

**Policy #: 189**

**Original Policy Date: 12/9/2011**

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**Title**

**Transgender Services**

Transgender services are only covered to the extent that these types of services are covered by each member's benefit design. Members who are considering seeking transgender services are encouraged to check their specific plan documents (subscriber certificate or benefit description) to determine if coverage is available for the services described in this policy.

**Description**

Gender reassignment surgery\* (GRS) is one treatment option for Gender Identity Disorder (GID), a condition in which a person feels a strong and persistent identification with the opposite gender accompanied by a severe sense of discomfort with their own gender. People with GID often report a feeling of being born as the wrong sex. GRS is not a single procedure, but part of a complex process involving multiple medical, psychiatric, and surgical modalities performed in conjunction with each other to help the candidate for gender reassignment achieve successful behavioral and medical outcomes. Before undertaking GRS, candidates need to undergo important medical and psychological evaluations, and begin medical therapies and behavioral trials to confirm that surgery is the most appropriate treatment choice.

**When services are covered**

We cover GRS when *all* of the following candidate criteria are met and supporting provider documentation is provided:

**Candidate Criteria:**

1. The candidate is at least 18 years of age; and
2. The candidate has been diagnosed with GID, including meeting all of the following indications:
  - a. The desire to live and be accepted as a member of the opposite sex,
    1. Typically accompanied by the desire to make the physical body as congruent as possible with the identified sex through surgery and hormone treatment; and
  - b. The new gender identity has been present for at least 24 months; and
  - c. The gender identity disorder is not a symptom of another mental disorder or a chromosomal abnormality; and
  - d. The gender identity disorder causes clinical distress or impairment in social, occupational, or other important areas of functioning
3. For those candidates without a medical contraindication the candidate has undergone a minimum of 12 months of continuous hormonal therapy that is (Note: for those candidates requesting female to male surgery see item 4. below):
  - a. Recommended by a mental health professional and
  - b. Provided under the supervision of a physician; and the supervising physician indicates that the patient has taken the hormones as directed
4. For candidates requesting female to male surgery only:
  - a. When the initial requested surgery is solely a mastectomy, the treating physician may indicate that no hormonal treatment (as describe in criteria 3 above) is required prior to performance of the mastectomy. In this case, the 12 month requirement for hormonal treatment will be waived only when all other criteria contained in this policy, and the members subscriber certificate/benefit description are met.

5. The candidate has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, with no returning to their original gender including one or more of the following (For those candidates not meeting this criteria, see item 6 below):
  - a. Maintain part- or full-time employment; or
  - b. Function as a student in an academic setting; or
  - c. Function in a community-based volunteer activity
6. If the candidate does not meet the 12 month time frame criteria as noted in item 5 above, then the treating clinician must submit information indicating why it would be clinically inappropriate to require the candidate to meet these criteria. When submitted, the criteria in item 5 will be waived unless the criteria noted in item 5 above are specified as required in the candidate's subscriber certificate/benefit description.

**Provider Documentation Criteria**

The treating clinicians must provide the following documentation. The documentation must be provided in letters from the appropriate clinicians and contain the information noted below.

1. The letters must attest to the psychological aspects of the candidate's GID.
  - a. One of the letters must be from a behavioral health professional with a doctoral degree (Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) who is capable of adequately evaluating if the candidate has any co-morbid psychiatric conditions
  - b. One of the letters must be from the candidate's physician or behavioral health provider, who has treated the candidate for a minimum of 18 months (Note: if the candidate has not been treated continuously by one clinician for 18 months but has transferred care from one clinician to a second clinician, then both clinicians must submit documentation and their combined treatment must have been for 18 months). The letter or letters must document the following:
    1. Whether the author of the letter is part of a gender identity disorder treatment team; and
    2. The candidate's general identifying characteristics; and
    3. The initial and evolving gender, sexual, and other psychiatric diagnoses; and
    4. The duration of their professional relationship including the type of psychotherapy or evaluation that the candidate underwent; and
    5. The eligibility criteria that have been met by the candidate; and
    6. The physician or mental health professional's rationale for surgery; and
    7. The degree to which the candidate has followed the treatment and experiential requirements to date and the likelihood of future compliance; and
    8. The extent of participation in psychotherapy throughout the 12 month real-life trial, (if such therapy is recommended by a treating medical or behavioral health practitioner) and
    9. That during the 12 month, real-life experience (for candidates not meeting the 12 month candidate criteria as noted in 5 and 6 the letter should still comment on the candidates ability to function and experience in the desired gender role), persons other than the treating therapist were aware of the candidate's experience in the desired gender role and could attest to the candidate's ability to function in the new role.
    10. That the candidate has, intends to or is in the process of acquiring a legal gender-identity-appropriate name change and
    11. Demonstrable progress on the part of the candidate in consolidating the new gender identity, including improvements in the ability to handle:
      1. Work, family, and interpersonal issues
      2. Behavioral health issues, should they exist. This implies satisfactory control of issues such as
        - sociopathy,
        - substance abuse,
        - psychosis,
        - suicidality

- c. If the letters specified in 1a and 1b above come from the same clinician, then a letter from a second physician or behavioral health provider familiar with the candidate corroborating the information provided by the first clinician is required.
- d. A letter of documentation must be received from the treating surgeon. If one of the previously described letters is from the treating surgeon then it must contain the documentation noted in the section below. All letters from a treating surgeon must confirm that:
  1. The candidate meets the “candidate criteria” listed in this policy and
  2. The treating surgeon feels that the candidate is likely to benefit from surgery and
  3. The surgeon has personally communicated with the treating mental health provider or physician treating the candidate, and that
  4. The surgeon has personally communicated with the candidate and that the candidate understands the ramifications of surgery, including:
    - The required length of hospitalizations,
    - Possible complications of the surgery, and
    - The post surgical rehabilitation requirements of the various surgical approaches and the planned surgery

\* Gender reassignment surgery (GRS) may include a variety of different procedures. The following are possible procedures that may be included. GRS neither requires that all of these procedures take place nor is limited to any of the following procedures. Gender reassignment surgical procedures are only covered according to the member’s individual subscriber certificate/benefit description.

*Male-to-Female Procedures*

- o Orchiectomy
- o Penectomy
- o Vaginoplasty
- o Clitoroplasty
- o Labiaplasty
- o Augmentation mammoplasty
- o Colovaginoplasty

*Female-to-Male Procedures*

- o Hysterectomy
- o Salpingo-oophorectomy
- o Vaginectomy
- o Metoidioplasty
- o Scrotoplasty
- o Urethroplasty
- o Placement of testicular prostheses
- o Phalloplasty
- o Mastectomy
- o Vulvectomy
- o colpectomy

**When services are not covered**

GRS is not covered when a member does not have a benefit for the services requested contained in their “subscriber certificate” or ”benefit description” document.

GRS is not covered when one or more of the criteria above have not been met.

Any services performed to reverse GRS are not covered.

Typically GRS procedures that are considered cosmetic are not covered unless otherwise specified in the member’s individual subscriber certificate/benefit description.

### Cosmetic Procedures

- reduction thyroid chondroplasty
- facial bone reconstruction/facial feminization surgery
- rhinoplasty
- facelift
- blepharoplasty
- voice modification surgery
- hair removal/hairplasty
- collagen injections
- redundant skin removal
- chin implants
- nose implants
- liposuction
- lip reduction

### Individual consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. For consideration of an individual patient, physicians may send relevant clinical information to:

#### For services already billed

Blue Cross Blue Shield of Massachusetts  
Provider Appeals  
PO Box 986065  
Boston, MA 02298

#### Prior to performance of service

Blue Cross Blue Shield of Massachusetts  
Case Creation/Medical Policy  
One Enterprise Drive  
Quincy, MA 02171  
Tel: 1-800-327-6716  
Fax: 1-888-641-5330

### Authorization Information

#### For Managed Care members:

- Authorizations are required for these services; *see Managed Care Guidelines for additional requirements.*

#### For Indemnity and PPO members:

- Authorizations are required for these services; *see Indemnity and PPO Guidelines for additional requirements.*

### Managed care guidelines

- Any specialist visit requires a referral for **Medicare HMO Blue**.
- For all Managed Care plans, any specialist visit requires a referral, except for visits performed by OB/GYN specialists.
- Authorization is required for any inpatient admission.
- Authorization is required for transgender same day surgery or surgical day care services except for those members that have a self referred benefit. We suggest that those members accessing their self referred benefit request a pre-service review before undergoing transgender surgery in an outpatient setting.

### Indemnity and PPO guidelines

All authorization requirements are determined by the individual's subscriber certificate, however:

- Authorizations are required for all inpatient services.

- Authorizations are not required for most outpatient services as determined by the individual's subscriber certificate.
- Referrals to a specialist are not required.

**Coding information**

*Procedure codes are from current CPT, HCPCS Level II, Revenue Code, and/or ICD-9-CM manuals, as recommended by the American Medical Association, Centers for Medicare and Medicaid Services and American Hospital Associations. Blue Cross Blue Shield Association national codes may be developed when appropriate.*

*The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

**Male to Female Surgery**

Service	CPT	ICD-9
Intersex surgery male to female	55970	64.5
Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	54520,	62.41-62.42
Laparoscopy, surgical; orchiectomy	54690	
Amputation of penis; partial	54120	64.3
Amputation of penis; complete	54125	
Vaginoplasty for intersex state	57335	70.61, 70.63
Construction of artificial vagina; without graft	57291	
Construction of artificial vagina; with graft	57292	
Labiaplasty (creation of labia minora and majora from surrounding tissues and grafts as well as clitoral hood if not formed earlier)		71.4
Breast augmentation	19325 19357 19380 *19350	85.52, 85.54, 85.87, 85.89

**Female to Male Surgery**

Service	CPT	ICD-9
Intersex surgery female to male	55980	64.5
Insertion testicular prosthesis	54660	62.7, 64.43
Scrotoplasty (creation of testicles from labia tissue and testicle prostheses) i) Tissue expanders may be used and would require 2 <sup>nd</sup> procedure to remove and replace with permanent testicular prostheses	55175, 55180	
Vaginectomy (ablation of the lining of the vagina and closure of the space) * Vulvectomy * Repair of introitus	57106-57107, 57110-57711  *56625 *56800	70.4  *71.62
Urethral lengthening (extension of the natal urethra through	53430	

the neo-phallus for urination while standing)		
Clitoral release (release of the suspensory ligaments of the clitoris) * Perineoplasty	56805  *56810	
Hysterectomy (or bi-lateral oophorectomy and salpinectomy)	58150, 58180, 58260-58262, 58275, 58291, 58541-58544, 58550- 58554 58570- 58573,	68.41, 68.51, 68.59  65.61, 65.63
Bi-lateral mastectomy, chest reconstruction, and other breast reconstruction	19301, 19303, 19304,  19316, 19324, 19325	85.23 85.42  85.32

**Cosmetic surgical procedure codes.**

Please refer to policy #068 for details

These codes are typically considered cosmetic and not covered when performed in relation to gender change surgery.

**COSMETIC PROCEDURES WILL REJECT AS COSMETIC, LEAVING A PATIENT BALANCE**

**CPT Procedure Codes**

11950- 11954, Injection of filling material (i.e. collagen)

15775, 15776, Punch graft for hair transplant

15780-15782, Dermabrasion

15786-15787, Abrasion (lesion)

15820- 15823, Blepheroplasty, upper/lower lids

15824-15828, Rytidectomy of forehead, neck, frownlines, cheek and chin

15830, Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy

15832, Excision, excessive skin and 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 area

15876, Suction assisted lipectomy; head and neck

15877, Suction assisted lipectomy; trunk

15878, Suction assisted lipectomy; upper extremity

15879, Suction assisted lipectomy; lower extremity

15788-15789, Chemical peel, facial

15792-15793, Chemical peel, non-facial

17340, Cryotherapy  
17360, Chemical exfoliation for acne

17380, Electrolysis epilation, each 30 minutes

21083, Impression and custom preparation; palatal lift prosthesis  
21087, Impression and custom preparation; nasal prosthesis  
21120-21123, Genioplasty  
21125-21127, Augmentation, mandibular body or angle 21137-21139, Reduction forehead  
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  
21141-21147, Reconstruction midface, LeFort I  
21150-21151, Reconstruction midface, LeFort II  
21154-21155, Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts) (includes codes 21154, 21155)

21159-21160, Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts) (includes codes 21159, 21160)

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

21175, Reconstruction, bifrontal, superiorlateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)

21179-21180, Reconstruction, entire or majority of forehead and/or supraorbital rims  
21188, Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)

21208-21209, Osteoplasty, facial bones  
21210, Graft, bone; nasal; maxillary or malar areas (includes obtaining grafts)

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)

21244, Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)  
21245-21246, Reconstruction of mandible or maxilla, subperiosteal implant  
21248-21249, Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder)  
21270, Malar augmentation, prosthetic material

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, secondary; minor revision (small amount of nasal tip work)  
30435, Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)  
30450, Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)

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

### **ICD-9-CM PROCEDURE CODES**

08.31, Repair of blepharoptosis by frontalis muscle technique with suture  
08.32, Repair of blepharoptosis by frontalis muscle technique with fascial sling  
08.33, Repair of blepharoptosis by resection or advancement of levator muscle or aponeurosis  
08.34, Repair of blepharoptosis by other levator muscle techniques  
08.35, Repair of blepharoptosis by tarsal technique  
08.36, Repair of blepharoptosis by other techniques

76.46, Other reconstruction of other facial bone  
76.67, Reduction genioplasty  
76.68, Augmentation genioplasty  
76.69, Other facial bone repair  
76.91, Bone graft to facial bone  
76.92, Insertion of synthetic implant in facial bone

86.24, Chemosurgery of skin (chemical peel)  
86.25, Dermabrasion

### **Policy update history**

New policy January 2, 2010. Reviewed 12/2010 MPG Plastic Surgery and Dermatology, no coverage changes were made. Reviewed 11/2011 MPG Plastic Surgery and Dermatology, no coverage changes were made. Updated 12/9/2011 to remove reference to dental codes: D7948, D7949, D7950 and D7995.

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