

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Effective Date</i>	01/01/2024
		<i>Approval Date</i>	11/21/2023
		<i>Supersedes Date</i>	05/01/2023
		<i>Page</i>	1 of 21

This document applies to the following Participating Organizations:

Advantage MD

Johns Hopkins Health Plan of Virginia Inc. (JHHPVA) Priority Partners

US Family Health Plan

Keywords: Gender Affirmation, Gender Dysphoria, Transgender

Table of Contents	Page Number
I. ACTION	1
II. POLICY DISCLAIMER	1
III. POLICY	1
IV. POLICY CRITERIA	2
V. DEFINITIONS	5
VI. BACKGROUND	6
VII. CODING DISCLAIMER	7
VIII. CODING INFORMATION	8
IX. REFERENCE STATEMENT	18
X. REFERENCES	18
XI. APPROVALS	21

I. [ACTION](#)

	New Policy	
X	Revising Policy Number	CMS07.05
	Superseding Policy Number	
	Archiving Policy Number	
	Retiring Policy Number	

II. [POLICY DISCLAIMER](#)

Johns Hopkins Health Plans (JHHP) provides a full spectrum of health care products and services for Advantage MD, Employer Health Programs, Johns Hopkins Health Plan of Virginia Inc., Priority Partners, and US Family Health Plan. Each line of business possesses its own unique contract, benefits, regulations, and regulators' clinical guidelines that supersede the information outlined in this policy.

III. [POLICY](#)

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

- No Local Coverage Determination (LCD) identified (Accessed 10/12/2023)
- National Coverage Determination (NCD) [140.9 Gender Dysphoria and Gender Reassignment Surgery](#)

	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05	
		<i>Effective Date</i>	01/01/2024	
		<i>Approval Date</i>	11/21/2023	
	<i>Subject</i>	Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
			<i>Page</i>	2 of 21

For Johns Hopkins Health Plan of Virginia Inc (JHHPVA) refer to: [Medicare Coverage Database](#)

- Local Coverage Article [A53793 Gender Reassignment Services for Gender Dysphoria](#)
- National Coverage Determination (NCD) [140.9 Gender Dysphoria and Gender Reassignment Surgery](#)

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

- Code of Maryland Regulations (COMAR) 10.67.06.26-03 [Gender Transition Services](#)
- Code of Maryland Regulations (COMAR) 10.67.06.27 [Benefits - Limitations](#)
- Maryland Department of Health (MDH) [Clinical Criteria](#)
- Maryland Department of Health (MDH) [PT 36-24 MCO Transmittal 193 Expanded Medicaid Coverage of Gender-Affirming Treatment](#), Effective January 1, 2024

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

- TRICARE Policy Manual 6010.63-M, April 1, 2021, Chapter 7, Section 1.2 Gender Dysphoria
- TRICARE Policy Manual 6010.63-M, April 1, 2021, Chapter 4, Section 15.1 Male Genital System
- TRICARE Policy Manual 6010.63-M, April 1, 2021, Chapter 4, Section 17.1 Female Genital System
- TRICARE Policy Manual 6010.63-M, April 1, 2021, Chapter 4, Section 2.1 Cosmetic, Reconstructive, and Plastic Surgery - General Guidelines
- TRICARE Policy Manual 6010.63-M, April 1, 2021, 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, JHHP will authorize gender-affirming treatment and procedures when the diagnostic criteria in section B below AND the specific criteria for the requested treatments or procedures described below have been met.
2. Coverage for gender-affirming services and procedures varies across JHHPs. Plan-specific regulations supersede the information in this policy and may be more or less restrictive than this coverage policy. Refer to Policy Section III for benefit coverage information and plan-specific pharmacy formularies.
3. When a systemic complication, such as sepsis, infection, hemorrhage or other serious documented medical complication occurs as a result of any surgical procedure, treatment of the complication is considered medically necessary.
4. Revision surgery may be considered medically necessary to approximate functional anatomy.
5. Medically reasonable procedures performed to enhance the ability of a member to live aligned with their gender identity, including non-binary roles, will be considered for coverage as defined in the treating provider's treatment plan established in conjunction with the member to relieve gender incongruence.

B. Diagnosis of Gender Dysphoria in Adolescents and Adults:

	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05	
		<i>Effective Date</i>	01/01/2024	
		<i>Approval Date</i>	11/21/2023	
	<i>Subject</i>	Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
			<i>Page</i>	3 of 21

1. The diagnosis of Gender Dysphoria/Incongruence must be established by a qualified licensed healthcare provider with documentation of:
 - a. A marked and sustained incongruence between one's experienced/expressed gender and their assigned at birth gender, of at least 6 months duration, AND;
 - b. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, AND;
 - c. Other possible causes of apparent gender dysphoria/incongruence have been identified and excluded.
Note: As of yet, the ICD-11 set of diagnosis codes has not been adopted in the United States. Once ICD-11 is adopted in the US, gender-affirming care will no longer be premised upon having a diagnosis of a mental or behavioral health condition. In the future, gender-affirming care will be classified under the category of sexual health. Until that time, gender-affirming treatment remains premised on a qualified licensed healthcare clinician establishing a diagnosis of gender dysphoria.
- C. Considerations for Hormone Treatment:
 1. Plan pharmacy formularies should be consulted for specific puberty suppression and gender-affirming hormone therapy coverage (*Refer to Policy Section III for plan-specific formularies*).
- D. Consideration for Fertility Preservation: (*Refer to [CMS23.07 Infertility Evaluation and Treatment Medical Policy](#)*)
- E. Considerations for Surgical Treatment:
 1. *Breast/Chest/Genital/Adjunctive Surgery and Treatments:* When benefits are provided under the member's contract, JHHP will authorize gender-affirming surgery and treatments when ALL of the following criteria are met:
 - a. A letter of assessment (letter of medical necessity) from a qualified licensed healthcare professional, with competencies in the assessment of transgender and gender-diverse individuals, describes all the following:
 - i. Meets the diagnostic criteria for gender dysphoria/incongruence, AND;
 - ii. Gender dysphoria/incongruence is marked and sustained over time, AND;
 - iii. Other possible causes of apparent gender incongruence have been identified and excluded, AND;
 - iv. Member demonstrates the capacity to make fully informed decisions and consent to specific gender-affirming surgical intervention
 - For minors, parental consent is required as in accordance with [Maryland Minor Consent Laws](#), AND;
 - v. Member understands the effect of gender-affirming surgical intervention on reproduction, and they have explored reproductive options, AND;
 - vi. Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, and risks and benefits have been discussed, AND;
 - vii. For adult members seeking gonadectomy, at least six months of gender-affirming hormone therapy as appropriate to member's gender goals to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated.
 - viii. For adolescent members, at least 12 months of gender-affirming hormone therapy as appropriate to the member's gender goals to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated.
 - b. The letter of assessment (letter of medical necessity) includes the following:
 - i. For Adults:

	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05	
		<i>Effective Date</i>	01/01/2024	
		<i>Approval Date</i>	11/21/2023	
	<i>Subject</i>	Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
			<i>Page</i>	4 of 21

- At least one letter of assessment from either a Somatic Healthcare Professional (SHP) with MD, DO, PhD, or NP degree OR from a Mental Health Professional (MHP) with PhD, MD, EdD, DSc, DSW, PsyD, LCPC, or LCSW-C degree.
 - Provider has competencies in the assessment of transgender and gender-diverse people.
- ii. For Adolescents:
- At least one letter of assessment from either a SHP (MD, DO, PhD, or NP degree) OR an MHP (PhD, MD, EdD, DSc, DSW, PsyD, LCPC, or LCSW-C degree).
 - Provider must be a member of a multidisciplinary team and the letter reflects the assessment and opinion of the team that involves both somatic and mental health professionals.
2. *Reversal Procedures:* When benefits are provided under the member's contract, JHHP will authorize gender-affirming reversal surgery when ALL of the following criteria are met:
- a. Criteria in section E. 1. are met, AND;
 - b. Documentation from a healthcare professional, who is a part of a multidisciplinary team and has evaluated or has been treating the patient, that the proposed revision/reversal is medically necessary to address the member's gender incongruence, AND;
 - c. Documentation confirming that surgery or procedure is specific to gender-affirming care only, and should not be pursued for any other reasons, AND;
 - d. Revision and reversal procedures will require review by a JHHP Medical Director.

F. Gender Affirming Medical & Surgical Procedures:

1. When benefits are provided under the member's contract, the following breast/chest/genital surgical and adjunctive procedures/treatments for members meeting the above criteria may be considered for coverage when performed as part of gender-affirming treatment (lists are not all-inclusive):

Breast / Chest/ Genital Surgical Procedures: (not all-inclusive)

Breast augmentation	Glansplasty	Orchiectomy	Tissue expanders
Breast reduction	Hysterectomy	Penectomy	Tissue transfer
Breast implants	Labiaplasty	Phalloplasty	Vaginectomy
Clitoroplasty	Mastectomy	Penile prosthesis	Vaginoplasty
Colovaginoplasty	Mastopexy	Testicular prosthesis	Vulvoplasty
Colpectomy	Nipple reconstruction	Salpingo-oophorectomy	Urethroplasty
Flaps / grafts	Oophorectomy	Scrotoplasty	

Adjunctive Procedures: (not all-inclusive)

Abdominoplasty	Flaps/grafts/tissue transfer	Monsplasty/mons reduction
Blepharoplasty	Frontal sinus remodeling	Orbital reconstruction
Brow lift/reduction	Gluteal augmentation	Panniculectomy
Calf implant	Hair removal (electrolysis / laser)	Repair of introits
Cheek/malar implants	Hair transplant	Rhinoplasty

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Effective Date</i>	01/01/2024
		<i>Approval Date</i>	11/21/2023
		<i>Supersedes Date</i>	05/01/2023
		<i>Page</i>	5 of 21

Chin contouring/implants	Hip implants	Skin resurfacing
Collagen injections	Jaw reduction/contouring	Suction assisted lipectomy
Face lift (rhytidectomy)	Laryngoplasty/voice modification	Tracheal shave
Forehead reduction/contouring	Lip lift/augmentation	Voice modification therapy
Facial bone reduction	Male chest reconstruction	

G. Exclusions: (Refer to specific benefit plan documents in Policy Section III)

1. Unless specific benefits are provided under the members' contract, JHHP considers the following associated gender-affirming procedures to be cosmetic and therefore, not medically necessary:
 - a. Revision/repeat adjunctive surgery intended to perfect appearance.
 - b. Surgery or procedure for the purpose of reversing the appearance of normal aging.
2. Unless specific benefits are provided under the member's contract, JHHP considers the following associated gender-affirming procedures to be investigational and experimental as they do not meet the Technology Evaluation Criteria (TRC) as defined in [CMS01.00 Medical Policy Introduction](#) policy:
 - a. Uterine transplantation.
 - b. Penile transplantation.

V. DEFINITIONS

Gender-Affirming Surgery: Surgical procedures performed to change primary and/or secondary sex characteristics to affirm a person's gender identity (WPATH, 2022).

Gender Diverse: A term used to describe people with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth. Examples are nonbinary, gender expansive, gender-nonconforming (WPATH, 2022).

Gender Dysphoria: A state of distress or discomfort that may be experienced because a person's gender identity differs from that which is physically and/or socially attributed to their sex assigned at birth. Not all transgender and gender-diverse people experience gender dysphoria. (WPATH, 2022).

Gender Expression: Refers to how a person enacts or expresses their gender in everyday life and within the context of their culture and society. Expression of gender through physical appearance may include dress, hairstyle, accessories, cosmetics, hormonal and surgical interventions, as well as mannerisms, speech, behavioral patterns, and names. A person's gender expression may or may not conform to a person's gender identity (WPATH, 2022).

Gender Identity: This refers to a person's deeply felt, internal, intrinsic sense of gender (WPATH, 2022).

Gender Incongruence: A diagnostic term that describes a person's marked and persistent experience of an incompatibility between that person's gender identity and the gender expected of them based on their birth-assigned sex (WPATH, 2022).

Transgender: An umbrella term used to describe people whose gender identities and/or gender expression are not what is typically expected for the sex to which they were assigned at birth. These words should always be used as adjectives (as in "trans people" and never as nouns (as in "transgenders") and never as verbs (as in "transgendered" (WPATH, 2022).

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05
		<i>Effective Date</i>	01/01/2024
		<i>Approval Date</i>	11/21/2023
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
		<i>Page</i>	6 of 21

Transgender Men: Individuals who have gender identities as men and who were assigned female at birth (WPATH, 2022).

Transgender Women: Individuals who have gender identities as women and who were assigned male at birth (WPATH, 2022).

Transition: Process of changing an individual's gender expression associated with the assigned sex at birth to another gender expression that better matches the individual's gender identity. This may include social transition (changing their name, pronoun, clothing, hairstyles) and may or may not include hormones and/or surgery to alter the physical body (WPATH, 2022).

VI. BACKGROUND

The transition process of going from living aligned with the sex one was assigned at birth to living aligned with one's gender identity is a highly individualized process and encompasses social, legal, and medical dimensions for most people. As such, embracing a patient-centered care model for transgender healthcare is important. Transgender and gender-diverse (TGD) individuals may present with different needs. Selection of appropriate treatment and procedures should be based on the unique needs of the individual in relation to the treatment of gender dysphoria/incongruence. The number and type of interventions applied and the order and timing in which these take place will differ from person to person (WPATH, 2022).

The World Professional Association for Transgender Health Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (WPAH SOC-8, 2022), the Endocrine Society Clinical Practice Guideline, Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons (2017), the American Academy of Pediatrics policy statement, Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents (2018), and the American Psychiatric Association's Diagnostic and Statistics Manual (DSM-5-TR) (2022) provide current guidance on gender-affirming treatment options for medical and surgical management of transgender people experiencing gender dysphoria.

According to WPATH SOC-8, the goal of gender-affirming care is to partner with TGD people to holistically address their social, mental, and medical health needs and well-being while respectfully affirming their gender identity. Gender-affirming care supports TGD people during the different stages of their lives - from the onset of gender incongruence in childhood through adulthood and into older age, either prior to or after transition. Transgender health care should be provided with the aim of holistic inter- and multidisciplinary care with close interaction between endocrinology, surgery, voice and communication, primary care, reproductive health, sexual health and mental health disciplines to support gender-affirming interventions as well as preventive care and chronic disease management. Gender-affirming interventions include puberty suppression, hormone therapy, and gender-affirming surgery, among others. Preventive care, such as cancer screening, screening for osteoporosis and sexually transmitted infections, is an important part of gender-affirming care and should be offered when medically necessary and is appropriate to an individual's age and anatomy (WPATH, 2022).

The determination of the clinical diagnosis of Gender Dysphoria (GD) is best made by mental health professionals, medical physicians, or other qualified healthcare professionals, who are experts in the field of gender-affirming care. Diagnosis of GD is confirmed by completing a comprehensive evaluation, which includes a complete psychosocial history, psychiatric and medical history, and a complete mental status examination (WPATH, 2022). While GD is still considered a mental health condition in the Diagnostic and Statistical Manual of Mental Disorders, (DSM-5-TR), gender incongruence is no longer seen as pathological or a mental disorder in the world health community (WPATH 2022). The World Health Organization (WHO) recognizes gender incongruence as a condition related to sexual health and not a mental and behavioral health disorder in the International Classification of Diseases, 11th Version (ICD-11) (WPATH, 2022; WHO, 2022). ICD-11 was adopted by the 72nd World Health Assembly in 2019 and came into effect on January 1, 2022. Adoption and implementation of ICD-11 by the United States is currently pending (WHO, 2022).

 JOHNS HOPKINS <small>HEALTH PLANS</small>	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05
		<i>Effective Date</i>	01/01/2024
		<i>Approval Date</i>	11/21/2023
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
		<i>Page</i>	7 of 21

The medical necessity and benefits of surgical treatment of gender dysphoria/gender incongruence in appropriately selected TGD individuals has been demonstrated through clinical research with the vast majority of follow-up studies showing a beneficial effect of gender-affirming surgery on postoperative outcomes such as reported well-being, sexual function, and satisfaction with cosmetic change. (WPATH, 2022). Hayes (2022) evaluated the impact of genital and breast/chest gender-affirming surgery on adult patients experiencing gender dysphoria. The effectiveness of gender affirmation procedures was primarily based on the following outcomes: symptoms of gender dysphoria, quality of life, sexual function, patient satisfaction with aesthetic result, body image satisfaction, and psychological outcomes. While some outcomes of interest showed mixed results, overall, the studies consistently reported that gender affirmation surgery resulted in statistically significantly less gender dysphoria. Hayes concluded there is a paucity of published literature meeting their inclusion criteria to evaluate the safety and efficacy of gender-affirming surgery in adolescents (Hayes, 2022).

VII. CODING DISCLAIMER

CPT[®] Copyright 2024 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.

Adherence to the provisions in this policy may be monitored and addressed through post payment data analysis and/or medical review audits

Advantage MD: Regulatory guidance supersedes JHHP Medical Policies. If there are no statutes, regulations, NCDs, LCDs, or LCAs, or other CMS guidelines, apply the Medical Policy criteria.

Johns Hopkins Health Plan of Virginia Inc. (JHHPVA): Regulatory guidance supersedes JHHP Medical Policies. If there are no statutes, regulations, NCDs, LCDs, or LCAs, or other CMS guidelines, apply the Medical Policy criteria.

Priority Partners (PPMCO): Regulatory guidance supersedes JHHP Medical Policy. If there are no criteria in COMAR regulations, or other State guidelines, apply the Medical Policy criteria.

US Family Health Plan (USFHP): Regulatory guidance supersedes JHHP Medical Policy. If there are no TRICARE policies, or other regulatory guidelines, apply the Medical Policy criteria.

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Effective Date</i>	01/01/2024
		<i>Approval Date</i>	11/21/2023
		<i>Supersedes Date</i>	05/01/2023
		<i>Page</i>	8 of 21

VIII. CODING INFORMATION

CPT® CODES ARE FOR INFORMATIONAL PURPOSES ONLY	
CPT® CODES	DESCRIPTION
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent implant
11971	Removal of tissue expander without insertion of implant
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Effective Date</i>	01/01/2024
		<i>Approval Date</i>	11/21/2023
		<i>Supersedes Date</i>	05/01/2023
		<i>Page</i>	9 of 21

14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10sq cm or less
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15570	Formation of direct or tubed pedicle, with or without transfer; trunk
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15600	Delay of flap or sectioning of flap (division and inset); at trunk
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15750	Flap; neurovascular pedicle

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Effective Date</i>	01/01/2024
		<i>Approval Date</i>	11/21/2023
		<i>Supersedes Date</i>	05/01/2023
		<i>Page</i>	10 of 21

15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15819	Cervicoplasty
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck

 JOHNS HOPKINS <small>HEALTH PLANS</small>	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05	
		<i>Effective Date</i>	01/01/2024	
		<i>Approval Date</i>	11/21/2023	
	<i>Subject</i>	Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
			<i>Page</i>	11 of 21

15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19303	Mastectomy, simple, complete
19316	Mastopexy
19318	Breast reduction
19325	Breast augmentation with implant
19328	Removal of intact breast implant
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy
19350	Nipple/areola reconstruction

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05	
		<i>Effective Date</i>	01/01/2024	
		<i>Approval Date</i>	11/21/2023	
	<i>Subject</i>	Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
			<i>Page</i>	12 of 21

19355	Correction of inverted nipples
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19361	Breast reconstruction; with latissimus dorsi flap
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
19396	Preparation of moulage for custom breast implant
21087	Impression and custom preparation; nasal prosthesis
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
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
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05
		<i>Effective Date</i>	01/01/2024
		<i>Approval Date</i>	11/21/2023
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
		<i>Page</i>	13 of 21

21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagioccephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	Graft, bone; mandible (includes obtaining graft)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21270	Malar augmentation, prosthetic material
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21299	Unlisted craniofacial and maxillofacial procedure
21899	Unlisted procedure, neck or thorax

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05	
		<i>Effective Date</i>	01/01/2024	
		<i>Approval Date</i>	11/21/2023	
	<i>Subject</i>	Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
			<i>Page</i>	14 of 21

27656	Repair, fascial defect of leg
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
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion
31599	Unlisted procedure, larynx
31750	Tracheoplasty; cervical
31899	Unlisted procedure, trachea, bronchi
40500	Vermilionectomy (lip shave), with mucosal advancement
40510	Excision of lip; transverse wedge excision with primary closure
40520	Excision of lip; V-excision with primary direct linear closure
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40650	Repair lip, full thickness; vermilion only
40652	Repair lip, full thickness; up to half vertical height
40654	Repair lip, full thickness; over one-half vertical height, or complex
40799	Unlisted procedure, lips
43496	Free jejunum transfer with microvascular anastomosis
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
45400	Laparoscopy, surgical; proctopexy (for prolapse)
53210	Urethrectomy, total, including cystostomy; female
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Effective Date</i>	01/01/2024
		<i>Approval Date</i>	11/21/2023
		<i>Supersedes Date</i>	05/01/2023
		<i>Page</i>	15 of 21

53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty, reconstruction of female urethra
54120	Amputation of penis; partial
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
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54522	Orchiectomy, partial
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopy, surgical; orchiectomy
55150	Removal of foreign body in scrotum
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55899	Unlisted procedure, male genital system
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56620	Vulvectomy simple; partial
56625	Vulvectomy, simple; complete
56630	Vulvectomy, radical, partial;
56633	Vulvectomy, radical, complete

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Effective Date</i>	01/01/2024
		<i>Approval Date</i>	11/21/2023
		<i>Supersedes Date</i>	05/01/2023
		<i>Page</i>	16 of 21

56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy
56700	Partial hymenectomy or revision of hymenal ring
56800	Plastic repair of introitus
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
56805	Clitoroplasty for intersex state
57106	Vaginectomy, partial removal of vaginal wall
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57110	Vaginectomy, complete removal of vaginal wall
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57335	Vaginoplasty for intersex state
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
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)
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), 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)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy;

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05
		<i>Effective Date</i>	01/01/2024
		<i>Approval Date</i>	11/21/2023
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
		<i>Page</i>	17 of 21

58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285	Vaginal hysterectomy, radical (Schauta type operation)
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)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
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)
58940	Oophorectomy, partial or total, unilateral or bilateral;
58999	Unlisted procedure, female genital system (nonobstetrical)
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05
		<i>Effective Date</i>	01/01/2024
		<i>Approval Date</i>	11/21/2023
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
		<i>Page</i>	18 of 21

67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
69300	Otoplasty, protruding ear, with or without size reduction
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92524	Behavioral and qualitative analysis of voice and resonance

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
F64.2	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 Health Plans (JHHP) 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

Achille, C., Taggart, T., Eaton, N. R., Osipoff, J., Tafuri, K., Lane, A., & Wilson, T. A. (2020). Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results. *International journal of pediatric endocrinology*, 2020, 8. <https://doi.org/10.1186/s13633-020-00078-2>

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05	
		<i>Effective Date</i>	01/01/2024	
		<i>Approval Date</i>	11/21/2023	
	<i>Subject</i>	Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
			<i>Page</i>	19 of 21

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/10.1016/j.jaac.2012.07.004>

American Psychiatric Association (APA). (2022). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision*. <https://dsm.psychiatryonline.org>

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

American Psychiatric Association (APA). (2022). *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>

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/10.1210/jendso/bvab011>

Coon, D., Berli, J., Oles, N., Mundinger, S., Thomas, K., Meltzer, T., Houssock, C., Satterwhite, T., Morrison, S., Bailon, C., Tenorio, T., Simon, D., Capitan-Canadas, F., & Capitan, L. (2022). Facial Gender Surgery: Systematic Review and Evidence-Based Consensus Guidelines from the International Facial Gender Symposium. *Plastic and reconstructive surgery*, 149(1), 212–224. <https://doi.org/10.1097/PRS.00000000000008668>

Daolio, J., Palomba, S., Paganelli, S., Falbo, A., & Aguzzoli, L. (2020). Uterine transplantation and IVF for congenital or acquired uterine factor infertility: A systematic review of safety and efficacy outcomes in the first 52 recipients. *PLoS one*, 15(4), e0232323. <https://doi.org/10.1371/journal.pone.0232323>

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

Feldman, J. & Deutsch, M. (2023). Primary care of transgender individuals. *UpToDate*. Retrieved November 2, 2023 from: <https://www.uptodate.com>

Ferrando, C. (2023). Gender-affirming surgery: Male to female. *UpToDate*. Retrieved November 2, 2023 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). *Sex Reassignment Surgery for the Treatment of Gender Dysphoria*. Health technology assessment. Annual Review: July 27, 2022. <https://evidence.hayesinc.com>

Hayes, Inc. (2023). *Gender-Affirming Body-Contouring Procedures in Patients With Gender Dysphoria*. Evolving evidence review. <https://evidence.hayesinc.com>

Hayes, Inc. (2023). *Gender-Affirming Hair Removal for Patients With Gender Dysphoria*. Evolving evidence review. <https://evidence.hayesinc.com>

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS07.05	
		<i>Effective Date</i>	01/01/2024	
		<i>Approval Date</i>	11/21/2023	
	<i>Subject</i>	Gender Affirming Treatment & Procedures	<i>Supersedes Date</i>	05/01/2023
			<i>Page</i>	20 of 21

Hayes, Inc. (2023). *Female-to-Male Gender-Affirming Surgical Procedures for Adolescents With Gender Dysphoria*. Evolving evidence review. <https://evidence.hayesinc.com>

Hayes, Inc. (2023). *Male-to-Female Gender-Affirming Surgical Procedures for Adolescents With Gender Dysphoria*. Evolving evidence review. <https://evidence.hayesinc.com>

Hayes, Inc. (2023). *Combination Facial Feminization Surgery in Patients With Gender Dysphoria*. Evolving evidence review. <https://evidence.hayesinc.com>

Hayes, Inc. (2023). *Feminizing Voice and Communication Therapy for Gender Dysphoria*. Evolving evidence review. <https://evidence.hayesinc.com>

Hayes, Inc. (2023). *Masculinizing Voice and Communication Therapy for Gender Dysphoria*. Evolving evidence review. <https://evidence.hayesinc.com>

Hayes, Inc. (2023). *Wendler Glottoplasty Surgery for Voice Feminization in Patients with Gender Dysphoria*. Evolving evidence review. <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>

Johns Hopkins Medicine. (2022). *Gender Affirming Surgery FAQs*. The Center for Transgender Health. <https://www.hopkinsmedicine.org>

Kuper, L. E., Stewart, S., Preston, S., Lau, M., & Lopez, X. (2020). Body Dissatisfaction and Mental Health Outcomes of Youth on Gender-Affirming Hormone Therapy. *Pediatrics*, 145(4), e20193006. DOI: 10.1542/peds.2019-3006

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>

Obedin-Maliver, J., Light, A., De Haan, G., & Jackson, R. (2017). Feasibility of vaginal hysterectomy for female-to-male transgender men. *Obstetrics & Gynecology*, 129(3), 457-463.. [doi: 10.1097/AOG.0000000000001866](https://doi.org/10.1097/AOG.0000000000001866)

Olson-Kennedy, J. & Forcier, M. (2023). Management of transgender and gender-diverse children and adolescents. *UpToDate*. Retrieved November 2, 2023 from: <https://www.uptodate.com/>

Oles, N., Darrach, H., Landford, W., Garza, M., Twose, C., Park, C. S., Tran, P., Schechter, L. S., Lau, B., & Coon, D. (2022). Gender Affirming Surgery: A Comprehensive, Systematic Review of All Peer-reviewed Literature and Methods of Assessing Patient-centered Outcomes (Part 1: Breast/Chest, Face, and Voice). *Annals of surgery*, 275(1), e52-e66. <https://doi.org/10.1097/SLA.0000000000004728>

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/10.1007/s40618-020-01449-5>

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i> CMS07.05
		<i>Effective Date</i> 01/01/2024
		<i>Approval Date</i> 11/21/2023
	<i>Subject</i> Gender Affirming Treatment & Procedures	<i>Supersedes Date</i> 05/01/2023
		<i>Page</i> 21 of 21

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/10.1542/peds.2023-063756>

Ricci, S., Bennett, C., & Falcone, T. (2021). Uterine Transplantation: Evolving Data, Success, and Clinical Importance. *Journal of minimally invasive gynecology*, 28(3), 502–512.

Tangpricha, V. & Safer, J.D. (2023). Transgender men: Evaluation and management. *UpToDate*. Retrieved November 2, 2023 from: <https://www.uptodate.com/>

Tangpricha, V. & Safer, J.D. (2023). Transgender women: Evaluation and management. *UpToDate*. Retrieved November 2, 2023 from: <https://www.uptodate.com/>

World Health Organization (WHO). (2022). *Gender incongruence and transgender health in the ICD*. <https://www.who.int/standards>

World Professional Association for Transgender Health (WPATH). (2022). *Standards of Care for the Health of Transgender and GenderDiverse People*. Version 8. <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/10.21037/atm-20-4523>

Zhang, W.R., Garrett, G.L., Arron, S.T., & Garcia, M.M. (2016). Laser hair removal for genital gender-affirming surgery. *Translational andrology and urology*, 5(3), 381-387. <https://doi.org/10.21037/tau.2016.03.27>

XI. APPROVALS

Historical Effective Dates: 09/05/2014, 06/02/2017, 10/01/2019, 11/01/2021, 05/01/2023, 11/21/2023, 01/01/2024