Bright HealthCare™

MEDICAL POLICY

Gender Dysphoria: Services for Treatment of Gender Dysphoria	
MEDICAL POLICY NUMBER	MED_Clin_Ops-032
POLICY OWNER	A. Bartley Bryt, MD, Chief Medical Officer
ORIGINAL EFFECTIVE DATE	2/18/2021
CURRENT VERSION NUMBER	2
CURRENT VERSION EFFECTIVE DATE	2/25/2022
APPLICABLE PRODUCT AND MARKET	*Individual Family Plan*: All, except California *Small Group:* All *Medicare Advantage*: N/A

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY*: These services may or may not be covered by all Bright Health Plans. Please refer to the member's plan document for specific coverage information.*

Bright Health may use tools developed by third parties, such as WPATH Criteria, MCG™ Care Guidelines and the ASAM Criteria™ to assist in administering health benefits. Bright Health Medical Policies, WPATH Criteria, MCG™ Care Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member's case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice. Members may contact Bright Health Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Bright Health Medical Policy may visit Bright Health provider portal at brighthealthcare.com/provider.

Before using this policy, please check the member benefit plan document and any federal or state mandates, if applicable. Bright Health policies and practices are compliant with all federal and state requirements, including mental health parity laws.

PURPOSE

The purpose of this policy is to define medical necessity criteria for gender confirmation surgery and related services and treatment of gender dysphoria.

POLICY/CRITERIA

Gender confirmation surgeries are considered medically necessary for members when diagnosed with gender dysphoria and when meeting the eligibility criteria.

I. Gender Dysphoria Criteria

A. Marked incongruence between the member's experienced/expressed gender and assigned gender, of at least 12 month's duration, AND

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

II. Eligibility Criteria

Gender confirmation procedures may be considered medically necessary when meeting the ALL of the following:

A. Age ≥ 18 years;

B. Capacity to make a fully informed decision and to consent for treatment;

C. If significant medical or mental health concerns present, they must be reasonably well controlled;

D. Evidence the member has lived at least 12 continuous months in a gender role that is congruent with their gender identity;

E. Documentation that member has completed 12 continuous months of cross-sex hormone therapy of the desired gender, unless medically contraindicated

F. A written referral letter from a qualified mental health practitioner containing all of the following:

- Member's general identifying characteristics;
- Results of psychosocial assessment, including any diagnoses;
- Duration of referring health professional's relationship with the member, including type of evaluation and therapy or counseling to date;
- Brief description of clinical rationale for supporting the member's request for surgery;
- A statement that informed consent has been obtained from the member;
- A statement that the mental health professional is willing and available for coordination of care.

Note: For genital confirmation surgery, hysterectomy, and salpingo-oophrectomy, two referral letters from a consulting psychologist or psychiatrist is required.

IV. Authorized Procedures

The following procedures might be considered medically necessary when meeting the above criteria:

Table 1: Gender Confirmation Surgery procedures

Procedure	CPT codes (may not be all inclusive)
Mastectomy	19303, 19304
Hysterectomy and salpingo-oophorectomy	58150, 58260 58262 58291, 58552, 58554,
	58571, 58573, 58661
Female to male reconstructive genital surgery which may include any of the following: Vaginectomy**/colpectomy Vulvectomy Metoidioplasty Phalloplasty Electrolysis of donor site tissue to be used for phalloplasty	55980 57110 56625 58999 58999

Penile prosthesis (noninflatable / inflatable), including surgical correction of malfunctioning pump, cylinders, or reservoir Urethroplasty /urethromeatoplasty	17380 54400, 54401, 54405, C1813, C2622 53430, 53450
Orchiectomy	54520, 54690
Male to female reconstructive genital surgery, which may include any of the following: Vaginoplasty**, (e.g., construction of vagina with/without graft, colovaginoplasty) Electrolysis of donor site tissue to be used to line the vaginal canal for vaginoplasty Penectomy Vulvoplasty, (e.g., labiaplasty, clitoroplasty, penile skin inversion) Repair of introitus Coloproctostomy	55970 57291, 57292, 57335 17380 54125 56620, 56805 56800 44145, 55899

EXCLUSIONS

Reversal of Gender Affirming Surgery

Reversal of gender affirming surgery for gender dysphoria is not medically necessary.

Cosmetic Services

Each of the following services (see Table 2) is considered cosmetic and NOT medically necessary for the purpose of improving or altering appearance or self-esteem related to one's appearance, including gender specific appearance for an individual with gender dysphoria:

Table 2: Cosmetic and/or Not Medically Necessary

Facial Feminization/Masculinization Procedures	CPT Code
Blepharoplasty	15820, 15821, 15822, 15823
Cheek/malar implants	17999
Chin/nose implants	21210, 21270, 30400, 30410, 30420, 30430 30435, 30450
Collagen injections	11950, 11951, 11952, 11954
Face/forehead lift	15824, 15825, 15826, 15828, 15829, 21137
Facial bone reduction (osteoplasty)	21209
Hair removal/hair transplantation	15775, 15776, 17380
Jaw reduction	21120, 21121, 21122, 21223, 21125, 21127
Laryngoplasty	31599
Rhinoplasty	21210, 21270, 30400, 30410, 30420, 30430, 30435, 30450
Skin resurfacing (e.g., dermabrasion, chemical peels)	15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793
Thyroid reduction chondroplasty	31750
Neck tightening	15825

Chest Reconstruction Procedures	CPT Code
Breast augmentation with implants	19324, 19325, 19340, 19342, C1789
Mastopexy	19316
Nipple/areola reconstruction (unrelated to mastectomy or post mastectomy reconstruction)	19350
Pectoral Implants	L8600, 17999

Voice Modification Therapy/Procedures	CPT Code
Voice modification surgery	31599, 31899
Voice therapy/voice lessons	92507

Other Miscellaneous Procedures	CPT Code
Abdominoplasty	15847
Calf implants	17999
Electrolysis, other than when performed pre- vaginoplasty as outlined above	17380
Insertion of testicular prosthesis	54660
Removal of redundant skin	15830, 15832, 15833, 15834, 15835, 15836 15837, 15838, 15839
Replacement of tissue expander with permanent prosthesis testicular insertion	11970
Scrotoplasty	55175, 55180
Suction assisted lipoplasty, lipofilling, and/or liposuction	15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879
Testicular expanders, including replacement with prosthesis, testicular prosthesis	11960, 11970, 11971, 54660

Preservation of Fertility

Each of the following are considered NOT medically necessary as part of gender confirmation for preservation of fertility (see Table 3):

Table 3: Excluded and/or Not Medically Necessary- Fertility Preservation

Procedure	CPT Code
Cryopreservation of embryo, sperm, oocytes	89258, 89259, 89337
Procurement of embryo, sperm, oocytes	S4030, S4031
Storage of embryo, sperm, oocytes	89342, 89343, 89346, S4027, S4040
Cryopreservation of immature oocytes	0357T
Cryopreservation of reproductive tissue (i.e., ovaries, testicular tissue)	89335, 0058T
Storage of reproductive tissue (i.e., ovaries, testicular tissue)	89344
Thawing of reproductive tissue (i.e., ovaries, testicular tissue)	89354

BACKGROUND

Gender dysphoria refers to the 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). Only some transsexual, transgender, and gender-nonconforming people experience gender dysphoria at some point in their lives. Treatment to assist people with gender dysphoria is available and can help to find the gender identity and role that is comfortable for them. Treatment is very individualized and may or may not involve gender confirmation surgery or body modification. Treatment options include changes in gender expression and role; hormone therapy to feminize or masculinize the body; surgery to change primary and/or secondary sex characteristics; and psychotherapy. Many people who receive treatment for gender dysphoria will find a gender role and expression that is comfortable for them, regardless if they differ from the sex assigned them at birth.

American Psychiatric Association (APA): In 2012 the APA published a task force report on treatment of gender identity disorder. Within this document, regarding adolescents specifically, the authors state the evidence is inadequate to develop a guideline regarding the timing of sex confirmation surgery. However the task force acknowledges the Endocrine Society guidelines (Hembree, et al., 2009) and that given the irreversible nature of surgery, for adolescents most clinicians advise waiting until the individual has attained the age of legal consent and a degree of independence (APA, 2012).

WPATH Standards of Care: The World Professional Association for Transgender Health (WPATH) promotes standards of health care for individuals through the articulation of "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People" (WPATH, 2012, Version 7). WPATH standards of care are based on scientific evidence and expert consensus and are commonly utilized as clinical recommendations for individuals seeking treatment of gender disorders.

DEFINITIONS

1. **Authorization** means a decision by Bright Health that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary or meets other member contract terms. Sometimes called prior authorization, prior approval or precertification. Bright Health requires preauthorization for certain services before a member receives them, except in an emergency. Authorization is not promise Bright Health will cover the cost.

2. **Behavioral Health Professional** is a provider trained in behavioral issues and behavioral therapy and can be one of the following:
   a) Psychiatrists (MD or DO)
   b) Psychologists
   c) Psychiatric nurse practitioners
   d) Social Worker
   e) Mental Health Professionals

EVIDENCE-BASED REFERENCES

The World Professional Association for Transgender Health, Inc, (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th version, 2012.

Hayes Medical Technology Directory. Sex reassignment surgery for the treatment of gender dysphoria. 09/01/2020.

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, VA: American Psychiatric Publishing; 2013.

UpToDate, Transgender Surgery: Male to Female, Cecile (Unger) Ferrando, MD, MPH Tonya N Thomas, MD, Updated 2/03/21

UpToDate, Transgender Women, Evaluation and management, Vin Tangpricha, MD, PhD, Joshua D Safer, MD, FACP Updated 11/15/2019

UpToDate, Transgender Men, Evaluation and management, Vin Tangpricha, MD, PhD, Joshua D Safer, MD, FACP Updated 12/02/2020

Knudson G, De Cuypere G, Bockting W. Recommendations for revision of the DSM diagnoses of gender identity disorders: Consensus statement of The World Professional Association for Transgender Health. International Journal of Transgenderism, 12(2);115- 118.

Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: Endocrine Society clinical practice guideline. Endocr Pract. 2017; 23(12):1437.

POLICY HISTORY

Original Effective Date	February 18, 2021
Revised Date	*Version History* V2: February 25, 2022 - Annual review

DISCLAIMER

Bright Health medical policies address technology assessment of new and emerging treatments, devices, drugs, etc. They are developed to assist in administering plan benefits and do not constitute an offer of coverage nor medical advice. Bright Health medical policies contain only a partial, general description of plan or program benefits and do not constitute a contract. Bright Health does not provide health care services and, therefore, cannot guarantee any results or outcomes. Treating providers are solely responsible for medical advice and treatment of members. Our medical policies may be updated and therefore are subject to change without notice. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). MCG™ and Care Guidelines® are trademarks of MCG Health, LLC (MCG). The ASAM Criteria™ is copyrighted by The American Society of Addiction Medicine.

Approved by the Utilization Management Committee

By: 

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Date: March 2, 2022