

The Department of Vermont Health Access Medical Policy

Subject: Gender Reassignment Surgery

Last Review: November 16, 2016*

Revision 8: May 13, 2016

Revision 7: April 21, 2016

Revision 6: September 9, 2015

Revision 5: July 14, 2015

Revision 4: December 11, 2013

Revision 3: August 1, 2011

Revision 2: May 6, 2010

Revision 1: April 19, 2010

Original Effective: October 30, 2008

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

Gender reassignment surgery, which involves genital reconstruction surgery and chest surgery, is part of the treatment approach for persons with gender dysphoria (GD). Individuals with GD have persistent feelings of gender discomfort and inappropriateness of their anatomical sex, strong and ongoing cross-gender identification, and a desire to live and be accepted as a member of the opposite sex. Gender reassignment surgery includes the surgical procedures by which the physical appearance and function of a person's existing sexual characteristics are changed to those of the other sex in an effort to resolve or minimize GD and improve quality of life.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

[7301](#) Cosmetic Surgery

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>



Coverage Position

Gender reassignment surgery may be covered for beneficiaries:

- When gender reassignment surgery is prescribed by a licensed medical provider enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act, who is knowledgeable in and experienced in performing gender reassignment surgery for a beneficiary suffering from Gender Dysphoria and who provides medical care to the beneficiary AND
- When the clinical criteria below are met.

Coverage Criteria

The services will only be considered for individuals who are active Vermont Medicaid beneficiaries, age 21 or older, which complies with federal regulations for sterilization.

The following must be submitted:

- A. Documentation of medical necessity and eligibility in the form of letters of reference from two different qualified mental health professionals for both breast and/or genital surgery.
- B. Any surgery resulting in sterilization must meet all State and Federal guidelines.
- C. Documentation of medical necessity from a qualified primary care physician working in conjunction with the qualified mental health provider.
- D. Completion of 12 months of continuous real-life experience living in a gender role that is congruent with the beneficiary's identity.
- E. Documentation of hormonal therapy continually for 24 months, as appropriate to the beneficiary's gender goals (if no contraindications).
- F. Assessment by the qualified mental health professional will include at a minimum:
 1. Diagnosis of gender identity dysphoria, persistent, with demonstrated:
 - (a) Progress in consolidating gender identity; AND
 - (b) Progress in dealing with work, family, interpersonal issues resulting in improved mental health;
 2. Diagnosis and treatment of any co-morbid conditions;
 3. Counseling of treatment options and implications;
 4. Psychotherapy, if indicated;
 5. Successful treatment of substance abuse for over one year (e.g., abstinence, and for opiate addiction, also fully compliant with active treatment program for over one year);
 6. Formal recommendation of readiness for hormone and surgical therapy, documented in a letter of recommendation.
 - (a) Documentation of all diagnoses: If significant medical or mental health concerns are present they must be well controlled; AND
 - (b) Duration of professional relationship and type of therapy; AND
 - (c) Rationale for hormonal therapy or surgery; AND
 - (d) Documentation of patient's compliance to date and the likelihood of future compliance; AND
 - (e) Gender team communication; AND
 - (f) Follow-up treatment plan; AND
 - (g) Documentation of education of family members and/or significant others.
- G. The mental health professional must possess a doctoral degree (e.g., Ph.D., Ed.D., D.Sc., D.S.W., Psy.D., or M.D.).

- H. The surgeon is a Board Certified urologist, gynecologist, plastic, or general surgeon. Surgeon must have demonstrated specialized competence in genital reconstruction as indicated by documented supervised training.
- I. Informed consent - documented knowledge of risks, cost, hospitalizations, post- surgical rehab

Type of service or procedure covered

Psychological, hormonal, and genital/breast (mastectomy) related surgeries are included covered services.

- A. Breast (mastectomy) surgery may be approved for female to male patients at the same time as hormonal therapy is recommended by the qualified mental health professional.
- B. Breast augmentation mammoplasty with implantation of breast prosthesis may be considered medically necessary for male to female members when all of the criteria above is met and when twenty-four months of continuous hormone therapy has not resulted in documented breast development. Photo documentation required. One breast augmentation covered per lifetime when criteria is met.
- C. Genital surgeries covered for male to female are orchiectomy, penectomy, vaginoplasty, cliteroplasty, labiaplasty.
- D. Genital surgeries covered for female to male are hysterectomy, salpingo-oophorectomy, vaginectomy, metoidioplasty, scrotoplasty, urethroplasty, phalloplasty, testicular prosthesis.
- E. Surgery of the testes or ovaries may be approved prior to complete gender reassignment if it is necessary to allow the patient to meet the requirements of continuous real-life experience and hormonal therapy.

Note: A prior authorization is needed for any and all procedures related to gender reassignment surgery and/or procedures related to gender dysphoria and related diagnoses noted below.

Type of service or procedure not covered (this list may not be all inclusive)

Cosmetic surgeries (Rule 7301) are not covered (following list may not be all-inclusive):

- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics
- Facial feminization surgery
- Jaw shortening/sculpturing/facial bone reduction or other head and neck reconstruction
- Blepharoplasty
- Rhinoplasty
- Lip reduction/enhancement
- Face/forehead lift
- Chin/nose/cheek implants
- Gluteal implants
- Trachea shave/reduction thyroid chondroplasty
- Laryngoplasty
- Electrolysis, hair removal
- Liposuction
- Autologous fat grafting
- Collagen injections
- Removal of redundant skin
- Electrolysis
- Hair transplantation

- Voice modification surgery
- Voice therapy, voice lessons
- Lifestyle coaching (i.e. speech, dressing, walking, demeanor)
- Drugs for hair loss or growth
- Tattoos

Coding/Billing Information

The primary care provider must submit a prior authorization request for genital or breast (mastectomy) surgery involved with the gradual progression from male to female or female to male.

Examples of related CPT surgery codes:

- This list may not be all inclusive.
- Covered when medically necessary.
- +All diagnoses must be included on claims.

15777, 19301, 19303, 19304, 19316, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, 53430, 54125, 54400, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291-57292, 57335, 58150, 58180, 58260-58262, 58275-58291, 58541-58544, 58550-58554, 58570-58573, 58661, 58720, 58940

HCPCS: No specific codes

Please note: For all services provided on date of service 10/1/2015 and thereafter must be submitted with ICD-10 codes where applicable.

<u>ICD-9- Diagnosis codes:</u>
302.50 Trans-sexualism with unspecified sexual history
302.51 Trans-sexualism with asexual history
302.52 Trans-sexualism, homosexual
302.53 Tran-sexualism with heterosexual history
302.85 Gender Identity disorder of adolescents or adults

<u>ICD-10- Diagnosis codes:</u>
F64.0 Transsexualism
F64.1 Dual role transvestism
F64.2 Gender identity disorder of childhood
F64.8 Other gender identity disorders
F64.9 Gender identity disorder, unspecified
Z87.890 Personal history of sex reassignment

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