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DEPARTMENT OF VERMONT HEALTH ACCESS

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The Department of Vermont Health Access Clinical Criteria

Subject: Gender Affirmation Surgery for the Treatment of Gender Dysphoria

Last Review: November 8, 2023*

Past Revisions: January 31, 2022, November 23, 2020, November 1, 2019, October 20, 2020, November 16, 2016, May 13, 2016, April 21, 2016, September 9, 2015, July 14, 2015, December 11, 2013, August 1, 2011, May 6, 2010, April 19, 2010, October 30, 2008

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

Description of Service or Procedure

Gender affirmation surgery for the treatment of gender dysphoria is part of the treatment approach for persons with gender dysphoria as defined by the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition, Text Revision [DSM-5]*. Individuals with gender dysphoria have persistent feelings of gender discomfort or distress that is caused by a discrepancy between their gender identity and their sex assigned at birth. Gender affirmation surgery may include genital reconstruction surgery and chest surgery by which the physical appearance and function of a person's primary and/or secondary sex characteristics are modified to establish greater congruence with their gender identity.

Health Care Administrative Rule (HCAR) [4.238](#) includes a list of covered gender affirmation procedures and definitions for members who meet conditions for coverage: https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/HCARAdopted/HCAR_4.238_Gender_Affirmation_Surgery_Adopted_Rule_New.pdf.

Disclaimer

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

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>



7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services
4.106	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
4.238	Gender Affirmation Surgery for the Treatment of Gender Dysphoria

Coverage Position

Gender affirmation surgery for the treatment of gender dysphoria may be covered for members:

- When gender affirmation surgery for the treatment of gender dysphoria is prescribed by a licensed medical provider enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's [website*](#), [Statute](#), or [rule](#) who is knowledgeable in and experienced in performing gender affirmation surgery for a member suffering from gender dysphoria and who provides medical care to the member AND
- When the conditions for coverage in [HCAR 4.238](#) are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Coverage Criteria

Refer to [HCAR 4.238](#) for the conditions for coverage.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Type of service or procedure covered

Coverage is available for gender affirmation surgeries for the treatment of gender dysphoria. Coverage includes only specific surgeries. [Prior authorization is required for all gender affirmation surgeries for the treatment of gender dysphoria, except hysterectomies for members 18 years of age and older.](#) Refer to [HCAR 4.238](#) for the list of covered procedures.

Preventative screenings that may be medically necessary based [upon sex at birth.](#)

Type of service or procedure not covered

[Procedures not covered under HCAR 4.238 or when conditions for coverage are not met.](#)

Coding guidelines

Please see the Medicaid Portal at <http://vtmedicaid.com/#/feeSchedule> for fee schedules, code coverage, and applicable requirements.

The medical provider must submit a prior authorization request for all gender affirmation surgeries involved with the treatment of gender dysphoria with the exception of hysterectomy for members 18 years and older. Effective 8/1/2023, prior authorization for hysterectomy is required only for procedures for members under 18 regardless of diagnosis/indication.

Please refer to the list of procedures included as covered in [HCAR 4.238](#) when medically necessary. This list may not be all inclusive. All diagnoses must be included on claims and approved CPT codes must match CPT codes submitted on claims.

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

List of diagnosis codes accepted for gender affirmation surgery:

ICD-10- Diagnosis codes:
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

CPT codes covered in alignment with [HCAR 4.238](#): (This list may not be all inclusive)

- 17999** Unlisted procedure, skin, mucous membrane and subcutaneous tissue- LASER
- 17380** Removal of hair by electrolysis.
- 19303*** Mastectomy, simple, complete
- 19325** Insertion of breast implant
- 19340** Insertion of breast implant on same day of mastectomy (i.e., immediate)
- 19342** Insertion or replacement of breast implant on separate day from mastectomy
- 19350** Nipple/areola reconstruction, with skin graft
- 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
- 54125** Amputation of penis; complete
- 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
55840 Prostatectomy, retropubic radical, with or without nerve sparing
55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55970 Intersex surgery; male to female
55980 Intersex surgery; female to
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 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58260 Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58262 Vaginal hysterectomy, for uterus 250 g or less
58275 Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58290 Vaginal hysterectomy, with total or partial vaginectomy
58291 Vaginal hysterectomy, for uterus greater than 250 g
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)
58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)

58940 Oophorectomy, partial or total, unilateral or bilateral

***19318** may be used as an alternative to 19303 for procedure to reduce breast volume (simple mastectomy) with a reduction for gender affirmation surgery only.

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