

BENEFIT COVERAGE POLICY

Title: BCP-24 Gender Affirmation Surgery

Effective Date: 01/01/2024

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

The Health Plan covers gender affirmation surgery as medically necessary when InterQual® criteria has been met for all products, except:

- DAS02001, this product does NOT require prior authorization for gender affirming services.
- L0002184, gender affirmation surgery criteria listed in Section 5.0.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

Unlisted codes are subject to review.

2.0 Background:

Gender dysphoria refers to a condition in which a person feels a strong and persistent identification with the opposite gender accompanied with a severe sense of discomfort or distress caused by a discrepancy between an individual's gender identity and the gender assigned at birth (and the associated gender role and/or primary and secondary sex characteristics). A diagnosis of gender dysphoria requires a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. This condition may cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

Gender affirmation surgery is not a single procedure, but part of a complex process involving multiple medical, psychiatric and surgical specialists working together with the individual to achieve successful behavioral and medical outcomes.

For male to female gender affirmation, surgical procedures may include genital reconstruction (vaginoplasty, penectomy, orchiectomy, clitoroplasty) and cosmetic surgery (breast implants, facial

reshaping, rhinoplasty, abdominoplasty, thyroid chondroplasty (laryngeal shaving), voice modification surgery (vocal cord shortening), and hair transplants).

For female to male gender affirmation, surgical procedures may include mastectomy, genital reconstruction (phalloplasty, genitoplasty, hysterectomy, and bilateral oophorectomy), and cosmetic procedures to enhance male features such as pectoral implants and chest wall re-contouring.

Mental health professionals play a strong role in working with individuals with gender dysphoria as they need to diagnose the gender disorder and any co-morbid psychiatric conditions accurately, counsel the individual regarding treatment options, and provide psychotherapy (as needed) and assess eligibility and readiness for hormone and surgical therapy. Once the individual is evaluated, the mental health professional provides documentation and formal recommendations to medical and surgical specialists.

Gender affirmation surgery is intended to be a permanent change, establishing congruency between an individual's gender identity and physical appearance and is not easily reversible. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history; gynecological, endocrine and urological examination, and a clinical psychiatric/psychological examination. A patient's self-assessment and desire for sex confirmation cannot be viewed as reliable indicators of gender dysphoria.

3.0 Clinical Determination Guidelines:

- A. Gender Affirmation Surgery is covered when InterQual® criteria is met for all products; except:
 - 1. DAS02001, this product does NOT require prior authorization for gender affirming services (see DAS02001 code table 3 for reference).
 - 2. L0002184, gender affirmation surgery criteria listed in Section 5.0.
- B. Any surgeon who performs gender affirmation surgery must be any of the following board certified or board qualified:
 - 1. Urologist
 - 2. Gynecologist
 - 3. Plastic surgeon
 - 4. Cosmetic surgeon
 - 5. General surgeon
- C. Cosmetic procedures can be performed as part of gender affirmation surgery. These procedures are aimed at primarily improving a person's appearance, are performed to assist with improving culturally appropriate male or female appearance or characteristics and therefore are considered cosmetic and/or not medically necessary. Procedures denoted below with "***" may be covered by benefit plans, see code table 2 for L0002184.
 - 1. Abdominoplasty.
 - 2. **Blepharoplasty, brow reduction
 - 3. Brow Lift
 - 4. **Breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast.
 - 5. Calf implants.
 - 6. **Chin augmentation (reshaping or enhancing the size of the chin).
 - 7. Chin/nose/cheek/malar implants.
 - 8. Collagen injections.

9. **Electrolysis.
10. Face/**forehead lift.
11. Fat grafting
12. Gluteal and hip augmentation.
13. **Hair removal.
14. Hair transplantation.
15. Insertion of penile prosthesis (non-inflatable/inflatable).
16. Insertion of testicular expanders.
17. **Jaw reduction or augmentation/facial bone reduction.
18. Laryngoplasty.
19. **Lip reduction/enhancement.
20. Liposuction/lipofilling.
21. Mastopexy.
22. **Nipple/areola reconstruction.
23. Pectoral implants.
24. Penile prosthesis.
25. Removal of redundant skin.
26. Replacement of tissue expander with permanent prosthesis testicular insertion.
27. **Rhinoplasty.
28. Scrotoplasty.
29. Skin resurfacing (e.g., dermabrasion, chemical peels).
30. Testicular prosthesis.
31. **Trachea (Adam's apple) shave/reduction thyroid chondroplasty.
32. Voice modification surgery.
33. **Voice therapy/voice lessons.

D. For fertility preservation services refer to BCP-72 Infertility Services.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = EPO/PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO group L0002193.

TABLE 1			
COVERED CODES for ALL LOB except L0002184 and DAS02001			
*see table 2 and 3 for specific coverage status for L0002184 and DAS02001			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
54125	Amputation of penis; complete	Y	Professional Fees for Medical and Surgical Services
54520	Orchiectomy, simple (including subcapsular), with or without testicular	Y	Professional Fees for Medical

TABLE 1
COVERED CODES for ALL LOB except L0002184 and DAS02001

*see table 2 and 3 for specific coverage status for L0002184 and DAS02001

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	prosthesis, scrotal or inguinal approach		and Surgical Services
54690	Laparoscopy, surgical; orchiectomy	Y	Professional Fees for Medical and Surgical Services
55970	Intersex surgery; male to female	Y	Professional Fees for Medical and Surgical Services
56805	Clitoroplasty for intersex state	Y	Professional Fees for Medical and Surgical Services
57335	Vaginoplasty for intersex state	Y	Professional Fees for Medical and Surgical Services
55980	Intersex surgery; female to male	Y	Professional Fees for Medical and Surgical Services
	Includes only the following procedures:		
19303	Mastectomy, simple, complete	Y	Professional Fees for Medical and Surgical Services
53430	Urethroplasty, reconstruction of female urethra	Y	Professional Fees for Medical and Surgical Services
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Y	Professional Fees for Medical and Surgical Services
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Y	Professional Fees for Medical and Surgical Services
58260	Vaginal hysterectomy, for uterus 250 g or less	Y	Professional Fees for Medical and Surgical Services
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Y	Professional Fees for Medical and Surgical Services
58275	Vaginal hysterectomy, with total or partial vaginectomy	Y	Professional Fees for Medical and Surgical Services
58290	Vaginal hysterectomy, for uterus greater than 250 g	Y	Professional Fees for Medical and Surgical Services
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Y	Professional Fees for Medical and Surgical Services
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Y	Professional Fees for Medical and Surgical Services
58542	Laparoscopy, surgical, supracervical	Y	Professional Fees for Medical

TABLE 1
COVERED CODES for ALL LOB except L0002184 and DAS02001

*see table 2 and 3 for specific coverage status for L0002184 and DAS02001

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)		and Surgical Services
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	Y	Professional Fees for Medical and Surgical Services
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Y	Professional Fees for Medical and Surgical Services
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250g or less	Y	Professional Fees for Medical and Surgical Services
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Y	Professional Fees for Medical and Surgical Services
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250g	Y	Professional Fees for Medical and Surgical Services
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Y	Professional Fees for Medical and Surgical Services
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less	Y	Professional Fees for Medical and Surgical Services
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Y	Professional Fees for Medical and Surgical Services
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g	Y	Professional Fees for Medical and Surgical Services
58573	Laparoscopy, surgical, with total hysterectomy, fur uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Y	Professional Fees for Medical and Surgical Services
58661	Laparoscopy, surgical; with removal of adnexal structure (partial or total oophorectomy and/or salpingectomy)	Y	Professional Fees for Medical and Surgical Services
58999	Unlisted procedure, female genital system (nonobstetrical) * code is appropriate to report metoidioplasty with phalloplasty	Y	Professional Fees for Medical and Surgical Services

TABLE 2
COVERED CODES for L0002184

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services

**TABLE 2
COVERED CODES for L0002184**

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
15820	Blepharoplasty, lower eyelid;	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
15821	Blepharoplasty, lower lid; with extensive herniated fat pad	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
15822	Blepharoplasty, upper eyelid;	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
17380	Electrolysis, epilation, each 30 min.	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
17999	Unlisted procedure, skin, mucous membrane, and subcutaneous tissue Note: code used for Laser Hair Removal	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
19318	Breast reduction	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
19325	Breast augmentation with implant	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
19350	Nipple/areola reconstruction	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
21121	Genioplasty; sliding osteotomy, single piece	Y See	Professional Fees for Medical and Surgical

**TABLE 2
COVERED CODES for L0002184**

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
		section 5.0 C. below	Services
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
21125	Augmentation, mandibular body or angle; prosthetic material	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
21127	Augmentation, mandibular body or angle; with bone graft, only or interpositional (includes obtaining autograft)	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
21137	Reduction forehead; contouring only	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
21209	Osteoplasty, facial bones; reduction	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
30410	Rhinoplasty, primary; complete, external parts including bone pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
30420	Rhinoplasty, primary; including major septal repair	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
31599	Unlisted procedure, larynx Note: code used for Laryngoplasty	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services
31599	Unlisted procedure, larynx Note: code used for Laryngoplasty	Y See section 5.0	Professional Fees for Medical and Surgical Services

**TABLE 2
COVERED CODES for L0002184**

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
		C. below	
54125	Amputation of penis; complete	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
54690	Laparoscopy, surgical; orchiectomy	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
55970	Intersex surgery; male to female	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
56805	Clitoroplasty for intersex state	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
57335	Vaginoplasty for intersex state	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
55980	Intersex surgery; female to male	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
	Includes only the following procedures:		
19303	Mastectomy, simple, complete	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
53430	Urethroplasty, reconstruction of female urethra	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58260	Vaginal hysterectomy, for uterus 250 g or less	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services

**TABLE 2
COVERED CODES for L0002184**

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58275	Vaginal hysterectomy, with total or partial vaginectomy	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58290	Vaginal hysterectomy, for uterus greater than 250 g	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250g or less	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250g	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services

TABLE 2 COVERED CODES for L0002184			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58573	Laparoscopy, surgical, with total hysterectomy, fur uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58661	Laparoscopy, surgical; with removal of adnexal structure (partial or total oophorectomy and/or salpingectomy)	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
58999	Unlisted procedure, female genital system (nonobstetrical) * code is appropriate to report metoidioplasty with phalloplasty	Y See section 5.0 B. below	Professional Fees for Medical and Surgical Services
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Y See section 5.0 C. below	Professional Fees for Medical and Surgical Services

TABLE 3 COVERED CODES FOR DAS02001			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
54125	Amputation of penis; complete	N	Professional Fees for Medical and Surgical Services
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	N	Professional Fees for Medical and Surgical Services
54690	Laparoscopy, surgical; orchiectomy	N	Professional Fees for Medical and Surgical Services
55970	Intersex surgery; male to female	N	Professional Fees for Medical and Surgical Services
56805	Clitoroplasty for intersex state	N	Professional Fees for Medical and Surgical Services
57335	Vaginoplasty for intersex state	N	Professional Fees for Medical and Surgical Services

**TABLE 3
COVERED CODES FOR DAS02001**

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
55980	Intersex surgery; female to male	Y	Professional Fees for Medical and Surgical Services
	Includes only the following procedures:		
19303	Mastectomy, simple, complete	N	Professional Fees for Medical and Surgical Services
53430	Urethroplasty, reconstruction of female urethra	N	Professional Fees for Medical and Surgical Services
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	N	Professional Fees for Medical and Surgical Services
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	N	Professional Fees for Medical and Surgical Services
58260	Vaginal hysterectomy, for uterus 250 g or less	N	Professional Fees for Medical and Surgical Services
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	N	Professional Fees for Medical and Surgical Services
58275	Vaginal hysterectomy, with total or partial vaginectomy	N	Professional Fees for Medical and Surgical Services
58290	Vaginal hysterectomy, for uterus greater than 250 g	N	Professional Fees for Medical and Surgical Services
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	N	Professional Fees for Medical and Surgical Services
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	N	Professional Fees for Medical and Surgical Services
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	N	Professional Fees for Medical and Surgical Services
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	N	Professional Fees for Medical and Surgical Services
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	N	Professional Fees for Medical and Surgical Services
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250g or less	N	Professional Fees for Medical and Surgical Services
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	N	Professional Fees for Medical and Surgical Services

**TABLE 3
COVERED CODES FOR DAS02001**

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250g	N	Professional Fees for Medical and Surgical Services
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	N	Professional Fees for Medical and Surgical Services
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less	N	Professional Fees for Medical and Surgical Services
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	N	Professional Fees for Medical and Surgical Services
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g	N	Professional Fees for Medical and Surgical Services
58573	Laparoscopy, surgical, with total hysterectomy, fur uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	N	Professional Fees for Medical and Surgical Services
58661	Laparoscopy, surgical; with removal of adnexal structure (partial or total oophorectomy and/or salpingectomy)	N	Professional Fees for Medical and Surgical Services
58999	Unlisted procedure, female genital system (nonobstetrical) * code is appropriate to report metoidioplasty with phalloplasty	N	Professional Fees for Medical and Surgical Services

NON-COVERED CODES:

Cosmetic when performed as a component of gender affirmation surgery, even when coverage for gender affirmation surgery is approved

Code	Description	Benefit Plan Reference/ Reason
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	Specific exclusion for cosmetic procedures except L0002184.
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	Specific exclusion for cosmetic procedures except L0002184.
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Specific exclusion for cosmetic procedures except L0002184.
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less	Specific exclusion for

NON-COVERED CODES:**Cosmetic when performed as a component of gender affirmation surgery, even when coverage for gender affirmation surgery is approved**

Code	Description	Benefit Plan Reference/ Reason
		cosmetic procedures
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc	Specific exclusion for cosmetic procedures
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc	Specific exclusion for cosmetic procedures
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc	Specific exclusion for cosmetic procedures
11970	Replacement of tissue expander with permanent prosthesis	Specific exclusion for cosmetic procedures
11971	Removal of tissue expander(s) without insertion of prosthesis	Specific exclusion for cosmetic procedures
15770	Graft; derma-fat-fascia	Specific exclusion for cosmetic procedures
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Specific exclusion for cosmetic procedures
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)	Specific exclusion for cosmetic procedures
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	Specific exclusion for cosmetic procedures
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)	Specific exclusion for cosmetic procedures
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Specific exclusion for cosmetic procedures
15776	Punch graft for hair transplant; more than 15 punch grafts	Specific exclusion for cosmetic procedures
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)	Specific exclusion for cosmetic procedures
15781	Dermabrasion; segmental, face	Specific exclusion for cosmetic procedures
15782	Dermabrasion; regional, other than face	Specific exclusion for cosmetic procedures
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)	Specific exclusion for cosmetic procedures
15786	Abrasion; single lesion (e.g., keratosis, scar)	Specific exclusion for

NON-COVERED CODES:**Cosmetic when performed as a component of gender affirmation surgery, even when coverage for gender affirmation surgery is approved**

Code	Description	Benefit Plan Reference/ Reason
		cosmetic procedures
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	Specific exclusion for cosmetic procedures
15788	Chemical peel, facial; epidermal	Specific exclusion for cosmetic procedures
15789	Chemical peel, facial; dermal	Specific exclusion for cosmetic procedures
15792	Chemical peel, nonfacial; epidermal	Specific exclusion for cosmetic procedures
15793	Chemical peel, nonfacial; dermal	Specific exclusion for cosmetic procedures
15820	Blepharoplasty, lower eyelid;	Specific exclusion for cosmetic procedures except L0002184.
15821	Blepharoplasty, lower lid; with extensive herniated fat pad	Specific exclusion for cosmetic procedures except L0002184.
15822	Blepharoplasty, upper eyelid;	Specific exclusion for cosmetic procedures except L0002184.
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Specific exclusion for cosmetic procedures except L0002184.
15824	Rhytidectomy, forehead	Specific exclusion for cosmetic procedures
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Specific exclusion for cosmetic procedures
15826	Rhytidectomy; glabellar frown lines	Specific exclusion for cosmetic procedures
15828	Rhytidectomy; cheek, chin, and neck	Specific exclusion for cosmetic procedures
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Specific exclusion for cosmetic procedures
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Specific exclusion for cosmetic procedures
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Specific exclusion for cosmetic procedures
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Specific exclusion for cosmetic procedures

NON-COVERED CODES:

Cosmetic when performed as a component of gender affirmation surgery, even when coverage for gender affirmation surgery is approved

Code	Description	Benefit Plan Reference/ Reason
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Specific exclusion for cosmetic procedures
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Specific exclusion for cosmetic procedures
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Specific exclusion for cosmetic procedures
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Specific exclusion for cosmetic procedures
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Specific exclusion for cosmetic procedures
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Specific exclusion for cosmetic procedures
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)	Specific exclusion for cosmetic procedures
15876	Suction assisted lipectomy; head and neck	Specific exclusion for cosmetic procedures
15877	Suction assisted lipectomy; trunk	Specific exclusion for cosmetic procedures
15878	Suction assisted lipectomy; upper extremity	Specific exclusion for cosmetic procedures
15879	Suction assisted lipectomy; lower extremity	Specific exclusion for cosmetic procedures
17380	Electrolysis, epilation, each 30 min.	Specific exclusion for cosmetic procedures except L0002184.
17999	Unlisted procedure, skin, mucous membrane, and subcutaneous tissue. Note: Code used for laser hair removal	Specific exclusion for cosmetic procedures except L0002184.
19316	Mastopexy	Specific exclusion for cosmetic procedures
19318	Breast reduction	Specific exclusion for cosmetic procedures except L0002184.
19325	Mammoplasty, augmentation; with prosthetic implant	Specific exclusion for cosmetic procedures except L0002184.
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Specific exclusion for cosmetic procedures

NON-COVERED CODES:

Cosmetic when performed as a component of gender affirmation surgery, even when coverage for gender affirmation surgery is approved

Code	Description	Benefit Plan Reference/ Reason
19342	Delayed insertion of breast prosthesis following mastopexy	Specific exclusion for cosmetic procedures
19350	Nipple/areola reconstruction	Specific exclusion for cosmetic procedures except L0002184.
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Specific exclusion for cosmetic procedures except L0002184.
21121	Genioplasty; sliding osteotomy, single piece	Specific exclusion for cosmetic procedures except L0002184.
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Specific exclusion for cosmetic procedures except L0002184.
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Specific exclusion for cosmetic procedures except L0002184.
21125	Augmentation, mandibular body or angle; prosthetic material	Specific exclusion for cosmetic procedures except L0002184.
21127	Augmentation, mandibular body or angle; with bone graft, only or interpositional (includes obtaining autograft)	Specific exclusion for cosmetic procedures except L0002184.
21137	Reduction forehead; contouring only	Specific exclusion for cosmetic procedures except L0002184.
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Specific exclusion for cosmetic procedures except L0002184.
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Specific exclusion for cosmetic procedures except L0002184.
21209	Osteoplasty, facial bones; reduction	Specific exclusion for cosmetic procedures except L0002184.
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Specific exclusion for cosmetic procedures
21270	Malar augmentation, prosthetic material	Specific exclusion for cosmetic procedures
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Specific exclusion for cosmetic procedures except

NON-COVERED CODES:

Cosmetic when performed as a component of gender affirmation surgery, even when coverage for gender affirmation surgery is approved

Code	Description	Benefit Plan Reference/ Reason
		L0002184.
30410	Rhinoplasty, primary; complete, external parts including bone pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Specific exclusion for cosmetic procedures except L0002184.
30420	Rhinoplasty, primary; including major septal repair	Specific exclusion for cosmetic procedures except L0002184.
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Specific exclusion for cosmetic procedures
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Specific exclusion for cosmetic procedures
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Specific exclusion for cosmetic procedures
31599	Unlisted procedure, larynx Note: code used for Laryngoplasty	Specific exclusion for cosmetic procedures except L0002184.
31899	Unlisted procedure, trachea, bronchi Note: code used for Chondroplasty	Specific exclusion for cosmetic procedures except L0002184.
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Specific exclusion for cosmetic procedures
54401	Insertion of penile prosthesis; inflatable (self-contained)	Specific exclusion for cosmetic procedures
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Specific exclusion for cosmetic procedures
54660	Insertion of testicular prosthesis (separate procedure)	Specific exclusion for cosmetic procedures
55175	Scrotoplasty; simple	Specific exclusion for cosmetic procedures
55180	Scrotoplasty; complicated	Specific exclusion for cosmetic procedures
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Specific exclusion for cosmetic procedures
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Specific exclusion not medically necessary except L0002184.

ICD-10 DIAGNOSIS CODES

Code	Description
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F64.0	Transexualism
F64.1	Gender identity disorder in adolescence and adulthood
F64.2	Gender identity disorder in childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, urearnspecified
Z87.890	Personal history of sex reassignment

5.0 Unique Configuration/Prior Approval/Coverage Details:

- A. ASO group L0001269 please refer to plan document for benefit specific language. ASO group L000264 excludes coverage for this benefit.
- B. L0002184: Covered Persons must meet all the following for bottom and top surgery:
1. Have persistent, well-documented Gender Dysphoria manifested by clinically significant distress and by significant functional impairment. This assessment has been made via a detailed psychological assessment and documented by two mental health professionals (either psychiatrist, PhD-prepared clinical psychologist or master's level clinician who are licensed to practice independently in their state). Note: Only one assessment is required for top surgery.
 2. Are 18 years of age or older
 3. Have the capacity to make a fully informed decision and to consent for treatment.
 4. If have significant medical or mental health concerns, they must be controlled.
 5. Twelve continuous months of hormone therapy as appropriate to the patient's gender role (unless there is a contraindication to hormonal therapy); Hormonal therapy is NOT required prior to mastectomy in biological female-to-male patients.
 6. The aim of hormone therapy prior to surgery is primarily to introduce a period of reversible estrogen or testosterone suppression, before the patient undergoes irreversible surgical intervention.
 7. Twelve continuous months of living in a gender role that is congruent with their gender identity. Living in a gender role congruent with gender identity for 12 continuous months is NOT required prior to mastectomy in biological female-to-male patients.
- C. L0002184: Covered Persons must meet all the following criteria for facial feminization and masculinization surgeries, chondrolaryngoplasty and facial hair removal:
1. The member has persistent, well-documented Gender Dysphoria manifested by clinically significant distress and by significant functional impairment. This assessment has been made via a detailed psychological assessment and documented by a mental health professional (either psychiatrist, PhD prepared clinical psychologist or master's level clinician who is licensed to practice independently in their state).
 2. Eighteen years of age or older.
 3. Capacity to make a fully informed decision and to consent for treatment.
 4. If significant medical or mental health concerns are present, they must be controlled.
 5. Facial feminization surgeries and chondrolaryngoplasty additionally require that members meet both of the following criteria:
 - a. Twelve continuous months of hormonal treatment regime unless there is a medical contraindication to hormonal therapy.
 - b. Twelve continuous months of living as a woman.
 6. Facial Masculinization surgeries additionally require that members meet both of the following criteria:

- a. Twelve continuous months of hormone treatment regime unless there is a medical contraindication to hormonal therapy.
- b. Twelve continuous months of living as a man.

6.0 Terms & Definitions:

<p>Female-to-Male Affirmation</p>	<p>Gender affirmation surgery from female to male (FTM) transsexual people includes genital surgical procedures that reshape a female body into the appearance of a male body.</p> <p>Breast or chest surgery, which may include subcutaneous mastectomy and/or creation of a male chest, may also be performed. Other non-genital non-breast related surgeries include but are not limited to liposuction, lipoprofiling, pectoral implants and other masculinizing procedures.</p> <p>An individual who is genetically female but whose gender identity is male, and who assumes a male gender presentation and role is known as a transman.</p>
<p>Male-to-Female Affirmation</p>	<p>Gender affirmation surgery from male-to-female (MTF) transsexuals includes genital procedures that shape a male body into the appearance of and, to the maximum extent possible, the function of a female body.</p> <p>Breast augmentation may be considered when 12 months of hormone treatment fails to result in breast enlargement that is sufficient for the individual's comfort in the female gender role. Breast surgery, which includes augmentation mammoplasty (implants/lipofilling), is a surgical procedure that may also be performed. In addition, other non-genital, non-breast related surgeries, often considered feminization procedures, may be performed.</p> <p>An individual who is genetically male but whose gender identity is female, and who assumes a female gender presentation and role is known as a transwoman.</p>
<p>Preservation of Fertility</p>	<p>Procedures aimed at preservation of fertility (e.g., procurement, cryopreservation, and storage of sperm, oocytes and/or embryos) performed prior to gender affirmation surgery are considered not medically necessary.</p>
<p>Qualified Mental Health Professional</p>	<p>At least one of the professionals submitting a letter must have a doctoral degree (e.g., Ph.D., M.D., Ed.D., D.SC., D.S.W., or Psy.D) or a master's level degree in a clinical behavior science field (e.g., M.S.W., L.C.S.W., Nurse Practitioner [N.P], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Councilor [L.P.C.], and Marriage and Family Therapist [M.F.T]) and be capable of adequately evaluating co-morbid psychiatric conditions.</p>
<p>World Professional Association for Transgender Health [WPATH]</p>	<p>A professional organization devoted to the understanding and treatment of gender identity disorders. Promotes standards of health care for individuals through the articulation of "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version" (WPATH, 2013). This document is widely accepted as the definitive document in the area of gender dysphoria treatment. The WPATH criteria have been adopted in several countries as the standard of care for the treatment of gender dysphoria, including hormone therapy and sex confirmation surgery.</p>

7.0 References, Citations & Resources:

1. Fenway Health - Transgender Health Program (THP), The Medical Care of Transgender Persons, Feb. 23, 2016. Available at: <http://www.lgbthealtheducation.org/publication/transgender-sod/>.
2. Coleman, E., Radix, A. E., Bouman, W.P., Brown, G.R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F.L., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People,

3. InterQual® 2023, March 2023 Release, CP: Procedures Gender Affirmation Surgery
4. InterQual® 2023, March 2023 Release, CP: Procedures Blepharoplasty
5. InterQual® 2023, March 2023 Release, CP: Procedures Panniculectomy, Abdominal

8.0 Associated Documents [For internal use only]:

Policies and Procedures (P&Ps) - MMP-09 Benefit Determinations MMP-02 Transition and Continuity of Care ; UMPP-02 Peer to Peer Conversations.

Standard Operating Procedure (SOP) - MMS-03 Algorithm for Use of Criteria for Benefit Determinations, MMS-45 UM Nurse Review, MMS-52 Inpatient Case Process in CCA; MMS-53 Outpatient Case Process in CCA.

Sample Letter - TCS Approval Letter; Clinically Reviewed Exclusion Letter; Partial Coverage, Partial Non-Coverage Letter; Specific Exclusion Denial Letter, Lack of Information Letter.

Form - Request Form: Out of Network/Prior Authorization.

9.0 Revision History:

Original Effective Date: 01/01/2017

Next Revision Date:

Revision Date	Reason for Revision
12/16	Policy created
2/17	Converted from Medical Policy 037 to Benefit Coverage policy (BCP) 24
11/17	Annual review, references and websites updated
7/18	Annual review: updated formatting
10/18	Annual review by QI/MRM 12/12/18. No changes.
10/19	Annual review by QI/MRM 12/11/19, references updated.
10/20	Annual review by MRM-C 09/09/2020, references to MCG removed with changeover to InterQual. Code for hair removal moved from “not covered” to covered as L0002184 has benefit coverage. ICD-10 Diagnosis Code table removed, see InterQual for codes.
1/22	Annual review – references updated, no changes. BCC approved the document on 02-21-2022 for an effective date of 01-01-2022
10/22	Annual review: added group L0002193, removed deleted code 19304. 19324 removed (deleted code), added InterQual criteria to references. Removed language in 5.0. Changed policy name from Gender Confirmation Surgery to Gender Affirmation Surgery. Updated confirmation surgery language to affirmation surgery. ICD-10 Diagnosis code table to remain on policy, needed for configuration. Added “ASO group L0001269 please refer to plan document for benefit specific language. ASO group L000264 excludes coverage for this benefit” to section 5.0. Included new code table specific to DAS02001 as this product does not require PA for Gender Affirming Services. Updated language in section 1.0 and 3.0 to reflect DAS02001 not requiring PA for Gender Affirming Services. Removed code: 11960, not a covered code for all diagnosis. Re-ordered the sections so that L0002184 covered code list comes before the DAS02001 code list. Noted that L0002184 code list is in "addition" to the first covered code list in the policy. Added codes 21120—21127 and 30400-30450 to non-covered code section, added these codes are Specific exclusion for cosmetic procedures except L0002184. Updated code in non-

Revision Date	Reason for Revision
	covered code section: 92507, "exclusion not medically necessary except L0002184", added code 92507 to L0002184 covered code section.
10/23	<p>Annual review: removed comment in section 3.0 re: unlisted code 58999, added codes to table 1 and table 2, added Brow lift to section 3.0 C. specific exclusion for cosmetic procedure for Gender Affirmation. Also added Brow lift codes to non-covered code section (67900), added "***" next to Breast enlargement procedures in section 3.0 C, added #11 Fat Grafting (15770-15774) to section 3.0 C, added code to non-covered codes section, added "***" next to Nipple/areola reconstruction in section 3.0 C, numbered covered codes tables (1,2,3), added codes 58180, 58260, 58275, 58541-44, 58550, and 58553 to table 1 covered code section and to table 3, added codes 58290, 58570, 58572, 58999, added codes 11920-22, 17999, 19318, 19325, 19350, 21138-39, 21209, and 31899 to Table 2, removed 30430, 30435, and 30450 from table 2 L0002184 covered codes section, added comment to appropriate codes in Table 2 (L0002184) to see section 5.0 which lists specific criteria, added the following codes in non-covered code section (15770-15774)- cosmetic procedure, updated references, updated associated documents section 8.0.L0002184 criteria added to section 5.0 B and C, added step D. Added statement to section 1.0 and section 3.0 on policy: "L0002184, gender affirmation surgery criteria listed in Section 5.0." Added comment in table 1 that covered code list is for ALL LOB except L0002184 and DAS02001. Referenced section 5.0 as the criteria for L0002184 in table 2 and added links. Added CPT code 54125 to Table 2. 11920, 11921, 11922, 15820, 15821, 15822, 15823, 17380, 17999, 19318, 21137, 21138, 21139, 21209, 31599, 31899 added to non-covered code section for all LOB except L0002184.</p>