



ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1415.DC	
Subject:	Gender Dysphoria and Transgender Surgery	
Section:	Medical Non-Pharmacy Protocols	
Effective Date:	10/01/2020	
Revision Date(s):	10/2021	
Review Date(s):	11/2022	
Responsible Parties:	MD Medical Director	
Responsible Department(s):	Clinical Operations	
Regulatory References:	DHCF Gender Reassignment Surgery Policy – Effective September 1, 2016	
Approved:	Sharon Henry Director, Clinical Operations	Raymond Tu, MD Senior Medical Director (CMO)

Purpose: Gender reassignment surgery (GRS) describes surgical treatment options for Gender Dysphoria (GD). Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth, and the associated gender role and/or primary and secondary sex characteristics.

This MFC policy was developed after a detailed review of the WPATH SOC guidelines, medical and research literature, federal and state laws and policies applicable to Medicaid programs, review of state Medicaid GRS policies across the US and also in consultation with the National Center for Transgender Equality.¹ Given the lack of clarity and absence of consensus among these sources about which medical and surgical interventions constitute comprehensive and medically necessary treatment for GRS, this policy clarifies DC Medicaid coverage for GRS.

Successful treatment of GD often involves a combination of medical and psychological interventions. Prior to GRS, candidates may begin medical therapies and behavioral trials but must receive medical and psychological evaluations to confirm surgery as the most appropriate treatment option.

¹ National Center for Transgender Equality. <http://www.transequality.org/>. Accessed August 29, 2020.

The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association² whose mission includes promotion of evidence-based care for the Health of Transsexual, Transgender, and Gender Nonconforming People through standards of health care (SOC).³ The SOC are the articulation of expert professional consensus. However, these experts acknowledge “the criteria put forth in the SOC for hormone therapy and surgical treatments for gender dysphoria are clinical guidelines; individual health professionals and programs may modify them.” (WPATH SOC, page 104). This statement also acknowledges a variety of circumstances in which departure from these guidelines is appropriate.

Scope: MedStar Family Choice, District of Columbia Healthy Families
Gender Reassignment Surgery is not a covered benefit for DC Healthcare Alliance members (DCHF Gender Reassignment Surgery Policy)

Policy: MFC will cover sex reassignment procedures for beneficiaries with an established diagnosis of GD. Eligibility for sex reassignment procedures is dependent upon a GD diagnosis as defined in *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) and must meet the candidate criteria outlined below in this section.

Surgical treatment for eligible GD patients will only be available for the surgical procedures outlined below in this Section and will be provided only once per lifetime per procedure type. Additional surgeries will not be covered for the same type of procedure.

Prior authorization is required for all gender reassignment surgery and subject to verification of Medicaid eligibility for the patient and Medicaid enrollment by the provider and practitioner.

Definitions:

1. Gender identity: an individual's internal sense of gender, which may be different from an individual's sex assigned at birth. The way an individual expresses gender identity is frequently called “gender expression,” and may or may not conform to social stereotypes associated with a specific gender. For example, gender may be expressed through grooming, mannerisms, speech patterns, and social interactions. An individual has a transgender identity when the individual's gender identity is different from the sex

² World Professional Association for Transgender Health. <http://www.wpath.org/> (Accessed August 29, 2020)

³ World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People. 7th version, 2011.
http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf. Accessed on August 29, 2020.

assigned to that person at birth; an individual with a transgender identity is referred to as a transgender individual.

2. Gender dysphoria: involves a conflict between a person's physical or assigned gender and the gender with which he/she/they identifies.⁴ Criteria for the diagnosis of GD can be found in the fifth edition of the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and include the following:
 - a. Incongruence between one's experienced/expressed gender and assigned gender for at least 12 months duration as manifested by at least two or more of the following:
 - i. Incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics.
 - ii. Strong desire to separate from one's primary and/or secondary sex characteristics due to incongruence with one's experienced/expressed gender.
 - iii. A strong desire for the primary and/or secondary sex characteristics of the other gender.
 - iv. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
 - v. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 - vi. A strong desire that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
 - b. Clinically significant distress or impairment in social, occupational, or other important areas of functioning documented by an established relationship with a licensed behavioral health provider.
3. Qualified Mental Health Professional: a mental health professional who diagnoses and treats adults presenting for care regarding their gender identity or gender dysphoria (GD) and who possess the following minimum credentials, as recommended in the World Professional Association for Transgender Health (WPATH) Standards of Care, Version 7:
 - a. A master's degree or equivalent in a clinical behavioral science field from an institution accredited by the appropriate national accrediting board and is licensed by the relevant licensing board;
 - b. Competence in using the DSM-V for diagnostic purposes;
 - c. Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from GD. Knowledge about gender-nonconforming identities and expressions, and the assessment and treatment of GD;
 - d. Documented supervised training and competence in psychotherapy or counseling;

⁴ American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Arlington, VA, American Psychiatric Association, 2013, pp. 451-459.

- e. Knowledge about gender-nonconforming identities and expressions, and the assessment and treatment of GD; and
- f. Continuing education in the assessment and treatment of GD. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and GD.

Procedure:

A. Criteria and Procedure Coverage:

1. General Criteria: For Gender Reassignment Surgery (GRS) services all the following criteria must be met. The candidate must:
 - a. Be 18 years of age or older;
 - b. Have been diagnosed with Gender Dysphoria or Gender Identity Disorder by a qualified mental health professional;
 - c. Have been separately assessed by two qualified mental health professionals, as defined in this policy, each resulting in a diagnosis of GD meeting DSM-V Criteria;
 - d. Have no medical contraindications to treatment.
 - e. Have no psychiatric contraindications to treatment, including, but not limited to severe, uncontrolled co-morbid psychiatric diseases with impaired reality testing.
 - f. Have the capacity to make fully informed decisions and consent to treatment;
 - g. Be living full-time in a gender role that is congruent with the member's gender identity for twelve consecutive months; and
 - h. Have undergone a minimum of twelve continuous months of physician or advanced practice nurse-supervised hormone therapy appropriate to the member's gender goals unless hormone therapy is medically contraindicated. If there is a contraindication to hormone therapy, it must be clearly stated. Of note, hormonal therapy is not required as a prerequisite to mastectomy in female-to-male beneficiaries.
2. Gender Reassignment Surgical Procedures that may be covered:
 - a. Hysterectomy,
 - b. Salpingectomy,
 - c. Oophorectomy,
 - d. Vaginectomy,
 - e. Urethroplasty,
 - f. Metoidioplasty,
 - g. Phalloplasty with implantation of penile prosthesis,
 - h. Scrotoplasty with insertion of testicular implants,
 - i. Total Abdominal Hysterectomy/Bilateral Salpingo Oophorectomy (TAH/BSO),
 - j. Mastectomy,
 - k. Orchiectomy,
 - l. Penectomy,

- m. Vaginoplasty,
 - n. Vulvoplasty,
 - o. Labiaplasty,
 - p. Clitoroplasty,
 - q. Breast augmentation/mammoplasty with implantation of breast prostheses.
3. The following facial feminization surgical procedures may be covered:
- a. Mandibular lift,
 - b. Forehead reduction,
 - c. Rhinoplasty,
 - d. Trachea shave/reduction thyroid chondroplasty
4. Medically necessary gender reassignment surgical procedures are covered for a male to female transition and a female to male transition. The details of the exact CPT codes for covered procedures are in Table 1.

B. Provider Documentation Criteria:

1. The following documentation must be provided from the appropriate clinicians and contain the information noted below:
- a. Referrals for genital reconstructive surgery shall be provided from two qualified mental health professionals who have independently assessed the candidate. One of these referrals may be from the qualified mental health professional performing the initial assessment;
 - b. Clinical documentation that any and all medical and mental health conditions are being managed;
 - c. Documentation of follow-up every 3 months during the first year of hormone therapy to monitor hormone levels (testosterone and estrogen);
 - d. Documentation the patient has received counseling about the risks and benefits of hormone treatment and surgery; and
 - e. There is no cardiovascular or other medical contraindication to surgery.
 - f. Letters must thoroughly describe and attest to an established patient-provider relationship with both the primary clinician and the mental health professional.
 - g. Letters must provide specific details related to the request including an explanation about the candidate's GD.
 - h. Copy of assessment performed by qualified mental health professional, meeting DSM-V criteria and resulting in diagnosis of GD.
 - i. If any coexisting mental or physical health concerns are identified, medical record documentation must demonstrate therapeutic plan to ensure conditions are being optimally managed and well-controlled.
 - j. For all gender reassignment surgeries, one referral letter must be provided by a licensed clinical behavioral health professional with a master's degree (M.S., M.S.W., M.A., M.Ed.), or a doctoral degree (Ph.D., M.D., D.O., Ed.D., D.Sc., D.S.W., or Psy.D) who has the competencies stated in the World Professional

Association for Transgender Health Standards of Care, Version 7, Chapter VII, and has treated the candidate.

- k. For genital surgery only (including hysterectomy, orchiectomy, oophorectomy or genital reconstructive surgeries), a second letter must be provided from a licensed clinical behavioral health professional who meets the criteria listed in 10 and who has treated or independently assessed the candidate. The letter or letters must document all of the following:
 - i. Whether the author of the letter is part of a treatment team or is in contact with any other providers involved in the patient's gender dysphoria care;
 - ii. The candidate's general identifying characteristics;
 - iii. Results of the client's psychosocial assessment, including any diagnoses;
 - iv. The duration of their professional relationship including the type of psychotherapy or evaluation and therapy or counseling to date;
 - v. The eligibility criteria met by the candidate;
 - vi. A brief description of the clinical rationale for surgery;
 - vii. A copy of patient informed consent form, and
 - viii. A written description of the mental health professional's strategy and approach for providing coordination of care before, during and after surgery. This should include regular contact by phone and in-person visits and may include technology-based approaches.
2. A letter of documentation must be received from the treating surgeon. If one of the previously described letters is from the treating surgeon, then it must contain the documentation noted in the section below. All letters from a treating surgeon must confirm:
 - a. Based on referrals from the behavioral health professionals and/or the surgeon's own assessment, the surgeon believes that the candidate meets the "candidate criteria" listed in this policy;
 - b. The surgeon **has personally communicated** with the treating mental health provider AND physician treating the candidate; and
 - c. The surgeon **has personally communicated** with the candidate and that the candidate understands the ramifications of surgery, including:
 - i. The required length of hospitalizations,
 - ii. Possible complications of the surgery, and
 - iii. The post-surgical rehabilitation requirements of the various surgical approaches and the planned surgery.

C. NOT COVERED:

1. GRS is not covered when one or more of the following circumstances occur:
 - a. A candidate is not eligible for the services requested
 - b. One or more of the criteria above have not been met
 - c. Procedures requested are not medically necessary
 - d. Repeat surgical procedures (procedures will only be covered once per procedure type)
2. Procedures considered to be not medically necessary and/or are not covered

- a. Reversal of gender reassignment surgery
- b. Procedures for the preservation of fertility, including, but not limited to, the procurement, preservation, and storage of sperm, oocytes or embryos
- c. Procedures requested for esthetic improvement will not be covered.
- d. Facial feminization surgery and cosmetic procedures except those listed under “Surgical Procedures.” This includes but is not limited* to the following:
 - i. Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics
 - ii. Abdominoplasty*
 - iii. Autologous fat grafting
 - iv. Blepharoplasty
 - v. Brow lift*
 - vi. Calf implants*
 - vii. Chin/nose/cheek implants
 - viii. Collagen injections
 - ix. Drugs for hair loss or growth
 - x. Electrolysis/ hair removal
 - xi. Genioplasty/mentoplasty
 - xii. Gluteal implants
 - xiii. Hair pieces
 - xiv. Hair transplantation or implants
 - xv. Laryngoplasty
 - xvi. Lifestyle coaching (i.e. speech, dressing, walking, demeanor)
 - xvii. Liposuction
 - xviii. Lip reduction/enhancement
 - xix. Pectoral implants*
 - xx. Removal of redundant skin
 - xxi. Scalp advancement or reduction
 - xxii. Tattoos
 - xxiii. Voice modification surgery
 - xxiv. Voice therapy, voice lessons

*MFC addition – not part of feminization

Table 1: Listing of Covered Services (Assuming All Criteria Are Met)

Male to Female Transition	Suggested Code	Code Description
Labiaplasty	14040	adjacent tissue transfer or rearrangement genitalia 10 sq. cm or less
	14041	10.1 sq. cm to 30.0 sq. cm
Breast Enlargement Procedure	19325	Breast augmentation with implant
Forehead Reduction	21137	Reduction forehead; contouring only
	21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
	21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
Mandibular Lift	21198	Osteotomy, mandible, segmental
Rhinoplasty Note: CPTs 30430, 30435, 30450 are NOT covered	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
	30420	Rhinoplasty, primary; including major septal repair
Thyroid Chondroplasty	31899	unlisted procedure, trachea, bronchi
Urethroplasty	53430	Urethroplasty, reconstruction of female urethra

	53410	Urethroplasty, 1 stage reconstruction of male anterior urethra
Penectomy (penile inversion)	54120	Partial Penectomy
Orchiectomy	54520	Orchiectomy, simple w or w/o prosthesis
Clitoroplasty	56805	Clitoroplasty for intersex state
Vaginoplasty	57335	Vaginoplasty for intersex state
	15750	Neurovascular Pedicle Flap (skin and subcutaneous tissue containing a neurovascular link is trimmed for use as an island pedicle flap. The extra tissue is removed from the pedicle so that the connection to the donor site is little more than an innervated artery and vein. A defect is covered by elevation of a flap of skin and subcutaneous tissue from a nearby but not immediately adjacent donor site. The flap involves an anatomically named blood vessel in its creation. Often this tissue is transferred through a tunnel underneath the skin and sutured into its new position. The donor site is closed directly. Report 15750 if the pedicle is neurovascular, containing nerve and blood vessel elements.
	15240	Skin Full Thickness Graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20sq cm or less

Female to Male Transition	Suggested Code	Code Description
Mastectomy	19301 19303	partial simple, complete
Nipple/areola reconstruction in connection w/covered mastectomy	19350	
Urethroplasty	53410 53430	Urethroplasty, 1 stage reconstruction of male anterior urethra Urethroplasty, reconstruction of female urethra
Insertion of penile prosthesis; non-inflatable (semi-rigid)	54400	
Insertion of penile prosthesis; inflatable (self-contained)	54401	
Insertion of multicomponent penile prosthesis, including placement of pump, cylinders and reservoir. All must be inserted in connection with a covered phalloplasty	54405	
Placement of Testicular Protheses	54660	Insertion of testicular prosthesis (separate procedure)
Scrotoplasty	55175 55180	simple complex
Metoidioplasty	55899	unlisted procedure, male genital system
Vaginectomy	57106 57110 57111	partial removal of vaginal wall complete removal of vaginal wall complete removal of vaginal wall with removal of paravaginal tissue
Hysterectomy:	58150 58180 58260 58262	

	58275 58290 58291 58541 58542 58543 58544 58550 58552 58553 58554 58570 58571 58572 58573	
Vulvectomy	56620	Simple; partial
Salpingo-oophorectomy	58720	
Oophorectomy	58940	
Phalloplasty	55899 13132 13160 14021 14040	unlisted procedure, male genital system Complex Repair forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6cm to 7.5cm Secondary closure of surgical wound or dehiscence, extensive or complicated Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1sq cm to 30.0sq cm Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; defect 10sq cm or less

	14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; defect 10.1sq. cm to 30.0sq. cm
	14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1-60sq cm
	14302	Adjacent tissue transfer or rearrangement, any area; each additional 30sq cm or part thereof (list separately in addition to code for primary procedure)
	15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release or scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100sq. cm
	15100	Split-thickness autograft, trunk, arms, legs; first 100sq. cm or less,
	15120	Skin Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100sq cm or less

	15240	Skin Full Thickness Graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20sq cm or less
	15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100sq cm; first 100sq cm wound surface area
	15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100sq cm; each additional 100sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
	15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
	15750	Neurovascular Pedicle Flap (skin and subcutaneous tissue containing a neurovascular link is trimmed for use as an island pedicle flap. The extra tissue is removed from the pedicle so that the connection to the donor site is little more than an innervated artery and vein. A defect is covered by the elevation of a flap of skin and subcutaneous tissue from a nearby but not immediately adjacent donor site. The flap involves an anatomically named blood vessel in its

		creation. Often this tissue is transferred through a tunnel underneath the skin and sutured into its new position. The donor site is closed directly. Report 15750 if the pedicle is neurovascular, containing nerve and blood vessel elements
	15756	Free muscle or myocutaneous flap with microvascular anastomosis
	15757	Free Skin Flap with Microvascular anastomoses
	15777	Implantation of biologic implant (e.g. acellular dermal matrix) for soft tissue reinforcement
	64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
	64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
	64859	Suture of each additional major peripheral nerve (list separately in addition to code for primary procedure)

<p>Summary of Changes:</p>	<p>11/22:</p> <ul style="list-style-type: none"> • Removed 19324 as code retired from use. • Updated prior documented changes <p>07/22:</p> <ul style="list-style-type: none"> • Added services to reverse gender reassignment procedures not covered. • Updated Responsible Parties • Formatted reference section. <p>10/21:</p> <ul style="list-style-type: none"> • CPTs 15750 and 15240 were added to Male to Female Transition (Table 1); they were already in Female to Male Transition (Table 1). <p>10/20:</p> <ul style="list-style-type: none"> • New Policy
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