Gender Dysphoria/Gender Identity Disorder Treatment
MPM 7.3

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Refer to the Intel Benefit Description for coverage of cosmetic procedures for this treatment.

Description
Gender dysphoria or gender identity disorder is a DSM-5-defined diagnosis in which an individual experiences marked incongruences between the gender they have been assigned to (usually at birth, referred to as natal gender) and their experienced/expressed gender.

This Medical Policy covers topics related to the treatment of gender dysphoria, including behavioral health evaluation, hormonal therapy and gender reassignment surgery.

MPM 18.5 Restorative/Reconstruction/Cosmetic Surgery may be applicable for select surgical procedures.

Coverage Determination/ Clinical Indications
Prior Authorization is required. Each case will be reviewed by a PHP Medical Director.

General Requirements:
1. Individual must be at least 18 years old; and
2. Individual must have the capacity to make fully informed decisions and consent for treatment; and
3. Individual must have a diagnosis of gender dysphoria, and exhibit all of the following:
   a) Have 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 therapy; and
   b) The transsexual identity has been present persistently for at least two years; and
   c) The disorder is not a symptom of another behavioral disorder; and
   d) The disorder causes clinically significant distress or impairment in social, occupational or other important areas of functioning; and
4. Individual must have lived continuous 12 months in the desired gender role; and
5. Individual has undergone a minimum of 12 months of continuous hormone therapy when recommended by a behavioral health
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professional and provided under the supervision of a physician, unless there is a medical contraindication or otherwise unable or unwilling to take hormones; and

6. If the individual has significant medical or behavioral health issues, they must be reasonably well-controlled. If the individual is diagnosed with severe psychiatric disorder and impaired reality testing, an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; and

7. Supporting documentation from two qualified behavioral health professionals who have independently assessed the individual. The qualified behavioral health professionals should be Master’s degree or equivalent by an institution accredited by the appropriate national accrediting board, and currently licensed to practice in the State of New Mexico. One behavioral health professional should provide documentation only in an evaluative role.

Specific surgical procedures involved are dependent on the natal gender to experienced gender goal:

Male-to-Female (MtF)
Surgical procedures include, but are not limited to: penectomy, orchiectomy, vaginoplasty, vulvoplasty, labiaplasty, clitoroplasty.

Female-to-Male (FtM)
Surgical procedures include, but are not limited to: mastectomy, hysterectomy, salpingo-oophorectomy, vaginectomy, metoidoplasty/phalloplasty (including penile prosthesis), urethroplasty, scrotoplasty (including testicular prostheses).

Behavioral Health Services
Adequate psychological preparation and support before and after surgery are essential to successful outcomes, including properly informed consent about benefits, risks and outcomes.

Hormonal Therapy
Hormonal support for the proposed gender reassignment surgery and ongoing hormonal support of the expressed/experienced gender.

Medicare-specific Coverage Determinations

There is no specific CMS policy regarding gender reassignment surgery or the diagnosis of gender dysphoria. Each case will be reviewed by a PHP Medical Director. Palmetto GBA Local Coverage Article: Gender Reassignment Services for Gender Dysphoria (A53766) applies to Medicare members.

Exclusions

The following are not covered as part of the treatment for Gender Dysphoria or in conjunction with Gender Reassignment Surgery:
Individuals who have undergone prior gender reassignment surgery.

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.
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Sperm or embryo preservation.

Speech Therapy for voice modification, instruction in non-verbal communication Skills.

Surgical procedures not medically necessary to treat gender dysphoria, including but not limited to: voice modification surgery/laryngoplasty, reduction thyroid chondroplasty, body contouring/liposuction, rhinoplasty, rhytidectomy, blepharoplasty, hair removal (i.e. electrolysis), hair transplant/implantation, facial feminization or masculinization, facial bone reduction, brow lift, chin augmentation, lip reduction/augmentation/re-shaping, dental reconstruction, abdominoplasty, pectoral implants, buttock augmentation. (Select surgical procedures may be covered under general criteria included in Presbyterian Health Plan’s medical policy regarding Restorative/Reconstructive/Cosmetic Surgery and Treatment (MPM 18.5)).

Definitions

Gender Assignment Surgery – Procedures to ‘assign’ anatomical structures to an individual with ambiguous genitalia and/or other congenital condition such as chromosomal abnormalities.

Gender Reassignment Surgery – Procedures to alter anatomical structures of an individual who is diagnosed with gender dysphoria.

Background

CMS/Department of Health and Human Services Appeals Board has invalidated the National Coverage Determination (140.3) regarding Transsexual Surgery. In that policy, Transsexual Surgery was described as investigational and therefore statutorily non-covered. The provisions of this NCD can no longer be the basis for denying claims for Medicare coverage of “transsexual surgery”.

Coding

The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are within this list.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>55970</td>
<td>Intersex Surgery, male-to-female</td>
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<tr>
<td>55980</td>
<td>Intersex Surgery, female-to-male</td>
</tr>
<tr>
<td>54125</td>
<td>Penectomy</td>
</tr>
<tr>
<td>54520</td>
<td>Orchiectomy</td>
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</tbody>
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<table>
<thead>
<tr>
<th>CPT Codes</th>
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<tbody>
<tr>
<td>57335</td>
<td>Vaginoplasty</td>
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<tr>
<td>14041</td>
<td>Labiaplasty</td>
</tr>
<tr>
<td>56805</td>
<td>Clitoroplasty</td>
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<tr>
<td>19303</td>
<td>Mastectomy</td>
</tr>
<tr>
<td>58150</td>
<td>Hysterectomy</td>
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<tr>
<td>58720</td>
<td>Salpingo-oophorectomy</td>
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<tr>
<td>57110</td>
<td>Vaginectomy</td>
</tr>
<tr>
<td>53410/53430</td>
<td>Urethroplasty</td>
</tr>
<tr>
<td>55175/55180</td>
<td>Scrotoplasty (including testicular prostheses)</td>
</tr>
<tr>
<td></td>
<td>Metoidioplasty/Phalloplasty (including penile prosthesis)</td>
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<thead>
<tr>
<th>HCPCS® Codes</th>
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<thead>
<tr>
<th>ICD-10® Diagnosis Codes</th>
<th>Description</th>
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<tr>
<td>F64-F64.9</td>
<td>Gender Identity Disorder</td>
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<tr>
<td>F64.1</td>
<td>Gender Identity Disorder in Adolescence and Adulthood</td>
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<tr>
<td>Z87.890</td>
<td>Personal History of Sex Reassignment</td>
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</tbody>
</table>

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**Reviewed by:**
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**References:**
- Multiple Medical Policies:
  - Molina (Internal Document)

**Approval Signatures:**
- **Clinical Quality Committee:** Norman White MD
- **Medical Director:** Pedro Cardona MD

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- 09-24-2014: Original effective date
- 12-01-2015: Review
- 01-27-2016: Added Intel Benefit language

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This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is
developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services
staff and Presbyterian medical directors in determination of coverage. This Medical Policy is not a
treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional
information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the
case. Please note that all Presbyterian Medical Policies are available on the Presbyterian Healthcare Services
website at: http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm