Gender Affirming Interventions for Gender Dysphoria

Published: 12/11/2024

Next Review: 09/2025

Last Review: 11/2024 ***Medicare Link(s) Revised:*** *12/11/2024*

IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

"Gender dysphoria (previously known as gender identity disorder) is a classification used to describe persons who experience significant discontent with their biological sex and/or gender assigned at birth."[1] This policy addresses interventions for gender dysphoria. Various therapies are available and not all individuals choose surgical options.

MEDICARE ADVANTAGE POLICY CRITERIA

NOTES: Some surgical procedures may have separate criteria found in other Medicare Advantage medical policies (e.g., breast reconstruction, blepharoplasty, rhinoplasty, abdominoplasty, etc.). See Cross References for other applicable policies. In addition, this

policy primarily addresses ***surgical*** interventions for gender dysphoria. It does not address psychotherapy (which is considered medically necessary for gender dysphoria), nor does it address medications such as the use of hormonal therapy (see Cross References or refer to Pharmacy Services). Finally, endometrial ablation may be considered medically necessary for Medicare Advantage as an intervention for gender dysphoria, with no routine review required.

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	None According to the NCD for *Gender Dysphoria and Gender Reassignment Surgery (140.9)*, CMS determined no national coverage determination (NCD) is appropriate for gender reassignment surgery for Medicare beneficiaries. ***See "Policy Guidelines" below for more information.***
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles*	None ***See "Policy Guidelines" below.***
Medical Policy Manual	*Medicare coverage guidance is not available for gender affirming interventions. Therefore, the health plan's medical policy is applicable.* **Note:** The WPATH is a multidisciplinary professional society representing the specialties of medicine, psychology, social sciences and law. This organization has published clinical guidelines regarding health services for patients with gender disorders, and these guidelines are used in the health plan's medical policy. ***See "Policy Guidelines" below.*** According to Medicare, "unless they pertain to licensure and/or solvency, State laws and regulations that regulate health plans do not apply to MA plans offered by MA organizations."[4] Therefore, Medicare Advantage contracts are not subject to Washington's Gender Affirming Treatment Act (SSB 5313) or the Oregon Reproductive Health Rights Act (HB 2002) and the non-state specific criteria in the health plan's policy is applicable to all Medicare Advantage members. Gender Affirming Interventions for Gender Dysphoria, Medicine, Policy No.153 *(see "NOTE" below)*

NOTE: According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying

an ***objective, evidence-based process, based on authoritative evidence***. (*Medicare IOM Pub. No. 100-16, Ch. 4, §90.5*). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (WPATH) STANDARDS OF CARE AND MEDICARE MEDICAL NECESSITY

The Noridian LCD for *Plastic Surgery* (L37020) states coverage determinations for transgender surgery are reviewed with particular consideration of the World Professional Association for Transgender Health (WPATH) Standards of Care as interpreted through the various Medicare statutes, rules, regulations, and Manual instructions. The WPATH is a multidisciplinary professional society representing the specialties of medicine, psychology, social sciences and law. This organization has published clinical guidelines regarding health services for patients with gender disorders.

While no national coverage guidance exists, the Medicare Decision Memo from August 2016 states, "For Medicare beneficiaries enrolled in Medicare Advantage (MA) plans, the initial determination of whether or not surgery is reasonable and necessary will be made by the MA plans." The health plan's medical policy is consistent with current WPATH guidelines.

The health plan's medical policy is also consistent with the one Medicare Contractor (MAC) that has a policy regarding coverage guidance for surgical interventions for gender dysphoria. While not the MAC with jurisdiction over the health plan's service area, the Palmetto GBA LCA for *Billing and Coding: Gender Reassignment Services for Gender Dysphoria* (A53793)[2], as well as the health plans' medical policy, provide coverage criteria for specific surgeries for gender dysphoria. Conflicting opinions exist regarding whether these procedures are essential in treating gender dysphoria. These surgeries are considered cosmetic and are non-covered under Medicare and *Title XVIII of the Social Security Act, §1862(a)(10)*, where expenses "for cosmetic surgery or are incurred in connection therewith, except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member" are excluded under the Medicare program.

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- For surgical treatments that may be considered medically necessary for gender dysphoria:
    - Clinical records must include all of the following:

- Age of patient (must be at least 18 years of age);
- Documentation to support the patient has the ability to make fully informed decisions and consent for treatment;
- Documentation of hormonal therapy (including length of time administered) and outcomes;
- Documented treatment plan including if planned procedures are reversals;
- Documentation that at least one licensed mental health professional has verified a current diagnosis of gender dysphoria
- Documentation the intervention would improve otherwise documented significant gender dysphoria; and,
- Documentation of the beneficiary living as the desired gender.

- **Exception:** For endometrial ablation, no documentation is required. Endometrial ablation may be considered medically necessary for Medicare Advantage for gender dysphoria interventions.

CROSS REFERENCES

Investigational (Experimental) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services, Medicine, Policy No. M-149

Cosmetic and Reconstructive Procedures, Surgery, Policy No. M-12

Reconstructive Breast Surgery, Mastopexy, and Management of Breast Implants, Surgery, Policy No. M-40

Reduction Mammaplasty (Mammoplasty), Surgery, Policy No. M-60

Adipose-derived Stem Cell Enrichment in Autologous Fat Grafting to the Breast, Surgery, Policy No. M-182

Surgical Treatments for Lymphedema and Lipedema, Surgery, Policy No. M-220

Medication Policy Manual, Note: Click the link for the appropriate Medication Policy. Once the medication policy site is open, do a find (Ctrl+F) and enter drug name in the find bar to locate the appropriate policy.

REFERENCES

1. Medicare August 30, 2016 Decision Memo for *Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N)*
2. Noridian LCD Plastic Surgery (L37020)
3. Palmetto GBA LCA for *Billing and Coding: Gender Reassignment Services for Gender Dysphoria* (A53793)
4. MLN Matters® Number MM9981 for *Gender Dysphoria and Gender Reassignment Surgery*
5. Medicare Managed Care Manual, Chapter 10 - MA Organization Compliance with State Law and Preemption by Federal Law, §30.1 - General

CODING

NOTES:

- Follicular unit extraction (FEU) of individual hairs is correctly coded with CPT 15775 or 15776 and is determined by the number of "punch grafts" performed. Providers should be advised standard CMS medically unlikely edits (aka, MUEs or "maximum units of service") will apply.
- Code 17999 should be reported for laser hair removal. This code may also be used for abdominoplasty or calf/pectoral implants.
- CPT codes 31552, 31554, 31580, 31584, 31587, or 31591 are not appropriate to use to represent voice modification. Unlisted code 31599 should be reported instead.
- Code 31899 should be reported for reduction thyroid chondroplasty (reduction of the thyroid cartilage, or Adam's Apple).
- Code 40799 should be reported for lip reduction.
- Code 55899 may be used to report for phallic reconstruction/phalloplasty.
- CPT codes 55970 and 55980 are non-specific. The specific CPT procedure(s) code(s) must be requested in place of the non-specific codes.

Codes	Number	Description
CPT	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
	11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
	11951	; 1.1 to 5.0 cc
	11952	; 5.1 to 10.0 cc
	11954	; over 10 cc
	11970	Replacement of tissue expander with permanent implant
	11971	Removal of tissue expander(s) without insertion of implant
	14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
	14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
	14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
	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) Just 1 primary procedure 14301
	15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)
	15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
	15770	Graft; derma-fat-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
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	; neck with platysmal tightening (platysmal flap, P-flap)
15826	; glabellar frown lines
15828	; cheek, chin, and neck
15829	; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	; thigh
15833	; leg
15834	; hip
15835	; buttock
15836	; arm
15837	; forearm or hand
15838	; submental fat pad
15839	; 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)
15876	Suction assisted lipectomy; head and neck
15877	; trunk
15878	; upper extremity
15879	; lower extremity
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
19350	Nipple/areola reconstruction
19499	Unlisted procedure, breast
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	; sliding osteotomy, single piece

21122	; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	; 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
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)
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)
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
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21270	Malar augmentation, prosthetic material
21299	Unlisted craniofacial and maxillofacial procedure
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	; including major septal repair
30430	Rhinoplasty secondary; minor revision (small amount of nasal tip work)
30435	; intermediate revision (bony work with osteotomies)
30450	; major revision (nasal tip work and osteotomies)

	30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
	31599	Unlisted procedure, larynx
	31750	Tracheoplasty; cervical
	31899	Unlisted procedure, trachea, bronchi
	40799	Unlisted procedure, lips
	53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)
	53405	; second stage (formation of urethra), including urinary diversion
	53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
	53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
	53425	; second stage
	53430	Urethroplasty, reconstruction of female urethra
	54125	Amputation of penis; complete (Penectomy)
	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	; complicated
	55899	Unlisted procedure, male genital system
	55970	Intersex surgery; male to female
	55980	; female to male
	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	; with graft
	57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
	57296	; open abdominal approach
	57335	Vaginoplasty for intersex state
	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)
	58260	Vaginal hysterectomy, for uterus 250 g or less

	58262	; with removal of tube(s), and/or ovary(s)
	58270	; with repair of enterocele
	58275	Vaginal hysterectomy, with total or partial vaginectomy;
	58290	Vaginal hysterectomy, for uterus greater than 250 g;
	58291	; with removal of tube(s) and/or ovary(s)
	58353	Endometrial ablation, without hysteroscopic guidance
	58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
	58542	; with removal of tube(s) and/or ovary(s)
	58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
	58544	; with removal of tube(s) and/or ovary(s)
	58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
	58552	; with removal of tube(s) and/or ovary(s)
	58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
	58554	; with removal of tube(s) and/or ovary(s)
	58563	Hysteroscopy, surgical, with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)
	58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
	58571	; with removal of tube(s) and/or ovary(s)
	58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
	58573	; with removal of tube(s) and/or ovary(s)
	58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
	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	; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
	67903	; (tarso) levator resection or advancement, internal approach
	67904	; (tarso) levator resection or advancement, external approach
	67906	; superior rectus technique with fascial sling (includes obtaining fascia)
	67908	; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
	67909	Reduction of overcorrection of ptosis
	67950	Canthoplasty (reconstruction of canthus)
HCPCS	C1789	Prosthesis, breast (implantable)
	C1813	Prosthesis, penile, inflatable
	C2622	Prosthesis, penile, noninflatable
	L8039	Breast prosthesis, not otherwise specified
	L8600	Implantable breast prosthesis, silicone or equal

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.*