
7	The intended surgical procedure is listed in the code reference section of this policy.																																								
8	<p>The intended surgical procedure is not cosmetic.</p> <p>The following procedures are not covered for the purpose of improving or altering appearance or self-esteem related to one's appearance, including gender specific appearance for an individual with gender dysphoria, because such procedures are considered cosmetic and/or not medically necessary. (Note: This may not be a comprehensive list of excluded procedures or codes to apply to this policy.)</p> <table> <tr> <th><u>Excluded Procedure(s)</u></th><th><u>Code(s)</u></th></tr> <tr> <td>Aesthetic procedures</td><td>N/A</td></tr> <tr> <td>Abdominoplasty</td><td>15847</td></tr> <tr> <td>Blepharoplasty</td><td>15820, 15821, 15822, 15823</td></tr> <tr> <td>Body sculpting</td><td>N/A</td></tr> <tr> <td>Chondrolaryngoplasty (thyroid cartilage reduction or tracheal <i>shave to reduce Adam's apple</i>)</td><td>31750</td></tr> <tr> <td>Drugs for hair loss or growth</td><td>N/A</td></tr> <tr> <td>Ear piercing</td><td>69090</td></tr> <tr> <td>Facelift, forehead/brow lift</td><td>15824, 15825, 15826, 15828, 15829, 21137, 67900</td></tr> <tr> <td>Facial contouring or feminization</td><td>21208, 21209, 21210,</td></tr> <tr> <td>Fertility preservation</td><td>0058T, 0357T, 55870, 89240, 89259, 89342, 89343, 89352, 89354, 99199</td></tr> <tr> <td>Jaw reduction or alteration, genioplasty</td><td>21120, 21121, 21122, 21123, 21125, 21126, 21127, 21193, 21194, 21195, 21196</td></tr> <tr> <td>Hair removal (electrolysis or laser)</td><td>17380, 17999</td></tr> <tr> <td>Hair transplantation</td><td>15775, 15776, 17380</td></tr> <tr> <td>Implants (calf, cheek/malar, chin, nose, pectoral)</td><td>21087, 21208, 21210, 21270</td></tr> <tr> <td>Injection of collagen or filling material</td><td>11950, 11951, 11952, 11954</td></tr> <tr> <td>Lip reduction or augmentation</td><td>40500, 40510, 40520, 40525, 40527, 40530</td></tr> <tr> <td>Lipofilling, Liposuction and Lipoplasty</td><td>15876, 15877, 15878, 15879</td></tr> <tr> <td>Mastopexy</td><td>19316</td></tr> <tr> <td>Neck tightening</td><td>15825</td></tr> </table>	<u>Excluded Procedure(s)</u>	<u>Code(s)</u>	Aesthetic procedures	N/A	Abdominoplasty	15847	Blepharoplasty	15820, 15821, 15822, 15823	Body sculpting	N/A	Chondrolaryngoplasty (thyroid cartilage reduction or tracheal <i>shave to reduce Adam's apple</i> )	31750	Drugs for hair loss or growth	N/A	Ear piercing	69090	Facelift, forehead/brow lift	15824, 15825, 15826, 15828, 15829, 21137, 67900	Facial contouring or feminization	21208, 21209, 21210,	Fertility preservation	0058T, 0357T, 55870, 89240, 89259, 89342, 89343, 89352, 89354, 99199	Jaw reduction or alteration, genioplasty	21120, 21121, 21122, 21123, 21125, 21126, 21127, 21193, 21194, 21195, 21196	Hair removal (electrolysis or laser)	17380, 17999	Hair transplantation	15775, 15776, 17380	Implants (calf, cheek/malar, chin, nose, pectoral)	21087, 21208, 21210, 21270	Injection of collagen or filling material	11950, 11951, 11952, 11954	Lip reduction or augmentation	40500, 40510, 40520, 40525, 40527, 40530	Lipofilling, Liposuction and Lipoplasty	15876, 15877, 15878, 15879	Mastopexy	19316	Neck tightening	15825
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Panniculectomy or removal of redundant skin	15830, 15831, 15832, 15833, 15834, 15835, 15836, 15837, 15738, 15839
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
Skin resurfacing (dermabrasion, chemical peels, laser)	15780, 15781, 15782, 15783, 15784, 15785, 15786, 15787, 15788, 15789, 15790, 15791, 15792, 15793, 17999
Voice modification surgery (glottoplasty, laryngoplasty)	31599, 31899
Voice therapy or lessons	92507, 92508

## SOURCES

1. WPATH: World Professional Association for Transgender Health <http://www.wpath.org> was accessed July through September, 2017
2. University of California San Francisco, Center of Excellence for Transgender Health <http://transhealth.ucsf.edu> was accessed August 2017, and personal communication with Dr. Madeline Deutsch, August 31, 2017.
3. UpToDate.com was accessed September 19, 2017:
  - Body dysmorphic disorder: Assessment, diagnosis, and differential diagnosis
  - Primary care of transgender individuals
  - Transgender women: Evaluation and management
  - Transgender men: Evaluation and management
  - Gender development and clinical presentation of gender nonconformity in children and adolescents
  - Management of gender nonconformity in children and adolescents
4. Rosenthal SM. Approach to the Patient: Transgender Youth: Endocrine Considerations. J Clin Endocrinol Metab. 2014 Dec;99(12):4379-89.
5. Endocrine Society Clinical Practice Guideline on Gender Dysphoria, September 2017, <http://www.endocrine.org> was accessed September 19, 2017.
6. Saraswat A, et al. Evidence Supporting the Biologic Nature of Gender Identity. Endocr Pract. 2015 Feb;21(2): 199-204.
7. Heylens G, et al. Gender Identity Disorder in Twins: A Review of the Case Report Literature. J Sex Med. 2012 Mar;9(3):751-7.
8. Davidge-Pitts, C., et al. Transgender Health in Endocrinology: Current Status of Endocrinology Fellowship Program and Practicing Clinicians. J Clin Endocrinol Metab. (2017) 102(4):1286-1290.
9. American College of Physicians, Internal Medicine Meeting, 2016, Washington DC, personal attendance: transgender care
10. American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-5) <http://www.psychiatry.org> was accessed September 19, 2017.

**CODE REFERENCE** (This may not be a comprehensive list of codes to apply to this policy.)

Construction of artificial vagina without graft	57291
Construction of artificial vagina without graft	57292
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)	55970
Intersex surgery; female to male ( a series of staged procedures that include penile and scrotum formation by graft and prostheses placement)	55980
Perineoplasty, nonobstetrical	56810
Plastic repair of introitus	56800
Hysterectomy with/without Salpingectomy and/or Oophorectomy	58150-58294, 58550-58554
Salpingo-oophorectomy	58661, 58720
Salpingectomy	58700
Oophorectomy	58940
Mastectomy and reconstruction	19301, 19303- 19304, 19325, 19350
Penile prosthesis	54400-54417
Phalloplasty/Metoidioplasty	55899
Scrotoplasty	55175, 55180
Testicular prostheses	54660
Urethroplasty	53430
Vaginectomy	57106-57107, 57110-57111
Vulvectomy	56620-56640
Clitoroplasty	56805

Coloproctostomy	44145-44146, 44207-44208
Labiaplasty	56800
Mammaplasty and breast implants	19324-19325
Orchiectomy	54690
Penectomy	54125
Urethroplasty	53410
Vaginoplasty for intersex state	57335

#### POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
09/12/2018	Under code reference added “and reconstruction” code 19350
06/12/2019	Under code reference added code 19325
06/11/2020	Annual review and approval by UM Committee
06/11/2021	Annual review and approval by UM Committee
06/10/2022	Annual review and approval by UM Committee
05/26/2023	Annual review and approval by UM/QM Committee
05/20/2024	Annual review and approval by UM/QM Committee
03/24/2025	Annual review and approval by UM/QM Committee