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This document applies to the following Participating Organizations:

Johns Hopkins Advantage MD

Priority Partners

US Family Health Plan

Keywords: Gender Affirmation, Gender Dysphoria, Transgender

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I. ACTION

	New Policy	
X	Revising Policy Number	CMS07.05
	Superseding Policy Number	
	Archiving Policy Number	
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II. POLICY DISCLAIMER

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted first to know what benefits are available for coverage.


Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

III. POLICY

For Advantage MD refer to: [Medicare Coverage Database](#)

- National Coverage Determination (NCD) 140.9 Gender Dysphoria and Gender Reassignment Surgery

For Employer Health Programs (EHP) refer to:

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- CMS24.08 Gender Affirming Treatment & Procedures - EHP

For Priority Partners (PPMCO) refer to: [Code of Maryland Regulations \(COMAR\)](#)

- Code of Maryland Regulations (COMAR) 10.09.67.26-3 [Gender Transition Services](#)
- Code of Maryland Regulations (COMAR) 10.09.67.27 [Benefits - Limitations](#)
- Maryland Department of Health and Mental Hygiene (DHMH) Gender Transition Services Under the Maryland Medicaid Program, Covered Services and Limitations. [Maryland Medical Assistance Program, Managed Care Organizations Transmittal No. 110, March 10, 2016.](#)

For US Family Health Plan (USFHP) refer to: [Tricare Policy Manuals](#)

- TRICARE Policy Manual 6010.60-M, April 1, 2015, Chapter 7, Section 1.2 Gender Dysphoria
- TRICARE Policy Manual 6010.60-M, April 1, 2015, Chapter 4, Section 15.1 Male Genital System
- TRICARE Policy Manual 6010.60-M, April 1, 2015, Chapter 4, Section 17.1 Female Genital System
- TRICARE Policy Manual 6010.60-M, April 1, 2015, Chapter 4, Section 2.1 Cosmetic, Reconstructive, and Plastic Surgery - General Guidelines
- TRICARE Policy Manual 6010.60-M, April 1, 2015, Chapter 1, Section 1.2 Exclusions

For Plan Specific Pharmacy Formularies refer to:

- [Advantage MD Formularies](#)
- [Priority Partners \(PPMCO\) Formulary](#)
- [US Family Health Plan \(USFHP\) Formulary](#)


IV. POLICY CRITERIA

A. General Considerations


1. When benefits are provided under the member's contract, JHHC will authorize gender affirmation treatment and procedures when the diagnostic criteria for Gender Dysphoria, AND the provider qualifications, AND the specific criteria for the requested treatments or procedures have been met.
2. Refer to Policy Section III for benefit coverage information, including age requirements or limitations, and plan specific pharmacy formularies.

B. Diagnosis of Gender Dysphoria in Adolescents and Adults

1. The diagnosis of Gender Dysphoria must be established and the member must meet the following Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria for Gender Dysphoria:
 - a. A marked incongruence between one's experienced/expressed gender and natal assigned gender, of at least 6 months duration, as manifested by at least TWO of the following:
 - i. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
 - ii. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
 - 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)

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- v. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- vi. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)
- b. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, AND;
- 2. Provider qualifications
 - a. For members under the age of 18 years, the diagnosis of gender dysphoria must be made by *two* qualified health professionals:
 - i. A qualified licensed mental health professional (e.g. licensed psychiatrist, clinical psychologist, psychiatric nurse practitioner, psychiatric physician assistant, psychotherapist, licensed professional counselor, or licensed clinical social worker), AND;
 - ii. A qualified licensed healthcare professional experienced in the field (e.g. physician, nurse practitioner).
 - b. For adult members 18 years of age or older, the diagnosis of gender dysphoria must be made by at least *one* of the following qualified health professionals:
 - i. A qualified licensed mental health professional (e.g. licensed psychiatrist, clinical psychologist, psychiatric nurse practitioner, psychiatric physician assistant, psychotherapist, licensed professional counselor, or licensed clinical social worker), OR;
 - ii. A qualified licensed healthcare professional experienced in the field (e.g. physician, nurse practitioner).
- C. Considerations for Hormone Treatment
 - 1. *Puberty Suppression Hormone Treatment for Adolescents*: When benefits are provided under the member's contract, JHHC will authorize puberty suppression hormone treatment for adolescents when ALL of the following criteria are met:
 - a. The member has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed), AND;
 - b. Gender dysphoria emerged or worsened with the onset of puberty, AND;
 - c. The member has reached Tanner stage 2 of puberty or greater, AND;
 - d. Any co-existing psychological, medical, or social problems that could interfere with treatment or compromise treatment adherence have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment, AND;
 - e. The member has a capacity to make fully informed decisions and has given informed consent. If the adolescent has not reached the age of medical consent, the parents or other legal caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.
 - 2. *Gender-Affirming Hormone Treatment for Adolescents and Adults*: When benefits are provided under the member's contract, JHHC will authorize gender-affirming hormone treatment (feminizing/masculinizing hormones) when ALL the following criteria are met:
 - a. Persistent, well-documented gender dysphoria, AND;
 - b. The member has reached Tanner stage 2 of puberty or greater, AND;
 - c. For adolescents, the member has the capacity to make fully informed decisions and has given informed consent. If the adolescent has not reached the age of medical consent, the parents or other legal caretakers or guardians have consented to the treatment, OR;
 - d. For adults, the member has the capacity to make fully informed decisions and has given informed consent, AND;
 - e. If the member has significant medical or mental health issues present, they must be sufficiently controlled.


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3. Plan pharmacy formularies should be consulted for specific medication coverage. Refer to Policy Section III for plan specific formularies.


D. Considerations for Surgical Treatment

1. *Breast/Chest Surgery*: When benefits are provided under the member's contract, JHHC will authorize gender reassignment breast/chest surgery when ALL of the following criteria are met:
 - a. The member is 18 years of age or older, AND;
 - b. *One* letter of referral (letter of medical necessity) from a licensed mental health professional, AND;
 - c. Persistent, well-documented gender dysphoria, AND;
 - d. Capacity to make fully informed decisions and consent for treatment, AND;
 - e. The member has reached the legal age of medical consent, AND;
 - f. If significant medical or mental health issues are present, they must be sufficiently (reasonably well) controlled, AND;
 - g. Male-to-female breast/chest surgery is covered when ALL of the above criteria have been met for the covered procedure noted in section E. 1. c. below AND a member has undergone a minimum of 12 months of gender-affirming hormone therapy or documentation provided that hormonal therapy is contraindicated.
2. *Genital Surgery (gonadectomy (orchiectomy or salpingo-oophorectomy) and genitoplasty (vaginoplasty or phalloplasty/metoidoplasty))*: When benefits are provided under the member's contract, JHHC will authorize gender reassignment genital surgery when ALL of the following criteria are met:
 - a. The member is 18 years of age or older, AND;
 - b. *Two* letters of referral (letter of medical necessity) from qualified mental health professionals who have independently assessed the individual. If the first referral is from the individual's therapist, the second referral should be from a professional who has only an evaluative role in the individual, AND;
 - c. Persistent, well-documented gender dysphoria, AND;
 - d. Capacity to make fully informed decisions and consent for treatment, AND;
 - e. The member has reached the legal age of medical consent, AND;
 - f. If significant medical or mental health issues are present, they must be well controlled, AND;
 - g. The member has undergone a minimum of 12 months of continuous gender-affirming hormonal therapy provided under the supervision of a physician (unless there is a medical contraindication or the member is otherwise unable or unwilling to take gender-affirming hormones), AND;
 - h. The member has spent a minimum of 12 continuous months living in a gender role that is congruent with their gender identity, AND;
 - i. Long-lasting depilatory procedures (e.g. electrolysis) may be considered medically necessary when used for skin graft preparation for genital surgery, AND;
3. *Documentation Requirements*: The letter(s) of referral (letter(s) of medical necessity) or supporting clinical documentation for gender reassignment surgery should include ALL of the following:
 - a. The member's general identifying characteristics, AND;
 - b. Results of the member's psychosocial assessment, including any diagnoses, AND;
 - c. The duration of the mental health professional's relationship with the member, including the type of evaluation and therapy or counseling to date, AND;
 - d. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the member's request for surgery, AND;
 - e. A statement about the fact that informed consent has been obtained from the member, AND;
 - f. A statement that a mental health professional is available for coordination of care.

E. Surgical Procedures

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1. When benefits are provided under the member's contract, JHHC will authorize the following surgeries for members meeting the above criteria, when performed as part of gender reassignment surgery:
 - a. Female-to-Male Breast/Chest Surgery
 - i. Mastectomy
 - ii. Breast reduction
 - iii. Nipple reconstruction
 - b. Female-to-Male Genital Surgery
 - i. Hysterectomy
 - ii. Salpingo-oophorectomy
 - iii. Colpectomy/Vaginectomy
 - iv. Metoidioplasty
 - v. Scrotoplasty
 - vi. Urethroplasty
 - vii. Phalloplasty
 - viii. Glansplasty
 - ix. Placement of testicular or penile prostheses
 - c. Male-to-Female Breast/Chest Surgery
 - i. Augmentation mammoplasty
 - d. Male-to-Female Genital Surgery
 - i. Orchiectomy
 - ii. Penectomy
 - iii. Vaginoplasty
 - iv. Vulvoplasty
 - v. Clitoroplasty
 - vi. Labiaplasty
 - vii. Colovaginoplasty
 - viii. Urethroplasty
- F. Post-Transition Services:
 1. When benefits are provided under the member's contract, gender-specific services, when medically necessary and appropriate to a member's age and anatomy are covered as follows (this list is not all inclusive):
 - a. Breast cancer screening for female-to-male members who have not undergone a mastectomy;
 - b. Pap smears for female-to-male members who have not undergone genital surgery;
 - c. Prostate cancer screening for male-to-female transgender members who have retained their prostate.
- G. Exclusions:
 1. Unless specific benefits are provided under the members' contract, JHHC considers the following associated gender reassignment procedures to be cosmetic and therefore, not covered:
 - a. Abdominoplasty
 - b. Breast augmentation (except as outlined in section D. 1. g.)
 - c. Blepharoplasty
 - d. Brow lift
 - e. Calf implants
 - f. Cheek/Malar implants
 - g. Chin/nose implants
 - h. Collagen injections

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- i. Electrolysis (except as outlined in section D. 2. i.)
- j. Face/forehead lift
- k. Facial feminization surgery
- l. Hair Removal (except as outlined in section D. 2. i.)
- m. Hair transplantation
- n. Jaw shortening/sculpturing
- o. Laryngoplasty
- p. Lip Reduction
- q. Liposuction
- r. Mastopexy
- s. Neck tightening
- t. Pectoral implant
- u. Removal of redundant skin
- v. Rhinoplasty
- w. Silicone injections of the breast
- x. Trachea shave
- y. Voice Therapy/Voice Lessons

V. DEFINITIONS

Chest Masculinization: A bilateral mastectomy that removes most of the breast tissue, shapes a contoured male chest, and refines the nipples and areolas (Smith, 2018).

Diagnostic and Statistical Manual of Mental Disorders (DSM): DSM is the authoritative guide to the diagnosis of mental disorders for healthcare professionals around the world. Clinicians use DSM to accurately and consistently diagnose disorders affecting mood, personality, identity, cognition, and more. DSM-5[®], the current edition of the manual, was published in 2013 (APA, 2021).


Female to Male (FtM): Adjective to describe individuals assigned female at birth who are changing or who have changed their body and/or gender role from birth-assigned female to a more masculine body or role (transgender female) (WPATH, 2012).

Gender Dysphoria: 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 (WPATH, 2012).

Gender Expression: This refers to external manifestations of gender, expressed through one's name, pronouns, clothing, haircut behavior, voice, or body characteristics. Typically, transgender people seek to make their gender expression align with their gender identity, rather than their designated gender (Hembree, 2017).

Gender Identity/Experienced Gender: This refers to one's internal, deeply held sense of gender. For transgender people, their gender identity does not match their sex designated at birth. Most people have a gender identity of man or woman (or boy or girl). For some people, their gender identity does not fit neatly into one of those two choices (Hembree, 2017).

Gender Incongruence: This is an umbrella term used when the gender identity and/or gender expression differs from what is typically associated with the designated gender. Gender incongruence is also the proposed name of the gender identity-related diagnoses in ICD-11. Not all individuals with gender incongruence have gender dysphoria or seek treatment (Hembree, 2017).

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Gender Nonconforming: Adjective to describe individuals whose gender identity, role, or expression differs from what is normative for their assigned sex in a given culture and historical period (WPATH, 2012).

Gender Reassignment: This refers to the treatment procedure for those who want to adapt their bodies to the experienced gender by means of hormones and/or surgery. This is also called gender-confirming or gender-affirming treatment (Hembree, 2017).

Male to Female (MtF): Adjective to describe individuals assigned male at birth who are changing or who have changed their body and/or gender role from birth-assigned male to a more feminine body or role (transgender male) (WPATH, 2012)


Metoidioplasty: A surgical procedure that works with existing genital tissue to form a phallus, or new penis. It can be performed on anyone with significant clitoral growth caused by using testosterone (Smith, 2018).

Phalloplasty: A phalloplasty is a surgical procedure where a penis is created. A phalloplasty is a multi-staged procedure that may include the following: a hysterectomy to remove the uterus, an oophorectomy to remove the ovaries, a vaginectomy to remove the vagina, a phalloplasty to turn a flap of donor skin into a phallus, a scrotoectomy to turn the labia majora into a scrotum, a urethroplasty to lengthen and hook up the urethra inside the new phallus, a glansplasty to sculpt the appearance of an uncircumcised penis tip, and a penile implant to allow for erection (Smith, 2018).

Tanner Stages of Development (Hembree, 2017):

<u>Stage</u>	<u>Breast Development</u>
1	Prepubertal
2	Breast and papilla elevated as small mound; areolar diameter increased
3	Breast and areola enlarged, no contour separation
4	Areola and papilla form secondary mound
5	Mature; nipple projects, areola part of general breast contour
<u>Stage</u>	<u>Penis and Testes Development</u>
1	Prepubertal, testicular volume <4 mL
2	Slight enlargement of penis; enlarged scrotum, pink texture altered, testes 4–6 mL
3	Penis longer, testes larger (8–12 mL)
4	Penis and glans larger, including increase in breadth; testes larger (12–15 mL), scrotum dark
5	Penis adult size; testicular volume >15 ml

Transgender: Adjective to describe a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth (WPATH, 2012).

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Transition: Period of time when individuals change from the gender role associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in “the other” gender role; for others, this means finding a gender role and expression that is most comfortable for them. Transition may or may not include feminization or masculinization of the body through hormones or other medical procedures. The nature and duration of transition is variable and individualized (WPATH, 2012).

Vaginoplasty: The goal of vaginoplasty surgery is to achieve an aesthetic and functional vagina, vulva, and clitoris. The most common technique performed is penile inversion vaginoplasty, where penile tissue is used to create a vagina. Intestinal vaginoplasty involves the use of a segment of the small intestine (ileum) or sigmoid colon to create a neovagina (Ferrando & Thomas, 2021).

VI. BACKGROUND


Gender reassignment procedures are options for medical management of cases of gender dysphoria as defined by the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association.

The determination of the diagnosis of gender dysphoria is best made by mental health professionals who are experts in the field of gender disorders by completing a comprehensive psychiatric/psychologic evaluation which includes a complete psychosocial history, psychiatric and medical history and a complete mental status examination. The evaluation and diagnosis of gender dysphoria may also be conducted by a qualified health professional that has appropriate training in behavioral health and is competent in the assessment of gender dysphoria and knowledgeable about possible medical treatments. This may occur particularly when a physician is practicing as part of a multidisciplinary specialty team that provides access to feminizing/masculinizing hormones. For example, an endocrinologist prescribing hormone therapy (WPATH, 2012).

A mental health assessment is required for the diagnosis and treatment of gender dysphoria. A complete psychosocial assessment is conducted with the individual seeking care and, in the case of adolescents, information is also obtained from the parents or guardians. If DSM-5 criteria are met for the diagnosis of gender dysphoria, individuals seeking care are informed about various treatment options intended to alleviate the distress of gender dysphoria. Information on the limitations of interventions should be disclosed to prevent unrealistically high expectations (Hembree, 2017).

The *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* by the World Professional Association for Transgender Health (WPATH), does not list ongoing psychotherapy as an absolute requirement for initiating hormone or surgical treatment for gender dysphoria, but it is highly recommended by this organization. Through psychotherapy, mental health providers can assist clients in exploring their gender identity and different options for expression of their identity, provide support, and promote skills to facilitate social transition. Mental health care as well as social support play a critical role throughout the transition process (Ferrando & Thomas, 2021).

Healthcare for transgender individuals is an interdisciplinary field and coordination of care is required. According to Ferrando (2019), successful transitions typically require a scope of services, generally best provided by organizations with the capacity to provide a full spectrum of psychological, medical, and surgical care. The WPATH guidelines (2012) recommend that qualified health professionals referring an individual for gender-affirming hormones or surgery should include a referral letter(s) with the client's personal and treatment history, mental health assessment/screening, progress, eligibility for treatment and the inclusion of a statement that the referring health professional is available for consultation. Collaboration within the care team is also endorsed in the Endocrine Society Clinical Practice Guidelines (2017). The guidelines advise that the clinician responsible for endocrine treatment and the primary care provider ensure appropriate medical clearance of transgender individuals for genital gender-affirming surgery and recommend collaboration with the surgeon regarding hormone use during

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and after surgery. These guidelines also recommend that the mental health professional and the clinician responsible for endocrine transition therapy both agree that genital gender-affirming surgery is medically necessary and would benefit the patient's overall health and/or well-being prior to referring for surgery. In the case of adolescents, the guidelines endorse an expert multi-disciplinary team, comprised of medical professionals and mental health professionals, to manage the treatment of this population. In the absence of a multidisciplinary team, the WPATH guidelines recommend collaboration between the pediatric endocrinologist and the mental health professional regarding assessments, education and decisions about physical interventions (Ferrando&Thomas, 2021; Hembree, 2017; WPATH, 2012).

Transgender individuals may present with different needs and the selection of appropriate treatment and procedures should be based on the unique needs of the individual in relation to the treatment of his or her diagnosis of gender dysphoria. The number and type of interventions applied and the order in which these take place may differ from person to person. Initial approaches to the treatment of gender dysphoria focused on facilitation of a complete physical change with hormone therapy and surgery. This approach produced satisfaction rates across studies from 87% for male to female and 97% for female to male individuals. Current approaches focus on more individualized care. While hormone therapy and surgery may be required for the relief of gender dysphoria in some individuals, others may only need one of these treatment options combined with a social role change, and other individuals may experience relief of symptoms through a change in their gender role and expression without medical or surgical interventions. The medical necessity of surgical treatment of gender dysphoria has been demonstrated through clinical research with the vast majority of follow-up studies showing a beneficial effect of sex reassignment surgery on postoperative outcomes such as reported well-being, sexual function, and satisfaction with cosmetic change, although the specific magnitude of benefit is uncertain (WPATH, 2012).


VII. CODING DISCLAIMER

CPT[®] Copyright 2021 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes and may not be all inclusive. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member's specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee of payment. Other policies and coverage determination guidelines may apply.


Note: All inpatient admissions require preauthorization.

<i>Compliance with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits</i>			
Employer Health Programs (EHP) refer to specific Summary Plan Description (SPD). If there is no criteria in the SPD, apply the Medical Policy criteria.	Priority Partners (PPMCO) refer to COMAR guidelines then apply the Medical Policy criteria.	US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria.	Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria.


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VIII. CODING INFORMATION

CPT® CODES ARE FOR INFORMATIONAL PURPOSES ONLY	
CPT® CODES	DESCRIPTION
11970	Replacement of tissue expander with permanent prosthesis
17380	Electrolysis epilation, each 30 minutes
19303	Mastectomy, simple, complete
19350	Nipple/areola reconstruction
19325	Mammoplasty, augmentation; with prosthetic implant
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
54400	Insertion of penile prosthesis; non inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
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
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56620	Vulvectomy simple; partial
56625	Vulvectomy, simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57106	Vaginectomy, partial removal of vaginal wall
57110	Vaginectomy, complete removal of vaginal wall
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57335	Vaginoplasty for intersex state

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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;
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 250g; 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 grams 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 grams; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams with removal of tube(s) and/or ovary(s)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy, and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)

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HCPCS CODES ARE FOR INFORMATIONAL PURPOSES ONLY	
HCPCS CODES	DESCRIPTION
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, noninflatable

ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY	
ICD10 CODES	DESCRIPTION
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.2	Gender identity disorder in childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

IX. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy Team will continue to monitor and review any newly published clinical evidence and revise the policy and adjust the references below accordingly if deemed necessary.

X. REFERENCES


Aetna. (2021, January 12). *Gender Affirming Surgery*. Clinical Policy Bulletins. Number 0615. <http://www.aetna.com>

Adelson, S. L., & American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI). (2012). Practice parameters on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(9), 957–974. <https://doi-org.proxy1.library.jhu.edu/10.1016/j.jaac.2012.07.004>

American Psychiatric Association (APA). (2021). *From Planning to Publication: Developing DSM-5*. DSM–5 Fact Sheets. <https://www.psychiatry.org/>

American Psychiatric Association (APA). (2020). *What is Gender Dysphoria?* <https://www.psychiatry.org/>

American Society for Reproductive Medicine. (2021). Access to fertility services by transgender and nonbinary persons: an Ethics Committee opinion. *Fertility and Sterility*, 115(4). <https://doi.org/10.1016/j.fertnstert.2021.01.049>

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Baker, K. E., Wilson, L. M., Sharma, R., Dukhanin, V., McArthur, K., & Robinson, K. A. (2021). Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review. *Journal of the Endocrine Society*, 5(4), bvab011. <https://doi-org.proxy1.library.jhu.edu/10.1210/jendso/bvab011>

Bouman, M. B., van Zeijl, M. C., Buncamper, M. E., Meijerink, W. J., van Bodegraven, A. A., & Mullender, M. G. (2014). Intestinal vaginoplasty revisited: a review of surgical techniques, complications, and sexual function. *The journal of sexual medicine*, 11(7), 1835–1847. <https://doi.org/10.1111/jsm.12538>

Cigna. (2021, May 18). *Treatment of Gender Dysphoria*. Medical Coverage Policy Number 0266. <https://cignaforhcp.cigna.com>

Deutsch, M.B. (2016). *Overview of gender-affirming treatments and procedures*. University of California San Francisco Transgender Care & Treatment Guidelines. <https://transcare.ucsf.edu/guidelines/overview>

Endocrine Society. (2020). *Transgender Health, an Endocrine Society Position Statement*. <https://www.endocrine.org/>

Feldman, J. & Deutsch, M. (2021). Primary care of transgender individuals. *UpToDate*. Retrieved June 14, 2021 from: <https://www.uptodate.com>

Ferrando, C. & Thomas, T.N. (2021). Transgender surgery: Male to female. *UpToDate*. Retrieved June 14, 2021 from: <https://www.uptodate.com/>

Gooren, L.J. (2014). Management of female-to-male transgender persons: medical and surgical management, life expectancy. *Current opinion in endocrinology, diabetes, and obesity*, 21(3), 233-238. <https://doi.org/10.1097/MED.0000000000000064>

Hayes, Inc. (2018). Ancillary Procedures and Services for the Treatment of Gender Dysphoria. [Archived June 9, 2019]. <https://evidence.hayesinc.com>

Hayes, Inc. (2020). Sex Reassignment Surgery for the Treatment of Gender Dysphoria. Retrieved June 15, 2021 from: <https://evidence.hayesinc.com>


Hayes, Inc. (2018). Hormone Therapy for the Treatment of Gender Dysphoria. [Archived June 9, 2019]. <https://evidence.hayesinc.com>

Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal, S. M., Safer, J. D., Tangpricha, V., & T'Sjoen, G. G. (2017). Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *The Journal of clinical endocrinology and metabolism*, 102(11), 3869–3903. <https://doi.org/10.1210/jc.2017-01658>

Humana. (2021, January 1)). *Gender Reassignment Surgery*. Medical Coverage Policy HCS-0518-016. <http://apps.humana.com>

Johns Hopkins Medicine. (2021). *Gender Affirming Surgery FAQs*. The Center for Transgender Health. <https://www.hopkinsmedicine.org/center-transgender-health/services-appointments/faq/>

Milrod, C. (2014). How young is too young: ethical concerns in genital surgery of the transgender MTF adolescent. *The Journal of Sexual Medicine*, 11(2), 338-346. <https://doi-org.proxy1.library.jhu.edu/10.1111/jsm.12387>

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Obedin-Maliver, J., Light, A., De Haan, G., & Jackson, R. (2014). Feasibility of vaginal hysterectomy for female-to-male transgender men. *Obstetrics & Gynecology*, 129(3), 457-463. <https://doi-org.proxy1.library.jhu.edu/10.1097/aog.0000000000001866>

O'Brien-Coon, D. & Neira, P.M. (n.d.). *Preparing for Gender Affirmation Surgery: Ask the Experts*. Johns Hopkins Medicine. *Health*. <https://www.hopkinsmedicine.org/health/>

Olson-Kennedy, J. & Forcier, M. (2021). Management of transgender and gender-diverse children and adolescents. *UpToDate*. Retrieved June 14, 2021 from: <https://www.uptodate.com/>

Ramos, G., Mengai, A., Daltro, C., Cutrim, P. T., Zlotnik, E., & Beck, A. (2021). Systematic Review: Puberty suppression with GnRH analogues in adolescents with gender incongruity. *Journal of endocrinological investigation*, 44(6), 1151–1158. <https://doi-org.proxy1.library.jhu.edu/10.1007/s40618-020-01449-5>

Rafferty, J., Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence, & Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. (2018). Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. *Pediatrics*, 142(4), e20182162. <https://doi-org.proxy1.library.jhu.edu/10.1542/peds.2018-2162>

Smith, L. (2018). *Glossary of Transgender Terms*. Johns Hopkins Medicine. <https://www.hopkinsmedicine.org/>

TUFTS Health Plan. (2021, March 17). *Transgender Surgical Procedures*. Medical Necessity Guidelines. <https://tuftshealthplan.com/>

Tangpricha, V. & Safer, J.D. (2021). Transgender men: Evaluation and management. *UpToDate*. Retrieved June 14, 2021 from: <https://www.uptodate.com/>

Tangpricha, V. & Safer, J.D. (2021). Transgender women: Evaluation and management. *UpToDate*. Retrieved June 14, 2021 from: <https://www.uptodate.com/>

Weigert, R., Frison, E., Sessiecq, Q., Al Mutairi, K., & Casoli, V. (2013). Patient satisfaction with breasts and psychosocial, sexual, and physical well-being after breast augmentation in male-to-female transsexuals. *Plastic and Reconstructive Surgery*, 132(6), 1421-1429. <https://doi-org.proxy1.library.jhu.edu/10.1097/01.prs.0000434415.70711.49>

World Professional Association for Transgender Health (WPATH). (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*. [7th Version]. <https://www.wpath.org/publications/soc>

Yan, M., Bustos, S. S., Kuruoglu, D., Ciudad, P., Forte, A. J., Kim, E. A., Del Corral, G., & Manrique, O. J. (2021). Systematic review of fertility preservation options in transgender patients: a guide for plastic surgeons. *Annals of translational medicine*, 9(7), 613. <https://doi-org.proxy1.library.jhu.edu/10.21037/atm-20-4523>

XI. APPROVALS

Historical Effective Dates: 09/05/2014, 06/02/2017, 10/01/2019, 11/01/2021