

BENEFIT COVERAGE POLICY



Title: BCP-24 Gender Confirmation Surgery

Effective Date: 01/01/2022

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP 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 PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

The Health Plan covers gender confirmation surgery as medically necessary when InterQual® criteria has been met. All procedures related to gender confirmation surgery require prior approval for coverage.

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 confirmation 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 confirmation, 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 confirmation, 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 confirmation 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 Confirmation Surgery is covered when InterQual® criteria is met.
- B. Any surgeon who performs gender confirmation 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. CPT 58999 is covered when medically necessary to report metoidioplasty with phalloplasty.
- D. Cosmetic procedures can be performed as part of gender confirmation 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 for DAS08001 and DAS08101.
 - 1. Abdominoplasty.
 - 2. **Blepharoplasty, brow reduction, brow lift.
 - 3. Breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast.
 - 4. Calf implants.
 - 5. **Chin augmentation (reshaping or enhancing the size of the chin).
 - 6. Chin/nose/cheek/malar implants.
 - 7. Collagen injections.
 - 8. **Electrolysis.
 - 9. Face/**forehead lift.
 - 10. Gamete preservation in anticipation of future infertility.
 - 11. Gluteal and hip augmentation.
 - 12. **Hair removal.

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

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.

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

COVERED CODES			
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 follow procedures:	Y	
19303	Mastectomy, simple, complete	Y	Professional Fees for Medical and Surgical Services
19304 Code deleted 1/1/20	Mastectomy, subcutaneous	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
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
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
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
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
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
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

COVERED CODES for DAS08001 and DAS08101

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
15820	Blepharoplasty, lower eyelid;	Y	Professional Fees for Medical and Surgical Services
15821	Blepharoplasty, lower lid; with extensive herniated fad pad	Y	Professional Fees for Medical and Surgical Services

COVERED CODES for DAS08001 and DAS08101

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
15822	Blepharoplasty, upper eyelid;	Y	Professional Fees for Medical and Surgical Services
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Y	Professional Fees for Medical and Surgical Services
17380	Electrolysis, epilation, each 30 min.	Y	Professional Fees for Medical and Surgical Services
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Y	Professional Fees for Medical and Surgical Services
21121	Genioplasty; sliding osteotomy, single piece	Y	Professional Fees for Medical and Surgical Services
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Y	Professional Fees for Medical and Surgical Services
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Y	Professional Fees for Medical and Surgical Services
21125	Augmentation, mandibular body or angle; prosthetic material	Y	Professional Fees for Medical and Surgical Services
21127	Augmentation, mandibular body or angle; with bone graft, only or interpositional (includes obtaining autograft)	Y	Professional Fees for Medical and Surgical Services
21137	Reduction forehead; contouring only	Y	Professional Fees for Medical and Surgical Services
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Y	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	Professional Fees for Medical and Surgical Services
30420	Rhinoplasty, primary; including major septal repair	Y	Professional Fees for Medical and Surgical Services
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Y	Professional Fees for Medical and Surgical Services
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Y	Professional Fees for Medical and Surgical Services
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Y	Professional Fees for Medical and Surgical Services
31599	Unlisted procedure, larynx Note: code used for chondrolaryngoplasty (Adam's apple reduction/shaving)	Y	Professional Fees for Medical and Surgical Services

NON-COVERED CODES: Cosmetic when performed as a component of gender confirmation surgery, even when coverage for gender confirmation surgery is approved		
Code	Description	Benefit Plan Reference/ Reason
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less	Specific exclusion for 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
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	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
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 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
15824	Rhytidectomy, forehead	Specific exclusion for

NON-COVERED CODES: Cosmetic when performed as a component of gender confirmation surgery, even when coverage for gender confirmation surgery is approved		
Code	Description	Benefit Plan Reference/ Reason
		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
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
19316	Mastopexy	Specific exclusion for

NON-COVERED CODES: Cosmetic when performed as a component of gender confirmation surgery, even when coverage for gender confirmation surgery is approved		
Code	Description	Benefit Plan Reference/ Reason
		cosmetic procedures
19324	Mammoplasty, augmentation; without prosthetic implant	Specific exclusion for cosmetic procedures
19325	Mammoplasty, augmentation; with prosthetic implant	Specific exclusion for cosmetic procedures
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Specific exclusion for cosmetic procedures
19342	Delayed insertion of breast prosthesis following mastopexy	Specific exclusion for cosmetic procedures
19350	Nipple/areola reconstruction	Specific exclusion for cosmetic procedures
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
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
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Specific exclusion for not medically necessary

ICD-10 DIAGNOSIS CODES	
Code	Description
F64.0	Transsexualism
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:

All plans are federally mandated to cover gender confirmation treatment and are adopting the benefit on renewal throughout 2017. The State of Michigan is not enforcing the mandate due to pending litigation, but Health Plan is continuing to offer this benefit. As of 1/1/2020 ASO group L0001269 plans offered to non-union (and some union) no longer cover this benefit.

6.0 Terms & Definitions:

<p>Female-to-Male Confirmation</p>	<p>Gender confirmation 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 Confirmation</p>	<p>Gender confirmation 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 confirmation 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 Counselor [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. International Journal of Transgenderism, Facial gender confirmation surgery-review of literature and recommendations for Version 8 of the WPATH Standards of Care. April 24, 2017. Available at: <https://www.tandfonline.com/doi/abs/10.1080/15532739.2017.1302862>.

3. InterQual®, subset “Gender Confirmation Surgery.” 04/16/2021.
4. Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version, World Professional Association for Transgender Health (WPATH), 2013.
5. WPATH Policy Statements. Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A. December 21, 2016.
<https://www.wpath.org/newsroom/medical-necessity-statement>

8.0 Associated Documents [For internal use only]:

Policies and Procedures (P&Ps) - MMP-01 Coordination with External Entities; MMP-02 Transition/Continuity of Care; MMP-06 Peer-to-Peer Conversations; MMP-09 Benefit Determinations. Standard Operating Procedure (SOP) - MMS-03 Algorithm for Use of Criteria for Benefit Determinations.

Sample Letter - TCS Approval Letter; Clinically Reviewed Exclusion Letter; Partial Coverage, Partial Non-Coverage Letter; Specific Exclusion Denial 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
December 2016	Policy created
February 2017	Converted from Medical Policy 037 to Benefit Coverage policy (BCP) 24
November 2017	Annual review, references and websites updated
7/2018	Annual review: updated formatting
October 2018	Annual review by QI/MRM 12/12/18. No changes.
10/2019	Annual review by QI/MRM 12/11/19, references updated.
10/2020	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 U of M has benefit coverage. ICD-10 Diagnosis Code table removed, see InterQual for codes.
01/22	Annual review – references updated, no changes. BCC approved the document on 02-21-2022 for an effective date of 01-01-2022