

# MEDICAL POLICY

<b>SUBJECT: SEX REASSIGNMENT SURGERY</b>	<b>EFFECTIVE DATE: 10/28/10</b>
<b>POLICY NUMBER: 7.01.84</b>	<b>REVISED DATE: 12/08/11, 10/25/12, 10/24/13</b>
<b>CATEGORY: Contract Clarification</b>	<b>PAGE: 1 OF: 6</b>

- *If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.*
- *Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.*
- *Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.*

## **POLICY STATEMENT:**

- I. Based on our criteria and assessment of peer-reviewed literature, sex reassignment surgery is considered **medically appropriate** when ALL of the following criteria are met:
  - A. The patient is at least 18 years of age;
  - B. The patient has been diagnosed with the gender dysphoria, including all of the following:
    1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
    2. The transsexual identity has been present persistently for at least two years; and
    3. The condition is not a symptom of another mental disorder or a chromosomal abnormality; and
    4. The condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
  - C. The patient is an active participant in a recognized gender dysphoria treatment program; and
  - D. The patient has undergone a minimum of 12 months of continuous hormonal therapy (unless contraindicated) when recommended by a mental health professional and provided under the supervision of a physician; and
  - E. The patient has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, with no returning to their original gender, including one or more of the following:
    1. Maintain part- or full-time employment; or
    2. Function as a student in an academic setting; or
    3. Function in a community-based volunteer activity; and
  - F. Two qualified mental health professionals recommend sex reassignment surgery.
- II. Male-to-female sex reassignment surgical procedures considered **medically appropriate** include the following:
  - A. Orchiectomy;
  - B. Penectomy;
  - C. Vaginoplasty;
  - D. Clitoroplasty; and
  - E. Labiaplasty.
- III. Female-to-male sex reassignment surgical procedures considered **medically appropriate** include the following:
  - A. Hysterectomy;
  - B. Salpingo-oophorectomy;
  - C. Vaginectomy/colpectomy
  - D. Initial mastectomy/breast reduction;
  - E. Urethroplasty;
  - F. Metoidioplasty;
  - G. Phalloplasty;
  - H. Scrotoplasty; and
  - I. Placement of testicular prostheses.
- IV. The following surgeries are considered **not medically necessary** as part of sex reassignment surgery, including, but not limited to:
  - A. Liposuction;
  - B. Rhinoplasty;

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- C. Facial bone reconstruction/facial feminization surgery;
- D. Jaw shortening/sculpturing;
- E. Chin/nose implants;
- F. Voice modification surgery;
- G. Tracheal shaving/thyroid chondroplasty;
- H. Hair removal, electrolysis or hairplasty;
- I. Breast implants/augmentation; and
- J. Lip reduction/enhancement.

V. Services to reverse gender reassignment surgery are considered **not medically necessary** and therefore, **not eligible for coverage**.

### **DESCRIPTION:**

Gender dysphoria, previously known as Gender identity disorder (GID), is identified by physicians, psychiatrists and psychologists as a condition in which a person has been born one gender, usually on the basis of their sex at birth, but identifies as belonging to another gender, and feels significant discomfort or the inability to deal with this condition. People with gender dysphoria often report a feeling of being born the wrong sex. The causes of gender dysphoria and the developmental factors associated with it are not well-understood. The individual who is genetically male but who feels that the male gender does not describe him completely or accurately, and/or who desires or has undergone a male to female conversion is known as a transwoman; and the individual who is genetically female who feels that the female gender does not describe her completely or accurately, and/or who desires or has undergone the female to male conversion is known as a transman. Sex or gender reassignment therapy is a treatment option for extreme cases of gender dysphoria. Sex reassignment therapy is an umbrella term for all procedures regarding sex reassignment and usually consists of a real-life experience in the desired role, hormone replacement therapy to modify secondary sex characteristics, and sex reassignment surgery to alter primary sex characteristics. This therapeutic approach is sometimes labeled triadic therapy due to the three key elements involved. Individuals with gender dysphoria require psychological treatment long before reassignment therapy begins and usually continue it permanently after the “transition”.

Sex reassignment surgery is 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. The goal of sex reassignment surgery (SRS) is to align the individual’s physical appearance and genital anatomy with his/her gender identity. SRS involves a series of procedures that will make male genitals into female genitals or vice versa (e.g., penectomy, orchiectomy, vaginoplasty, hysterectomy, salpingo-oophorectomy, colpectomy, metoidioplasty, phalloplasty) and will reshape a male body into a body with female appearances or vice versa (e.g., mastectomy, facial feminization surgery, nose/chin implants, jaw sculpturing, tracheal shaving, voice modification surgery, hair removal).

### **RATIONALE:**

A diagnosis of gender dysphoria is based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) V criteria which include: there must be evidence of a strong and persistent cross-gender identification; this cross-over identification must not merely be a desire for any perceived cultural advantages of being the other sex; there must also be evidence of persistent discomfort about one’s assigned sex or sense of inappropriateness in the gender role of that sex; the individual must not have a concurrent physical intersex condition (e.g., androgen insensitivity syndrome, congenital adrenal hyperplasia); and there must be evidence of clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Psychological techniques that attempt to alter gender dysphoria to one considered appropriate for the person’s assigned sex have typically been shown to be ineffective. Therefore, it is generally accepted that the only effective and reasonable course of treatment for people with gender dysphoria would be sex reassignment therapy. The need for treatment is emphasized by the higher rate of mental health problems, including depression, anxiety, various addictions and well as a higher suicide rate among untreated people with gender dysphoria. Many of these problems, in the majority of cases significantly decrease or may even disappear after a change of gender role and/or physical characteristics.

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The literature related to sex reassignment surgery has numerous limitations (e.g., lack of controlled studies, evidence not collected prospectively, large number of patients lost to follow-up). However, the majority of patients in case series and cohort studies experienced successful outcomes in terms of subjective well-being, cosmesis and sexual function.

The World Professional Association for Transgender Health or WPATH (formerly known as the Harry Benjamin International Gender Dysphoria Association) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People and the DSM V criteria are widely accepted as definitive documents in the area of gender dysphoria treatment. The SOC criteria have been adopted as the standard of care for the treatment of gender dysphoria, including hormone therapy and gender reassignment surgery.

The criteria in the SOC are supported by evidence-based peer-reviewed journal publications. Several studies have shown that extensive long-term trials of hormonal therapy and real-life experience living as the other gender, as well as social support and acceptance by peer and family groups, greatly improve psychological outcomes in patients undergoing Gender reassignment surgery (Eldh, 1997; Landen, 1998). A study reported by Monstrey and colleagues (2001) described the importance of close cooperation between the many medical and behavioral specialties required for proper treatment of patients with gender dysphoria who wish to undergo gender reassignment surgery.

One study of 188 patients undergoing gender reassignment surgery found that dissatisfaction with surgery was highly associated with sexual preference, psychological co-morbidity, and poor pre-operative body image and satisfaction (Smith, 2005). MI Lobato, et al. (2006) and JC Goodard, et al. (2007) reported good overall cosmetic results and high patient satisfaction in studies related to the early and long-term follow-up of patients undergoing sex reassignment surgery (n = 19 and n = 233, respectively).

Gender reassignment surgery presents significant medical and psychological risks, and results are irreversible. A step-wise approach to therapy for gender dysphoria, including accurate diagnosis and long-term treatment by a multidisciplinary team including behavioral, medical and surgical specialists, has been shown to provide the best results. As with any treatment involving psychiatric disorders, a thorough behavioral analysis by a qualified practitioner is needed. Once a diagnosis of gender dysphoria is established, treatment with hormone therapy and establishment of real-life transgender experience may be warranted. Gender reassignment surgery should be considered only after such trials have been undertaken, evaluated and confirmed. Hormone therapy should be administered under on-going medical supervision and is important in beginning the gender transition process by altering body hair, breast size, skin appearance and texture, body fat distribution, and the size and function of sex organs. Real-life experience is important to validate the patient's desire and ability to incorporate their desired gender role into their social network and daily environment. This generally involves gender-specific appearance (garments, hairstyle, etc.), involvement in various activities in the desired gender role including work or academic settings, legal acquisition of a gender appropriate first name, and acknowledgement by others of their new gender role. Once these treatment steps have been established and stable for at least 12 months, a patient may be considered for gender reassignment surgery.

For both transmen and transwomen, additional surgeries have been proposed to improve the gender appropriate appearance of the patient. Procedures such as breast augmentation, liposuction, Adam's apple reduction, rhinoplasty, facial reconstruction, and others have no medical necessity role in gender identification and are considered cosmetic in nature.

**CODES:**      Number                      Description

*Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*

**CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

<b><u>CPT:</u></b>	54125	Amputation penis, complete
	54520	Simple orchiectomy
	54660	Insertion testicular prosthesis

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54690	Laparoscopy, surgical, orchiectomy
55180	Scrotoplasty, complicated
55970	Intersex surgery, male to female
55980	Intersex surgery, female to male
56625	Vulvectomy, complete
56800	Plastic repair introitus
56805	Clitoroplasty for intersex state
57110	Vaginectomy, complete
57291	Construction of artificial vagina without graft
57292	Construction of artificial vagina with graft
57335	Vaginoplasty for intersex state
58150	Total abdominal hysterectomy, with or without removal ovaries and/or tubes
58552, 58554	Laparoscopy, surgical, with vaginal hysterectomy with or without removal of ovaries and/or tubes
58571, 58573	Laparoscopy, surgical, total hysterectomy with or without removal of ovaries and/or tubes

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<b>ICD 9:</b>	302.50-302.53	Trans-sexualism
	302.85	Gender identity disorder in adolescents or adults
<b>ICD10:</b>	F64.1	Gender identity disorder in adolescence and adulthood
	Z87.890	Personal history of sex reassignment

## **REFERENCES:**

American Academy of Child and Adolescent Psychiatry. Practice parameters on gay, lesbian, or bisexual orientation, gender nonconformity, and gender discordance in children and adolescents. J Am Acad Child Adolesc Psychiatry 2012 Sep;51(9):957-74.

\*Bradley SJ and Zucker KJ. Gender identity disorder: A review of the past 10 years. J Am Acad Child Adolesc Psychiatry 1997;36(7):872-80.

Byne W, et al. Report of the American Psychiatric Association Task Force on treatment of gender identity disorder. Arch Sex Behav 2012 Aug;41(4):759-96.

\*Cohen-Kettenis PT, et al. Transsexualism: a review of etiology, diagnosis and treatment. J Psychosom Res 1999; 46(4):315-333.

Committee on Health Care for Underserved Women. Committee Opinion no.512. Health care for transgender individuals. Obstet Gynecol 2011 Dec;118(6):1454-8.

\*Day P. Trans-gender reassignment surgery. New Zealand health technology assessment (NZHTA). The clearing house for health outcomes and Health technology assessment. February 2002;1(1) [<http://nzhta.chmeds.ac.nz/>] accessed 8/23/13.

Dhejne C, et al. Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort in Sweden. PLoS One 2011 Feb 22;6(2):e16885.

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- \*Eldh J, et al. Long-term follow up after sex reassignment surgery. Scand J Plast Reconstr Surg Hand Surg 1997;31(1):39-45.
- \*Goddard JC, et al. Feminizing genitoplasty in adult transsexuals: early and long-term surgical results. BJU Int 2007 Sep;100(3):607-13.
- Gooren LJ. Clinical practice. Care of transsexual persons. NEJM 2011 Mar 31;364(13):1251-7.
- Hembree WC, et al. Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab 2009 Sep;94(9):3132-54.
- \*Hepp U, et al. A. Psychiatric comorbidity in gender identity disorder. J Psychosom Res 2005;58(3):259-61.
- Klein C, et al. Sexual functioning in transsexuals following hormone therapy and genital surgery: a review. J Sex Med 2009 Nov;6(11):2922-39.
- Kuhn A, et al. Vaginal prolapse. Pelvic floor function, and related symptoms 16 years after sex reassignment surgery in transsexual. Fertil Steril 2011 Jun;95(7):2379-82.
- \*Landen M, et al. Factors predictive of regret in sex reassignment. Acta Psychiatr Scand 1998;97(4):284-9.
- \*Lawrence AA. Factors associated with satisfaction or regret following male-to-female sex reassignment surgery. Arch Sex Behav 2003 Aug;32(4):299-315.
- \*Lawrence AA. Sexuality before and after male-to-female sex reassignment surgery. Arch Sex Behav 2005 Apr;34(2):147-66.
- \*Lobato MI, et al. Follow-up of sex reassignment surgery in transsexuals: a Brazilian cohort. Arch Sex Behav 2006 Dec;35(6):711-5.
- Meriggiola MC, et al. Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline: commentary from a European perspective. Eur J Endocrinol 2010 May;162(5):831-3.
- \*Midence K, Hargreaves I. Psychosocial adjustment in male-to-female transsexuals: an overview of the research evidence. J Psychol 1997;131(6):602-14.
- \*Monstrey S, et al. Surgical therapy in transsexual patients: a multi-disciplinary approach. Acta Chir Belg 2001;101(5):200-9.
- Motmans J, et al. Female and male transgender quality of life: socioeconomic and medical differences. J Sex Med 2012 Mar;9(3):743-50.
- \*Schlatterer K, et al. Multistep treatment concept of transsexual patients. Exp Clin Endocrin Diab 1996;104(6):413-9.
- \*Selvaggi G, et al. Gender identity disorder: general overview and surgical treatment for vaginoplasty in male-to-female transsexuals. Plast Reconstr Surg 2005;116(6):135e-45e.
- Selvaggi G, et al. The 2011 WPATH standards of care and penile reconstruction in female-to-male transsexual individuals. Adv Urol 2012;2012:581712.
- \*Smith YL, et al. Sex reassignment: outcomes and predictors of treatment for adolescent and adult transsexuals. Psychol Med 2005;35(1):89-99.
- \*Smith YL, et al. Adolescents with gender identity disorder who were accepted or rejected for sex reassignment surgery: a prospective follow-up study. J Am Acad Child Adolesc Psychiatry 2001 Apr;40(4):472-81.
- \*Sohn M, et al. Gender identity disorders: diagnostic and surgical aspects. J Sex Med 2007 Sep;4(5):1193-207.
- Sutcliffe PA, et al. Evaluation of surgical procedures for sex reassignment: a systematic review. J Plast Reconstr Aesthet Surg 2009 Mar;62 (3):294-306.
- \*Sutcliffe P, et al. Evidence-based Commission Collaboration. Gender reassignment surgery. Executive summary. 2005 Dec[<http://www.changelingaspects.com/PDF/SCHARR.pdf>] accessed 8/23/13.

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Wierckx K, et al. Quality of life and sexual health after sex reassignment surgery in transsexual men. J Sex Med 2011 Dec;8(12):3379-88.

World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming people. 2011 7<sup>th</sup> version.  
[<http://www.wpath.org/documents/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf>] accessed 8/23/13.

\* key article

**KEY WORDS:**

Gender dysphoria, Gender identity disorder, GID, gender reassignment surgery, genital correction surgery, genital reassignment surgery, genital reconstruction, gender realignment surgery, gender confirmation surgery, intersex, transsexualism, transsexual surgery

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## CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

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There is currently a National Coverage Determination (NCD) for transsexual surgery. Please refer to the following NCD website for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=83&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&CptHcpcsCode=36514&bc=gAAAABAAAA&>