



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Gender Reassignment Surgery

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Next Review: 10/2015

Policy

If coverage for gender reassignment surgery is available per the member's benefit, Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for gender reassignment surgery when it is determined to be medically necessary because the criteria shown below are met.

Most plans exclude coverage of gender reassignment surgery (sex change surgery, transgender surgery) or any treatment of gender identity disorders. Please verify benefits.

When Policy Topic is covered

Gender reassignment surgery may be considered **medically necessary** when **ALL** of the following criteria are met:

- The individual is 18 years of age or older.
- The individual is diagnosed as having a gender identity disorder (GID), including a diagnosis of transsexualism that includes **ALL** of the following criteria:
 - The individual has demonstrated the desire to live and be accepted as a member of the opposite sex, in addition to a desire to make his/her body as congruent as possible with the preferred sex through surgery and hormone replacement.
 - The transsexual identity has been present consistently for at least two years.
 - The disorder is not due to another mental disorder or chromosome abnormality.
- The individual is an active participant in a recognized gender identity treatment program and demonstrates **ALL** of the following conditions:
 - The individual has successfully lived and worked within the desired gender role full-time for at least 12 months (real life experience) without returning to the original gender.
 - One qualified health professional recommends initiation of hormonal therapy or breast surgery with written documentation submitted to the physician who will be responsible for the medical treatment.
 - The individual has received at least 12 months of continuous hormonal sex reassignment therapy, unless medically contraindicated. (May be simultaneous with real life experience.)
 - Two qualified mental health professionals recommend sex reassignment surgery with written documentation submitted to the physician performing the genital surgery. (At least one letter should be an extensive report. Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist.)
 - The individual has undergone evaluation by the physician performing the genital surgery.

The following surgeries would be considered **medically necessary** when performed as part of a medically necessary initial gender reassignment:

- initial mastectomy/breast reduction
- hysterectomy
- salpingo-oophorectomy
- colpectomy
- metoidioplasty

- vaginoplasty
- colovaginoplasty
- orchiectomy
- penectomy
- clitoroplasty
- labiaplasty

When Policy Topic is not covered

The following associated gender reassignment surgeries are considered **cosmetic** in nature and not medically necessary, even in the presence of a benefit for gender reassignment surgery. These surgeries include, but are not limited to:

- breast augmentation/silicone injections of the breast
- blepharoplasty
- facial feminization surgery
- rhinoplasty
- lip reduction/enhancement
- face/forehead lift
- chin/nose implants
- trachea shave/reduction thyroid chondroplasty
- laryngoplasty
- liposuction
- electrolysis
- jaw shortening/sculpturing/facial bone reduction
- collagen injections
- removal of redundant skin
- voice modification surgery
- hair removal / hair transplantation

Considerations

Most plans exclude coverage of gender reassignment surgery (sex change surgery, transgender surgery) or any treatment of gender identity disorders. Please verify benefits.

Description of Procedure or Service

Gender reassignment surgery (also known as genital reconstruction surgery, sex affirmation surgery, or sex-change operation) is a term for the surgical procedures by which a person's physical appearance and function of their existing sexual characteristics are altered to resemble that of the other sex. It is part of a treatment for gender identity disorder/gender dysphoria in transsexual and transgender people. It may also be performed on intersex people, often in infancy. Other terms for this surgery include sex reassignment surgery, sex reconstruction surgery, genital reconstruction surgery, gender confirmation surgery, and more clinical terms, such as feminizing genitoplasty or penectomy, orchiectomy and vaginoplasty are used medically for trans women, with masculinizing genitoplasty often similarly used for trans men.

Male to Female

In a series of staged procedures, the physician removes portions of the male genitalia and forms female external genitals. The penis is dissected and portions are removed with care to preserve vital nerves and vessels in order to fashion a clitoris-like structure. The urethral opening is moved to a position similar to that of a normal female. A vagina is made by dissecting and opening the perineum. This opening is lined using pedicle or split thickness grafts. Labia are created out of skin from the scrotum and adjacent tissue. A stent or obturator is usually left in place in the newly created vagina for three weeks or longer.

Female to Male

In a series of staged procedures, the physician forms a penis and scrotum using pedicle flap grafts and free skin grafts. Portions of the clitoris are used as well as the adjacent skin. Protheses are often

placed in the penis in order to have a sexually functional organ. Prosthetic testicles are fixed in the scrotum. The vagina is closed or removed.

Gender reassignment surgery is intended to be a permanent change to a patient's sexual identity and is not 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, endocrinological and urological examination, and a clinical psychiatric/psychological examination. A patient's self-assessment and desire for sex reassignment cannot be viewed as reliable indicators of GID.

Rationale

According to the World Professional Association for Transgender Health (WPATH) (formerly known as the Harry Benjamin International Gender Dysphoria Association [(H)BIGDA]), Gender Identity Disorder (GID), more commonly known as transsexualism, is a condition recognized in the Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV, 1994, and DSM-IV-TR, 2000) published by the American Psychiatric Association. Transsexualism is also recognized in the International Statistical Classification of Diseases and Related Health Problems, Ninth Revision, published by the World Health Organization, for which the United States is a signatory. The criteria listed for GID are descriptive of many people who experience dissonance between their sex as assigned at birth and their gender identity, which is developed in early childhood and understood to be firmly established by age 4, though for some transgender individuals, gender identity may remain somewhat fluid for many years. The DSM-IV descriptive criteria were developed to aid in diagnosis and treatment to alleviate the clinically significant distress and impairment known as gender dysphoria that is often associated with transsexualism.

Two frequently used methods of diagnosing transsexualism are the German Standards for the Treatment and Diagnostic Assessment of Transsexuals (Becker, et al., 1998) and the WPATH SOC (2001). According to these standards of care, transsexualism is identified as follows:

- a permanent and profound identification with the opposite sex
- a persistent feeling of discomfort regarding one's biological sex or feelings of inadequacy in the gender role of that sex
- the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone replacement
- clinically relevant distress and/or impaired ability to function in social, work-related and other situations as a result of preoccupation with non-identification with the gender assigned at birth
- not a symptom of another mental disorder or a chromosomal abnormality
- persistent presence of the transsexual identity for at least two years

Mental health professionals play a strong role in working with individuals with GID, as they need to diagnose the gender disorder and any comorbid psychiatric conditions accurately, counsel the individual regarding treatment options, and provide psychotherapy and assess eligibility and readiness for hormone and surgical therapy. They usually provide documentation and formal recommendations to medical and surgical specialists. Psychiatric care may need to continue for several years after gender reassignment surgery, as major psychological adjustments may continue to be necessary. Other providers of care may include a family physician or internist, endocrinologist, urologist, plastic surgeon, general surgeon and gynecologist. The overall success of the surgery is highly dependent on psychological adjustment and continued support.

After diagnosis, the therapeutic approach usually includes three elements: hormones of the desired gender, real life experience in the desired role, and surgery to change the genitalia and other sex characteristics.

Prior to gender reassignment surgery, patients undergo hormone replacement therapy, which plays an important role in the gender transition process. Biological males can be treated with estrogens and anti-androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease

testicular size and erections. Biological females are treated with testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. Hormones must be administered by a physician and require ongoing medical management, including physical examination and lab studies to evaluate dosage, side effects, etc. Lifelong maintenance is usually required. Hormone therapy also limits fertility, and individuals need to be informed of sperm preservation options and cryopreservation of fertilized embryos prior to starting hormone therapy.

The individual identified with GID also undergoes what is called a “real life experience,” in which he/she adopts the new or evolving gender role and lives in that role as part of the transition pathway. This process tests the individual’s resolve and commitment for change, as well as the adequacy of his/her support system. During this time, a person would be expected to maintain full- or part-time employment, participate in community activities, acquire a legal gender identity appropriate first name, and provide an indication that others are aware of the change in gender role. Mental health professionals continue to play an important role in this individual's continuum of care.

Transmen

Transmen assume male gender identities or strive to present in more male gender roles. Gender reassignment surgery from female to male (FTM) includes surgical procedures that reshape a female body into the appearance of a male body. Procedures often performed as part of gender reassignment surgery of FTM include mastectomy, hysterectomy, salpingo-oophorectomy, colpectomy (i.e., removal of the vagina) and metoidioplasty (i.e., construction of a penis).

Transwomen

Transwomen strive for a female identity. Gender reassignment surgery from male to female (MTF) includes procedures that shape a male body into the appearance of and, to the maximum extent possible, the function of a female body. Procedures often performed as part of gender reassignment surgery of MTF include vaginoplasty, penile inversion to create a vagina and clitoris, penectomy, colovaginoplasty (i.e., creation of vagina from sigmoid colon), breast augmentation, orchiectomy, clitoroplasty and labiaplasty.

Professional Society/Organization

In 2009 the Endocrine Society published a clinical practice guideline for endocrine treatment of transsexual persons (Hembree, et al., 2009). As part of this guideline, the endocrine society recommends that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable; that surgery be recommended only after completion of at least one year of consistent and compliant hormone treatment; and that the physician responsible for endocrine treatment medically clear the individual for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.

Summary

Sex reassignment surgical procedures for diagnosed cases of GID should be recommended only after a comprehensive evaluation by a qualified mental health professional. The surgeon should have a demonstrated competency and extensive training in sexual reconstructive surgery. Long-term follow-up is highly recommended for the enduringly successful outcome of surgery.

References:

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Billing Coding/Physician Documentation Information

55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
19301	Mastectomy, partial (eg, lumpectomy, tyelectomy, quadrantectomy, segmentectomy);
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19316	Mastopexy
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19350	Nipple/areola reconstruction
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
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106	Vaginectomy, partial removal of vaginal wall;
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57110	Vaginectomy, complete removal of vaginal wall;
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)

- 57291** Construction of artificial vagina; without graft
- 57292** Construction of artificial vagina; with graft
- 57335** Vaginoplasty for intersex state
- 58150** Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
- 58180** Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
- 58260** Vaginal hysterectomy, for uterus 250 g or less;
- 58262** Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
- 58275** Vaginal hysterectomy, with total or partial vaginectomy;
- 58280** Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
- 58285** Vaginal hysterectomy, radical (Schauta type operation)
- 58290** Vaginal hysterectomy, for uterus greater than 250 g;
- 58291** Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
- 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)

Additional Policy Key Words

N/A

Policy Implementation/Update Information

- 10/1/10 New policy; considered medically necessary
 - 10/1/11 No policy statement changes.
 - 10/1/12 No policy statement changes.
 - 10/1/13 No policy statement changes.
 - 10/1/14 No policy statement changes.
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