



Gender Identity Services

I. Policy

University Health Alliance (UHA) will cover Gender Identity Services when such services meet the medical criteria guidelines (subject to limitations) indicated below. UHA does not deny, exclude, or limit health care services or treatment to a member based on the member's actual or perceived gender identity. Rather, UHA seeks to relieve physical and psychological distress resulting from the incongruence between gender identity and sex at birth. Because some aspects of dysphoria treatment (or gender affirmation therapy) are associated with significant risks of many types, UHA endorses a comprehensive and stepwise treatment plan. Gender affirmation operations have unique and irreversible risks and, in accordance with Hawaii Revised Statutes, UHA exercises deliberative processes in patient selection and authorization of some services.

II. Background

Gender dysphoria (GD) is a formal diagnosis or description used by medical professionals to describe individuals with a significant and abiding discontent with their genetic sex or birth gender. There is a clinically significant element of distress or impairment in social or occupational arenas because of this incongruence. Individuals who appear to have clinical gender dysphoria should first receive evaluation from a mental health professional before receiving any other medical treatment for GD. Psychiatric diagnoses must be analytic and evidence-based and decisions about the potential role of psychotherapy must be clearly documented.

Those who seek to halt puberty and/or to cause their bodies to minimize or develop masculine or feminine secondary sex characteristics may choose to receive hormone therapy depending on their specific gender identity. Hormone therapy is typically considered medically necessary when supported by evidence-based documentation and when it meets the criteria and guidelines below and when the enhanced informed consent which we describe below is complete and definitive.

Some individuals choose to surgically alter their bodies to align with their gender identities. These procedures must be reviewed on a case-by-case basis for medical necessity and prior authorization is always required. Many specific procedures will be covered when standard authorization criteria are met. Others are considered discretionary, cosmetic, beautifying, or serving to alter one's appearance outside of respective racial norms for gender.

In accord with Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4) and HRS 432:1-607.3 (Nondiscrimination based on actual gender identity or perceived gender identity: coverage for services), this Medical Policy provides coverage of services that are medically necessary for the treatment of gender dysphoria. The application of the Criteria/Guidelines (Section III) and Limitations (Section IV) set forth in this Medical Policy will consider the physical and behavioral characteristics of the individual patient in determining the medical necessity of the services requested. This includes, but is not limited to comorbidities, native anatomy and individual physiologic circumstances which might affect aesthetic outcomes or amplify risks.

This policy is not intended to address the treatment of infants and children with ambiguous genitalia or intersex conditions as defined by the Office of United Nations High Commission for Human Rights.

The statutory definition of medical necessity (see Master Payment Policy) is integral to all coverage decisions and medical interventions must be the most appropriate, effective, and cost effective for any medical condition. (See "Note," Section 4).

III. Criteria/Guidelines

- A. Gender affirmation therapy and or hormone treatment are covered when:
A marked incongruence between one's perceived or experienced/expressed gender and assigned gender of at least six month's duration is documented as manifested by at least two the following:
1. A marked dissonance between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics): OR
 2. A strong desire to be rid of one's primary and or secondary sex characteristics because of a strong incompatibility with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics; OR
 3. A strong desire for the primary and secondary sex characteristics of the other gender; OR
 4. A strong desire to be of another gender different from one's assigned gender; OR
 5. A strong desire to be treated as another gender; OR
 6. A strong conviction that one has the typical feelings and reactions of another gender AND
 7. The condition is associated with clinically significant distress or impairment in social, occupational or other important domains of functioning.
- B. GD is a medical condition when these elements from DSM-V are genuinely present. (See Appendix B or DSM-V criteria for Gender Dysphoria in Children.) Surgery is one treatment option but because it is part of a complex multidisciplinary process in which all parties must provide coordinated and timely and sequenced care to favor a satisfactory outcome, provisional candidates must undergo important medical and psychological evaluations and even begin medical, other hormonal therapies, and behavioral trials to confirm, to the extent possible, that surgery is a judicious choice. As described previously, gender affirmation operations present medical, psychologic, and irreversible risks.
- C. Psychotherapy and/or sexual identification counseling for treatment of gender dysphoria are covered (subject to Limitations and Administrative Guidelines) when all the following criteria are met:
1. Services are provided by a qualified mental health professional (see Appendix A for required characteristics);
 2. The patient undergoes an initial assessment of gender identity and dysphoria, the historical development of gender dysphoric feelings, and severity of resulting stress caused by the condition; and
 3. The mental health professional documents goals to assess, diagnose, and discuss treatment options (if needed) for gender dysphoria and any coexisting mental health concerns prior to initiation of hormone therapy or surgical procedures.
- D. Puberty suppression therapy is covered (subject to Limitations and Administrative Guidelines) when all the following criteria are met:
1. The patient has been diagnosed with persistent, well-documented gender dysphoria as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria (see Appendix B) and gender identity disorder as defined by the current International Classification of Diseases (ICD) criteria by a qualified mental health professional (see Appendix A);
 2. The patient has exhibited the first physical changes of puberty, indicated by a minimum Tanner stage of 2 or 3 and gender dysmorphia emerged or worsened with the onset of puberty;

3. The patient has completed at least three months of successful continuous full time real-life experience in their gender identity across a wide span of life experiences and events (e.g., holidays, vacations, season-specific school and/or work experience, family events);
 4. Clinical records document that the patient assents to treatment and the parent/guardian has made a fully informed decision and consents to treatment after a comprehensive discussion including expectations and the degree to which they can or cannot be met;
 5. The patient's comorbid medical and mental health conditions (if present) are reasonably well-controlled; and
 6. Puberty suppression therapy will be administered in a safe, appropriate, medically supervised manner by physicians with comprehensive knowledge of current methods for assessment, diagnosis, and treatment of GD at the respective age and degree of sexual and psychologic development;
 7. Fully informed consent will address the known controversies around adolescent GD, including but not limited to, social contagion and the statistical likelihood of a desire to detransition or to accomplish detransitioning to the extent physically and emotionally possible. Again, an assessment of expectations in the context of likely achievable outcomes is essential.
- E. Continuous hormone replacement therapy is covered (subject to Limitations and Administrative Guidelines) when all the following criteria are met:
1. The patient is at least 16 years of age;
 2. The patient has been diagnosed with persistent, well-documented gender dysphoria as defined by the current DSM criteria (see Appendix B) and gender identity disorder as defined by the current ICD criteria by a qualified mental health professional (see Appendix A);
 3. The patient has completed at least three months of successful continuous full-time real-life experience in their gender identity across a wide span of life experiences and events (e.g., holidays, vacations, season-specific school and/or work experience, family events);
 4. Clinical records document that the patient has made a fully informed decision and (if at least age 18) consents to treatment or (if under age 18) assents to treatment and a parent/guardian consent to treatment (See C. 7. above);
 5. The patient's comorbid medical and mental health conditions (if present) are reasonably well-controlled; and
 6. Continuous hormone replacement therapy will be administered in a safe, appropriate, medically supervised manner by physicians with comprehensive knowledge of current methods for assessment, diagnosis, and treatment of GD.
- F. Fertility counseling is covered (subject to Limitations and Administrative Guidelines) when all the following criteria are met:
1. Fertility counseling is provided by a qualified health care professional.
 2. The service is provided prior to removal of testes or ovaries; and
 3. The counselor documents that the patient has been advised about contraceptive use, effects of transition on fertility, and options for fertility preservation and reproduction.
- G. Gender reassignment/confirmation surgery is covered (subject to Limitations and Administrative Guidelines) when all the following criteria are met:
1. The patient is at least 18 years of age.
 2. The patient has been diagnosed with persistent, well-documented gender dysphoria as defined by the current DSM criteria (see Appendix B) and gender identity disorder as defined by the current ICD criteria by a qualified mental health professional (see Appendix A).
 3. The patient has completed a minimum of 12 months of continuous hormonal therapy (unless contraindicated) when recommended by a mental health professional and provided under the supervision of a physician.

4. The patient has completed a minimum of 12 months of successful continuous full-time real-life experience in their gender identity, across a wide span of life experiences and events that occur throughout the year (i.e., holidays, vacations, season-specific school and/or work experience, family events). UHA understands that public health emergencies can, conceivably, affect this requirement.

Note: The patient may complete 12 months of continuous hormone therapy and 12 months of real-life experience in their gender identity concurrently.

5. Clinical records document that the patient made a fully informed decision and consents to treatment (See C. 7. above).
6. The patient's comorbid medical and mental health conditions (if present) are reasonably well-controlled.
7. The patient has obtained referral letters from two qualified health care professionals. One of the professionals must be the patient's psychotherapist and the other must be the physician supervising the patient's continuous hormone replacement therapy. Again, both must be licensed independent providers with comprehensive knowledge of current methods for assessment, diagnosis, and treatment of GD.

H. Preventive Services

1. Cancer screening services are covered (subject to Limitations and Administrative Guidelines) for patients who retain a particular body part or organ (e.g., breasts, prostate, cervix) and otherwise meet criteria for screening based on risk factors or symptoms, regardless of hormone use. Please see the relevant UHA policy for coverage criteria.
2. Screening for breast cancer may be covered (subject to Limitations and Administrative Guidelines) for patients who have used or are currently using feminizing hormones and will be considered on a case-by-case basis.
3. In patients who have had a neocervix created from the glans penis, routine cytological examination of the neocervix may be covered (subject to Limitations and Administrative Guidelines) and will be considered on a case-by-case basis.

IV. Limitations

- A. The following services are considered cosmetic and typically do not meet criteria for medical necessity. Coverage exceptions can be requested for review on an individual basis and will be diligently reviewed. Nothing herein should be construed as a blanket exclusion.
 1. Blepharoplasty except for visual field abnormalities, body contouring (liposuction of the waist) in the absence of prior weight loss, breast enlargement procedures such as revisional augmentation mammoplasty and implant preference changes, face-lifting, facial bone reduction in the presence of craniofacial sexual ambiguity, lip enhancement, reduction thyroid chondroplasty, rhinoplasty, skin resurfacing (dermabrasion, chemical peel) when performed to beautify or complement an appearance which already serves the purpose of gender reassignment will not typically be appropriate. Surgical voice modification (laryngoplasty, cricothyroid approximation or shortening of the vocal cords), which have been used in feminization, are considered cosmetic and may have risk profiles precluding automatic inclusion.
 2. In the same manner that pectoral and calf implants are inappropriate in patients who identify as males outside of GD, chin implants, lip reduction, masculinization of torso, and nose implants, which might be used to overly accentuate masculinization, are considered cosmetic.
 3. Procedures performed to exaggerate masculine or feminine traits beyond the range of norms (allowing for ethnic differences) found within society are not covered.
 4. Rejuvenation treatments are not covered.

5. Procedures that primarily serve to beautify or otherwise enhance one's physical appearance are considered cosmetic and are not covered.
- B. Gender identity services provided outside of Hawaii are not covered unless cleared by UHA prior to any out of state services. See UHA's Out of State Services policy for details. UHA believes that some or many of these operations might be best accomplished at certain centers with academic excellence and constraints because of the risk of adverse outcomes (especially in the creation of a neovagina or neopenis). To that end, care coordination and participation with some facilities will be favored.
- C. Services performed outside of the United States are not covered benefits. Coverage exceptions can be requested for review.
- D. World Professional Association for Transgender Health (WPATH, see references) guidelines are recommendations and are subject to change. (Version 8 is expected to be published in the summer of 2022 and has already created controversy, in particular about adolescent care. UHA believes that age (in and of itself) is a somewhat perilous benchmark for hormonal therapy, suppression therapy or surgery. Suppression of genital development (for example) is both irreversible in many instances and can forfeit tissue for staged neovagina creation. Clinical and psychologic nuances are both critically important.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes § 432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria considering any supporting documentation.

V. Administrative Guidelines

- A. Prior authorization is not required for psychotherapy, sexual identity counseling, or fertility counseling for treatment of gender dysphoria. UHA reserves the right to perform retrospective reviews using the above criteria to validate whether services rendered met payment determination criteria. Please maintain relevant documentation for gender identity services received as they may be necessary for the patient to qualify for coverage for additional transition-related interventions.
- B. Prior authorization is required through the UHA pharmacy benefit manager (PBM) for many of the pharmacologic/hormone interventions that relate to this policy. Please review relevant criteria in the applicable PBM policies. To request prior authorization for prescription drugs, please visit UHA's website: <https://www.uhahealth.com/providers/online-prior-authorization-pa#prescription> and submit through Express Path for oral pharmacy benefit drugs or OnePA for medical injectable or intravenous drugs.
- C. Prior authorization is not required for breast cancer screening in biological males who are taking feminizing hormones for treatment of gender dysphoria.
- D. Prior Authorization is required for cytological screening of the neocervix.
- E. Prior Authorization is required for subcutaneous mastectomy for treatment of gender dysphoria. Include a referral letter from a qualified mental health professional containing the following:
 1. Description of the patient's general identifying characteristics.
 2. Results of the patient's psychosocial assessment, including any diagnoses.

3. Duration of the mental health professional's relationship with the patient, including the type of evaluation and therapy or counseling to date.
4. An explanation that the criteria in Section III. G. 1-7 have been met and a brief description of the clinical rationale for supporting the patient's request for surgery.
5. A statement that informed consent has been obtained from the patient; and
6. A statement that the health care professionals are available for coordination of care.

F. Prior Authorization is required for genital reassignment surgery. Include the following:

1. Two referrals from qualified health care professionals who have independently assessed the patient. One referral must be from the patient's psychotherapist, and the second referral must be from the physician supervising the patient's continuous hormone therapy. A single letter signed by both professionals is sufficient. The referral letter(s) should include the following:
 - a. Description of the patient's general identifying characteristics.
 - b. Results of the patient's psychosocial assessment, including any diagnoses.
 - c. Duration of the mental health professional's relationship with the patient, including the type of evaluation and therapy or counseling to date.
 - d. An explanation that the applicable criteria within this policy have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery.
 - e. A statement that informed consent has been obtained from the patient; and
 - f. A statement that the health care professionals are available for coordination of care.
2. Documentation that the patient has completed a minimum of 12 months of continuous hormone replacement therapy (unless contraindicated).
3. Documentation that the patient has completed at least 12 months of successful continuous full-time real-life experience in their gender identity, across a wide span of life experiences and events that may occur throughout the year.

Note: The patient may complete 12 months of continuous hormone replacement therapy and 12 months of real-life experience in their gender identity concurrently.

4. Prior Authorization is required for all surgical procedures for treatment of gender dysphoria and gender identity disorder.
- G. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4006 to establish one.
- H. Include adequate documentation to support the medical necessity of the surgical procedure(s).
- I. UHA Medical Directors, nurses, and operations specialists may be reached for peer-to-peer, care coordination, and appeals process assistance via telephone at (808) 532-4006 or toll free: (800) 458-4600 ext. 300 and fax (866) 572-4384.

CPT Codes requiring prior authorization (not a complete list) when submitted with all other gender dysphoria/identity/reassignment ICD 10 codes such as, but not limited to (F64.0, F64.1, F64):

Codes	Description
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, 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 implant

11971	Removal of tissue expander without insertion of implant
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
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)
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15750	Flap; neurovascular pedicle
15757	Free skin flap with microvascular anastomosis
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
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 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
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane, and subcutaneous tissue
19303	Mastectomy, simple, complete
19316	Mastopexy
19318	Breast reduction
19325	Breast augmentation with implant
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy
19350	Nipple/areola reconstruction
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, 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
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
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
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
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)
31599	Unlisted procedure, larynx
31750	Tracheoplasty; cervical
31899	Unlisted procedure, trachea, bronchi
40799	Unlisted procedure, lips
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra

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
53450	Urethromeatoplasty, with mucosal advancement
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
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	Unlisted procedure, male genital system
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56620	Vulvectomy simple; partial
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 abdominal 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 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)
58999	Unlisted procedure, female genital system (nonobstetrical)
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
C1789	Prosthesis, breast (implantable)
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable
L8600	Implantable breast prosthesis, silicone or equal

HCPCS Codes requiring prior authorization (not a complete list):

HCPCS Code	Description
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable

Appendix A

Characteristics of a Qualified Mental Health Professional:

- A. A master's degree or its equivalent in a clinical behavioral science field. This degree, or a more advanced one, should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent for that country.
- B. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Diseases for diagnostic purposes.
- C. Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria.
- D. Documented supervised training and competence in psychotherapy or counseling.
- E. Knowledgeable about gender-nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.
- F. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

Appendix B

DSM-5 Criteria for Gender Dysphoria in Adults and Adolescents:

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by two or more of the following:

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics).
 2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
 3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
 4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

DSM-5 Criteria for Gender Dysphoria in Children:

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months duration, as manifested by six or more of the following (one of which must be criterion A.1.)
1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender, different from one's assigned gender).
 2. In boys (assigned gender), a strong preference for cross dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to wearing of typical feminine clothing.
 3. A strong preference for cross-gender roles in make-believe play or fantasy play.
 4. A strong preference for toys, games, or activities stereotypically used or engaged in by the other gender.
 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 6. In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough and tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
 7. A strong dislike of one's sexual anatomy.
 8. A strong dislike for the primary and/or secondary sex characteristics that match one's experienced gender.
- B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

VI. Policy History

Policy Number: MPP-0125-171201

Current Effective Date: 07/01/2022

Original Document Effective Date: 12/01/2017

Previous Revision Dates: 03/19/2018, 03/01/2019

PAC Approved Date: 11/07/2017

References

1. World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transsexual Transgender, and Gender Nonconforming people. 2012 7th version.
2. Eldh J, Berg A, Gustafsson M. Long-term follow up after sex reassignment surgery. *Scandinavian Journal of Plastic and Reconstructive Surgery and Hand Surgery* 1997; 31(1): 39-45.
3. Landén M, Wålinder J, Lundström B. Clinical characteristics of a total cohort of female and male applicants for sex reassignment: A descriptive study. *Acta Psychiatrica Scandinavica* 1998; 97(3): 189-194.
4. Day P. Trans-gender reassignment surgery. New Zealand health technology assessment (NZHTA). The clearing house for health outcomes and Health technology assessment. February 2002; Vol. 1 Number 1.
5. American Psychiatric Association (APA). Gender dysphoria. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Arlington, VA: American Psychiatric Publishing; 2013: 451-459.
6. Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition. Deutsch MB, ed. June 2016. Available at www.transhealth.ucsf.edu/guidelines.
7. Health care for transgender individuals. Committee Opinion No. 512. *American College of Obstetricians and Gynecologists*. *Obstet Gynecol* 2011;118:1454-8.
8. Song, T, Jiang, N. Transgender Phonosurgery: A Systematic Review and Meta-analysis. *Otolaryngol Head Neck Surg*. 2017 May; 156 (5): 803-8.
9. Lawrence, A. Factors associated with satisfaction or regret following male to female sex reassignment surgery. *Arch Sex Behav*. 2003 Aug; 32; 299-315.
10. Turban JL, Keuroghlian A. Dynamic gender presentations: Understanding transition and “detransition” among transgender youth. *J Am Acad Child Adolesc Psychiatry*. 2018 Jul; 57 (7): 451-3.
11. Davies, S, Papp, V, Antoni, C. Voice and communication Change for Gender Nonconforming Individuals: giving voice to the person inside. *International J of Transgenderism*, 16:3, 117-59.
12. BlueCross BlueShield of North Carolina, Corporate Medical Policy, Gender Affirmation Surgery and Hormone Therapy, 4/2022.
13. CMS Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery, June, 2016: CAG #00446N.
14. Hembree, W, Cohen-Kettenis, P. et al. Endocrine Treatment of Transsexual Persons: An Endocrine Society Guideline. *Journal of Clinical Metabolism*, 2009: 94: 3132-3154 (online).
15. Patrick, T, Carson, G, Allen, M et al. Medical Informed Consent: General Considerations for Physicians, *Mayo Clinic Proceedings*, Volume 83, Issue 3, 313-319, March 1, 2008.
16. Stranix, J, Bluebond Langner, R. Improving Access to Genital Gender-Affirming Surgery-The Need for Comprehensive Gender Health Centers of Excellence, *JAMA Surg*. 7/6/2022 (online).
17. HMSA Medical Payment Policy (prevailing plan) Policy Number: MM.06.026.
18. Harvard Pilgrim Health Care, Medical Policy, Gender Affirming Services, 03/03/22.