

<b>Policy</b>	<b>MM-008</b>
<b>Effective Date</b>	<b>09/01/2024</b>
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Originated Department	Medical Management

## Gender Affirming Surgery

<b>Audience</b>
Medical Management

<b>Purpose</b>
<p>Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

<b>Definition</b>
<p>Gender-affirming surgery is part of the spectrum of care considered for individuals with gender dysphoria as an incongruence between an individual’s gender identity and their external sexual anatomy at birth. People with gender dysphoria often report a feeling of being born the wrong gender they physically appear to be. Gender-affirming surgery is not a single procedure but part of a complex process involving multiple medical, psychiatric, and surgical modalities working in conjunction with each other and the patient to achieve successful behavioral and</p>

**General Gender Affirming Surgical Services Guidelines**

The provider shall perform all duties and services in full compliance with all applicable federal, state, and local laws, regulations, and ordinances. Nothing in this agreement shall be construed to permit or require any action that would violate such laws. The provider is solely responsible for ensuring that its actions, practices, and deliverables adhere to all legal requirements in effect at the time of performance.

**1. Written supporting documentation is provided by the treating clinicians (Physician and qualified mental health provider\*) when ALL of the following criteria are met:**

- 1.1. Patient is 18 years or older; AND
- 1.2. Able to make fully informed decisions and consent to treatment; AND
- 1.3 A documented diagnosis of Gender Dysphoria; AND
- 1.4 A psychological assessment by a qualified mental health provider that documents significant mental health and or substance abuse-related disorder concerns; AND
- 1.5 A medical evaluation has been completed by an MD/DO assessing for significant medical concerns; AND
- 1.6 Documentation that a qualified mental health provider\* has determined that the patient has the capacity to give informed consent; AND \*The definition of a qualified mental health provider in this scenario is a provider with a doctorate (MD, DO, PhD, PsyD, DNP, DSW)
- 1.7 Has been living a gender role congruent with the patient’s identity for 12 continuous months.

**Criteria are divided by Breast/Chest Surgery and Genital Surgery.**

**2. Mountain Health Co-Op Health Plans covers gender-affirming surgery when ALL of the following criteria are met:**

**Criteria for Breast/Chest Surgery**

- 2.1 Patient is 18 years or older;
- 2.2 Qualified physicians are performing the requested procedure at an approved Center of Excellence with experience in the following services;
- 2.3 The patient has been diagnosed with persistent gender Dysphoria;
- 2.4 Documentation that no significant medical or mental health concerns are present; If concerns are present, then documentation that they are reasonably controlled;
- 2.5 Capacity to make a fully informed decision and to give consent for treatment;
- 2.6 One letter provided by the treating provider documenting the following:
  - a. The patient’s gender-identifying characteristics and
  - b. The initial and evolving gender, sexual, and other psychiatric diagnoses; and
  - c. The duration of the patient’s professional relationship with the provider or previous providers, including the type of psychotherapy or evaluation that the patient underwent and
  - d. The eligibility criteria that have been met and the behavioral health professional’s rationale for surgery; and

e. The degree to which the patient has followed the eligibility criteria to date and the likelihood of future compliance; and

f. Whether the report's author is part of a gender team.

**2.7** For breast/chest augmentation, a minimum of 12 months of hormone therapy prior to chest surgery is appropriate for the gender goal to maximize growth and results

### **Criteria for Genital Surgery**

### **3. Hysterectomy and Salpingo-Oophorectomy in FtM Patients and Orchiectomy in MtF patients:**

3.1 Patient is 18 years or older;

3.2 The requested procedure is being performed by qualified physicians at an approved Center of excellence with experience in the following services;

3.3 The patient has been diagnosed with persistent and well-documented gender Dysphoria;

3.4 Documentation that significant medical or mental health concerns, if present, are well controlled;

3.5 For these patients without a medical contraindication, the patient has undergone a minimum of 12 months of continuous hormonal therapy;

3.6 The patient has completed a minimum of 12 months of successfully living in the gender role that is congruent with their gender identity;

3.7 One letter provided by TWO treating providers:

a. The first letter from the patient's physician or behavioral provider documenting the following: The patient's gender-identifying characteristics; and

3.8 The initial and evolving gender, sexual, and other psychiatric diagnoses; and

3.9 The duration of the patient's professional relationship with the provider or previous providers, including the type of psychotherapy or evaluation that the patient underwent; and

3.10 The eligibility criteria that have been met and the behavioral health professional's rationale for surgery;

3.11 and The degree to which the patient has followed the eligibility criteria to date and the likelihood of future compliance; and

a. Whether the report's author is part of a gender team.

a. A second letter from a different behavioral health provider familiar with the patient's treatment and the psychological aspects of Gender Dysphoria, corroborating the information provided in the first letter;

b. When one of the signatories on the letters indicated above is not the treating surgeon, documentation (letter or clinical notes) from the treating surgical team confirming that they have personally communicated with the treating therapist and physician or reviewed signed reports, as well as the patient, and confirming that the patient meets the above criteria, understands the ramifications and possible complications of surgery, and that the surgeon feels that the patient is likely to benefit from surgery.

### **4. Metoidioplasty or Phalloplasty in FtM Patients and Vaginoplasty in MtF Patients:**

**4.1** Patient is 18 years or older;

- 4.2 Qualified physicians are performing the requested procedure at an approved Center of Excellence with experience in the following services;
- 4.3 The patient has been diagnosed with persistent and well documented Gender Dysphoria;
- 4.4 For these patients without a medical contraindication, the patient has undergone a minimum of 12 months of continuous hormonal therapy;
- 4.5 Two letters provided by treating providers:
  - a. The first letter from the patient's physician or behavioral health provider documenting the following:
- 4.6 The patient's general identifying characteristics and
- 4.7 The initial and evolving gender, sexual, and other psychiatric diagnoses; and
- 4.8 The duration of the patient's professional relationship with the provider or previous providers, including the type of psychotherapy or evaluation that the patient underwent; and
- 4.9 The eligibility criteria that have been met and the behavioral health professional's rationale for surgery; and
- 4.10 The degree to which the patient has followed the eligibility criteria to date and the likelihood of future compliance; and
- 4.11 Whether the report's author is part of a gender team.
  - a) A second letter from a different physician or behavioral health provider familiar with the patient's treatment and the psychological aspects of Gender Dysphoria, corroborating the information provided in the first letter;
  - b) When one of the signatories on the letters indicated above is not the treating surgeon, documentation (letter or clinical notes) from the treating surgical team confirming that they have personally communicated with the treating
    - i. therapist and physician or reviewed signed reports, as well as the patient, and confirming that the patient meets the above criteria, understands the ramifications and possible complications of surgery, and that the surgeon feels that the patient is likely to benefit from surgery.

**5. Gender-affirming surgery may include any of the following procedures:**

**5.1 Male-to-Female Procedures:**

- a) Breast implantation/augmentation
- b) Orchiectomy
- c) Penectomy
- d) Vaginoplasty and associate hair removal if necessary for external skin transposition into the area
- e) Clitoroplasty
- f) Labiaplasty

**5.2 Female-to-Male Procedures:**

- a) Subcutaneous mastectomy without nipple rearrangement surgery
- b) Hysterectomy
- c) Salpingo-oophorectomy
- d) Vaginectomy
- e) Metoidioplasty

- f) Scrotoplasty
- g) Urethroplasty
- h) Phalloplasty
- i) Insertion of penile prosthesis
- j) Placement of testicular prostheses

**5.3** *For non-binary individuals, the above surgeries will be considered to align their gender preferences.*

**5.4** Gender-affirming surgery is **NOT COVERED** and considered cosmetic when used to improve the gender-specific appearance of a patient who has undergone or is planning to undergo gender-affirming surgery.

**6. The following surgeries are considered cosmetic (may not be all-inclusive):**

- 6.1** Abdominoplasty
- 6.2** Blepharoplasty
- 6.3** Brow Lift
- 6.4** Cheek/Malar Implants
- 6.5** Chin/Nose Implants
- 6.6** Collagen Injections
- 6.7** Facial Bone Reconstruction
- 6.8** Face Lift
- 6.9** Forehead Lift
- 6.10** Calf lift
- 6.11** Hair removal/hairplasty, including medications that cause hair loss or growth unless the area of hair removal is skin taken from an external source used for the creation of an artificial vagina
- 6.12** Hair Transplant
- 6.13** Lip Reduction
- 6.14** Liposuction
- 6.15** Mastopexy
- 6.16** Neck tightening
- 6.17** Pectoral Implants
- 6.18** Reduction of thyroid chondroplasty
- 6.19** Rhinoplasty
- 6.20** Voice modification surgery
- 6.21** Voice Therapy/Lessons

It is essential to note that this policy **DOES NOT** apply to individuals with congenital deformities/anomalies or genetic abnormalities resulting in genitalia requiring correction.

**7. Clinical Rationale**

**7.1** Gender Dysphoria, previously referred to as gender identity disorder or transsexualism, is a condition wherein an individual's experienced/expressed gender is incongruent with the assigned gender and causes clinically significant distress and impairment. Gender dysphoria should not be confused with cross-dressing (Transvestitism), refusal to accept non-heterosexual orientation, psychotic delusions, or personality disorders.

**7.2** Gender-affirming surgical treatment differs depending upon the assigned sex at birth of the patient and each patient's needs to diminish gender dysphoria. Not every patient

wants every type of gender-affirming surgery. Male-to-female patients, also known as “transwomen,” may seek genital surgery (removal of the testicles only; removal of testicles and penis and the creation of pseudo vagina, clitoris, and labia) or facial feminization surgery (tracheal shave). Female-to-male patients, known as “transmen,” may seek genital surgery to remove the uterus, ovaries, and vagina, creation of a neophallus and scrotum with scrotal prostheses) Furthermore, “top surgery” is also called chest masculinization surgery with bilateral mastectomy.

**7.3** The guideline criteria above are based on 1) the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V, 2013) criteria for the diagnosis of Gender Dysphoria and 2) the Standards of Care (SOC) for Transgender and Gender Non-Conforming People, Version 7, published by the World Professional Association for Transgender Health (2012). These references are widely accepted as definitive documents in Gender Dysphoria treatment and are cited in numerous articles by respected authors. The SOC criteria have been adopted in several countries as the standard of care for the treatment of Gender Dysphoria, including hormone therapy and gender-affirming surgery.

**7.4** Evidence-based, peer-reviewed journal publications support the criteria of the SOC. Several studies have shown that extensive long-term trials of hormonal therapy and real-life experiences, as well as social support and acceptance by peer and family groups, significantly improve psychological and social outcomes in patients undergoing gender-affirming surgery (Eldh, 1997; Landen, 1998). A study reported by Monstrey and colleagues (2001) described the importance of close cooperation between the many medical and behavioral specialties required for proper treatment of patients with Gender Dysphoria who wish to undergo gender-affirming surgery. Similar findings were reported earlier by Schlatterer et al. in 1996. One study of 188 patients undergoing gender-affirming surgery found that dissatisfaction with surgery was highly associated with sexual preference, psychological co-morbidity, and poor preoperative body image and satisfaction (Smith, 2005).

**7.5** Undertaking gender-affirming surgery is a grave decision. The procedures present significant medical and psychological risks, and the results are irreversible. A stepwise approach to therapy for Gender Dysphoria, including accurate diagnosis and long-term treatment by a multidisciplinary team including behavioral, medical, and surgical specialists, has been shown to provide the best results. As with any treatment for psychiatric disorders, a thorough behavioral analysis by a qualified practitioner is needed. Once a diagnosis of Gender Dysphoria is established, treatment with hormone therapy and the establishment of real-life transgender experience may be warranted. Gender-affirming surgery should be considered only after such trials have been undertaken, evaluated, and confirmed. Hormone therapy should be administered under ongoing medical supervision and is essential in beginning the gender transition process by altering body hair, breast size, skin appearance and texture, body fat distribution, and the size and function of sex organs. Additionally, real-life experience is essential to validate the patient’s desire and ability to incorporate into their desired gender role within their social network and daily environment. This generally involves gender-specific appearance (clothing, hairstyle, etc.), involvement in various activities in the desired gender role, including work or academic settings, legal acquisition of a gender-appropriate first name, and acknowledgment by others of their new gender role.

- 7.6** Once these treatment steps have been established and stable for at least 12 months, a patient may be considered for gender-affirming surgery.
- 7.7** For both transmen and transwomen, additional surgeries have been proposed to improve the gender-appropriate appearance of the patient. Procedures such as breast augmentation, liposuction, Adam’s apple reduction (tracheal shave), rhinoplasty, facial reconstruction, and others have no medically necessary role in gender identification and are considered cosmetic.
- 7.8** The World Professional Association for Transgender Health (WPATH) is a multidisciplinary professional society representing the specialties of medicine, psychology, social sciences, and law that has published clinical guidelines regarding health services for patients with gender disorders. In 2012, WPATH updated its evidence and consensus-based guidelines regarding the Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming Peoples.
- 7.9** WPATH guidelines indicate that a referral from a qualified mental health professional can initiate surgical treatments. Depending on the type of surgery requested, one or two referrals may be required. “The mental health professional provides documentation—in the chart and referral letter—of the patient’s personal and treatment history, progress, and eligibility.” WPATH guidelines specifically recommend the following:
- a.** One referral from a qualified mental health professional is needed for breast/chest surgery (e.g., mastectomy, chest reconstruction, or augmentation mammoplasty).
  - b.** Two referrals—from qualified mental health professionals who have independently assessed the patient—are needed for genital surgery (i.e., hysterectomy/salpingo-oophorectomy, orchiectomy, genital reconstructive surgeries).
- 7.10** WPATH lists the following criteria for mastectomy and the creation of a male chest in FTM patients:
- a.** Persistent, well-documented gender dysphoria;
  - b.** Capacity to make a fully informed decision and to consent to treatment;
  - c.** Age of majority in a given country (or with 2-parent consent);
  - d.** If significant medical or mental health concerns are present, they must be reasonably well controlled.
- 7.11** WPATH lists the following criteria for genital surgery:
- a)** Persistent, well-documented gender dysphoria;
  - b)** Capacity to make a fully informed decision and to consent to treatment;
  - c)** Age of majority in a given country;
  - d)** If significant medical or mental health concerns are present, they must be reasonably well-controlled and
  - e)** 12 continuous months of hormone therapy as appropriate to the patient’s gender goals (unless hormones are not clinically indicated for the individual).
- 7.12** In addition, WPATH made specific recommendations regarding breast augmentation procedures:
- a.** The WPATH guideline recommends that MTF patients undergo feminizing hormone therapy for a minimum of 12 months prior to augmentation surgery and lists specific criteria for breast augmentation (implants/lipofilling).

- b.** However, the classification of breast augmentation as a cosmetic versus reconstructive procedure has remained controversial. WPATH guidelines note that although breast appearance may be considered an essential secondary sex characteristic, opinions diverge regarding whether augmentation is considered cosmetic or reconstructive. In addition, WPATH indicates that “breast presence or size is not involved in the legal definitions of sex and gender and is not necessary for reproduction.”

**7.13** In 2009, the Endocrine Society, in conjunction with the European Society of Endocrinology, the European Society for Pediatric Endocrinology, the Lawson Wilkins Pediatric Endocrine Society, and the World Professional Association, published the only evidence-based guidelines for treating transgender individuals. The guidelines employed transparent methods for evidence review and rating evidence quality, all based on low-quality evidence. These guidelines were updated in 2017. The consortium made the following recommendations:

- a)** A patient pursues genital gender-affirming surgery only after the MHP and the clinician responsible for endocrine transition therapy both agree that surgery is
  - i.** medically necessary and would benefit the patient’s overall health and well-being.
- b)** Clinicians approve genital gender-affirming surgery only after completion of at least one year of consistent and compliant hormone treatment unless hormone therapy is not desired or medically contraindicated.
- c)** The clinician responsible for endocrine treatment and the primary care provider ensure appropriate medical clearance of transgender individuals for genital gender-affirming surgery and collaborate with the surgeon regarding hormone use during and after surgery.
- d)** Refer hormone-treated transgender individuals for genital surgery when:
- e)** The individual has had a satisfactory social role change, (b) the individual is satisfied with the hormonal effects, and (c) the individual desires definitive surgical changes.
- f)** Clinicians delay gender-affirming genital surgery involving gonadectomy and hysterectomy until the patient is at least 18 years old or the legal age of majority in his or her country.
- g)** Clinicians determine the timing of breast surgery for transgender males based on the physical and mental health status of the individual.
- h)** There is insufficient evidence to recommend a specific age requirement.

**7.14** Coding for Breast and Nipple Reconstruction. The CPT codes for mastectomy (CPT codes 19303 and 19304) are for breast cancer and are not appropriate to bill for reduction mammoplasty for female to male (transmasculine) gender affirmation surgery. CPT 2020 states that “Mastectomy procedures (except gynecomastia [19300]) are performed either for treatment or prevention of breast cancer” and that “Code 19303 describes total removal of ipsilateral breast tissue with or without removal of skin and nipples (e.g., nipple-sparing) for treatment or prevention of breast cancer.” There are essential differences between a mastectomy for breast cancer and a mastectomy for gender affirmation. The former requires careful attention to the removal of all breast tissue to reduce the risk of cancer. By contrast, careful removal of

all breast tissue is not essential in mastectomy for gender affirmation. In mastectomy for gender affirmation, the nipple-areola complex typically can be preserved.

**7.15** Some have tried to justify routinely billing CPT code 19350 for nipple reconstruction at the time of mastectomy for gender-affirming based on the frequent need to reduce the size of the areola to give it a male appearance. However, nipple reconstruction, as defined by CPT code 19350, describes a much more involved procedure than areola reduction. According to the AMA, the typical patient vignette for CPT code 19350 is as follows:

**7.16** “The patient is measured in the standing position to ensure an even balanced position for the location of the nipple and areola graft on the right breast. Under local anesthesia, a Skate flap is elevated at the site selected for the nipple reconstruction and constructed. A full-thickness skin graft is taken from the right groin to reconstruct the areola. The right groin donor site is closed primarily in layers.”

**7.17** The AMA vignette for CPT code 19318 (breast reduction) clarifies that this CPT code includes the work necessary to reposition and reshape the nipple to create an aesthetically pleasing result, as is required in female-to-male breast reduction. The physician reduces the breast size by removing wedges of skin and breast tissue from a female patient. A circular skin incision is made above the nipple, in the position to which the nipple will be elevated. Another skin incision encircles the nipple. Two incisions are made from the circular cut above the nipple to the fold beneath the breast, one on each side of the nipple, creating a keyhole-shaped skin and breast incision. Wedges of skin and breast tissue are removed until the desired size is achieved. Bleeding vessels may be ligated or cauterized. The physician elevates the nipple and its pedicle of subcutaneous tissue to its new position and sutures the nipple pedicle with layered closure. The remaining incision is repaired with layered closure (EncoderPro, 2021). CPT code 19350 does not describe the work being done because that code describes the actual construction of a new nipple.

**7.18** Therefore, Mountain Health Co-Op Health Plans considers nipple reconstruction, as defined by CPT code 19350, as cosmetic and not medically necessary for mastectomy for transmasculine gender-affirming individuals. CPT code 19318 includes the additional work that may be required to reshape the nipple and create an aesthetically pleasing male chest.

#### Applicable Coding

*CPT Codes Covered: For the abovementioned conditions for plans with gender-affirming supplemental coverage.*

#### **CPT Codes**

<b>00402</b>	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk, and perineum; reconstructive procedures on the breast (e.g., reduction or augmentation mammoplasty, muscle flaps)
<b>00926</b>	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal
<b>11980</b>	Subcutaneous hormone pellet implantation (implantation of estradiol and testosterone pellets beneath the skin)

<b>15771</b>	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and legs; 50 cc or less injectate
<b>15772</b>	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)
<b>17380</b>	Electrolysis epilation, each 30 minutes [when done to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure]
<b>17999</b>	Unlisted procedure, skin, mucous membrane, and subcutaneous tissue [when specified as permanent hair removal by laser to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure]
<b>19318</b>	Breast reduction
<b>19325</b>	Mammoplasty, augmentation; with prosthetic implant
<b>53430</b>	Urethroplasty, reconstruction of the female urethra
<b>54125</b>	Amputation of the penis; complete
<b>54400</b>	Insertion of a penile prosthesis; non-inflatable (semi-rigid)
<b>00402</b>	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk, and perineum; reconstructive procedures on the breast (e.g., reduction or augmentation mammoplasty, muscle flaps)
<b>00926</b>	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal
<b>11980</b>	Subcutaneous hormone pellet implantation (implantation of estradiol and testosterone pellets beneath the skin)
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<b>53430</b>	Urethroplasty, reconstruction of the female urethra
<b>54125</b>	Amputation of the penis; complete
<b>54400</b>	Insertion of a penile prosthesis; non-inflatable (semi-rigid)
<b>58554</b>	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
<b>58571</b>	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
<b>58573</b>	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with the removal of tube(s) and/or ovary(s)

<b>58661</b>	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
<b>58720</b>	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
<b>58940</b>	Oophorectomy, partial or total, unilateral or bilateral;

***(CPT Codes Not Covered for Gender Affirming Surgery)***

**19303** Mastectomy, simple, complete

**19350** Nipple/areola reconstruction

**HCPCS Codes**

***(HCPCS Codes Covered for Gender Affirming Surgery)***

**C1789** Prosthesis, breast (implantable)

**C1813** Prosthesis, penile, inflatable

**L8600** Implantable breast prosthesis, silicone or equal

**S0189** Testosterone pellet, 75 mg

**Vendors**

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### Review/Revision/Approval History

Date	Description
<b>1/1/2024</b>	<b>NEW</b>
<b>3/9/2026</b>	<b>Reviewed and approved by Mountain Health CO-OP Policy Committee Added Provider language</b>

### Disclaimer

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