Gender Affirming Surgery

Policy # 00643
Original Effective Date: 12/19/2018
Current Effective Date: 10/10/2022

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the “Company”), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services Are Eligible for Coverage
Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- Benefits are available in the member’s contract/certificate, and
- Medical necessity criteria and guidelines are met.

Based on review of available data, the Company may consider nipple reconstruction, including tattooing, following a gender affirming mastectomy to be eligible for coverage** when the eligible for coverage criteria below are met.

Based on review of available data, the Company may consider the use of hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure to be eligible for coverage** when the eligible for coverage criteria for phalloplasty or vaginoplasty procedures below are met.

When Services May Be Eligible for Coverage
Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- Benefits are available in the member’s contract/certificate, and
- Medical necessity criteria and guidelines are met.

Note: Procedures for the chest, also known as “top surgery”, and those for the groin and reproductive organs, also known as “bottom surgery”, do not need to be done in conjunction. Additionally, individuals undergoing top surgery do not need to subsequently undergo bottom surgery, or vice versa. The selection of appropriate procedures should be based on the needs of the individual in relation to the treatment of their diagnosis of gender dysphoria. The WPATH SOC addresses this issue, “The SOC do not specify an order in which different surgeries should occur.”

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*The number and sequence of surgical procedures may vary from patient to patient, according to their clinical needs.*

Based on review of available data, the Company may consider gender affirming pelvic or gonadal surgery (which may consist of a combination of the following: hysterectomy, orchietomy, ovarietomy, or salpingo-oophorectomy) to be eligible for coverage.**

**

Patient Selection Criteria

Coverage eligibility will be considered for gender affirming pelvic or gonadal surgery (which may consist of a combination of the following: hysterectomy, orchietomy, ovarietomy, or salpingo-oophorectomy) when ALL of the following criteria are met:

A. The individual is at least 18 years of age; AND
B. The individual has capacity to make fully informed decisions and consent for treatment; AND
C. The individual has been diagnosed with gender dysphoria, and exhibits ALL of the following:
   1. The desire to live and be accepted as a member of the opposite gender, usually accompanied by the wish to make their body as congruent as possible with the preferred gender through surgery and hormone treatment; AND
   2. The transgender identity has been present persistently for at least two years; AND
   3. The disorder is not a symptom of another mental disorder; AND
   4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; AND
D. For individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; AND
E. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; AND
F. Two referrals from qualified mental health professionals◊ who have independently assessed the individual. If the first referral is from the individual’s psychotherapist, the second referral

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should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter(s) must have been signed within 12 months of the request submission.

Based on review of available data, the Company may consider gender affirming genital surgery (which may consist of a combination of the following: clitoroplasty, labiaplasty, metoidioplasty, penectomy, phalloplasty, scrotoplasty, urethroplasty, vaginectomy, vaginoplasty, or placement of penile or testicular prostheses)◊◊, to be eligible for coverage.**

Patient Selection Criteria
Coverage eligibility will be considered for individuals undergoing gender affirming genital surgery (which may consist of a combination of the following: clitoroplasty, labiaplasty, metoidioplasty, penectomy, phalloplasty, scrotoplasty, urethroplasty, vaginectomy, vaginoplasty, or placement of penile or testicular prostheses)◊◊ when ALL of the following criteria are met:

A. The individual is at least 18 years of age; AND
B. The individual has capacity to make fully informed decisions and consent for treatment; AND
C. The individual has been diagnosed with gender dysphoria and exhibits ALL of the following:
   1. The desire to live and be accepted as a member of the opposite gender, usually accompanied by the wish to make their body as congruent as possible with the preferred gender through surgery and hormone treatment; AND
   2. The transgender identity has been present persistently for at least two years; AND
   3. The disorder is not a symptom of another mental disorder; AND
   4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; AND
D. For individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; AND
E. Documentation◊◊ that the individual has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, across a wide range of life experiences and events that may occur throughout the year (for example, family events, holidays, vacations, season-specific work or school experiences). This includes coming out to partners, family, friends, and community members (for example, at school, work, and other settings); AND

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F. Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner; AND

G. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; AND

H. Two referrals from qualified mental health professionals who have independently assessed the individual. If the first referral is from the individual’s psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter(s) must have been signed within 12 months of the request submission.

Based on review of available data, the Company may consider gender affirming bilateral subcutaneous mastectomy, to be eligible for coverage. **

Patient Selection Criteria

Coverage eligibility will be considered for gender affirming bilateral subcutaneous mastectomy when ALL of the following criteria are met:

A. The individual is at least 18 years of age (see Further Considerations section below for individuals under 18 years of age); AND

B. The individual has capacity to make fully informed decisions and consent for treatment; AND

C. The individual has been diagnosed with gender dysphoria and exhibits ALL of the following:
   1. The desire to live and be accepted as a member of the opposite gender, usually accompanied by the wish to make their body as congruent as possible with the preferred gender through surgery and hormone treatment; AND
   2. The transgender identity has been present persistently for at least two years; AND
   3. The disorder is not a symptom of another mental disorder; AND
   4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; AND

D. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders
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and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; AND

E. One letter, signed by the referring qualified mental health professional◊ who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission; AND

Further Considerations:
A provider with experience treating adolescents with gender dysphoria may request further consideration of a bilateral mastectomy in an individual under 18 years of age when they meet all other bilateral mastectomy criteria (including prior mental health evaluation).

Detailed medical necessity and justification will be required, including time spent living in the desired gender role and duration of testosterone replacement. Per WPATH Standards of Care (7th Version), mastectomy in FtM adolescent patients could be considered after ample time of living in the desired gender role and after one year of testosterone treatment, to give adolescents sufficient opportunity to experience and socially adjust in a more masculine gender role, before undergoing irreversible surgery.

(Further information is available in the Discussion/General Information section of this document titled ‘Gender Affirming Surgery in Individuals Under the Age of 18’).

◊ At least one of the professionals submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master’s level degree in a clinical behavioral science field (for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating co-morbid psychiatric conditions. One letter is sufficient if signed by two providers, one of whom has met the specifications set forth above.

◊◊ The medical documentation should include the start date of living full time in the new gender. Verification via communication with individuals who have related to the individual in an identity-congruent gender role, or requesting documentation of a legal name change, may be reasonable in some cases.
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Note: Procedures to address postoperative complications of gender affirming surgery procedures (for example, stenosis, scarring, chronic infection, or pain) are not considered a separate gender affirming surgery procedure.

Note: Reversal of a prior gender affirming surgery procedure is considered gender affirming surgery and the medical necessity criteria above apply.

When Services Are Considered Not Medically Necessary
The use of gender affirming surgery when patient selection criteria above are not met is considered to be not medically necessary.**

When Services Are Not Covered
Based on review of available data, the Company considers gender affirming surgery for cosmetic procedures to be not covered.**

The use of cosmetic procedures are considered to be not covered** when requested alone or in combination with other procedures to improve the gender specific appearance, including, but not limited to, the following:

A. Abdominoplasty;
B. Blepharoplasty;
C. Breast augmentation;
D. Brow lift;
E. Calf implants;
F. Face lift;
G. Facial bone reconstruction;
H. Facial implants;
I. Gluteal augmentation (implants/lipofilling);
J. Hair removal (for example, electrolysis or laser), hair reconstruction and hairplasty, when the criteria above have not been met;
K. Jaw reduction (jaw contouring);
L. Lip reduction/enhancement;
M. Lipofilling/collagen injections;
N. Liposuction;

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O. Nose implants;
P. Pectoral implants;
Q. Rhinoplasty;
R. Thyroid cartilage reduction (chondroplasty);
S. Voice modification surgery; and
T. Voice therapy.

Note: Cosmetic procedures are considered an exclusion in most member contracts.

Policy Guidelines

The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5) provides criteria for the diagnosis of gender dysphoria. The DSM-5 criteria are widely recognized as the community standard by which individuals suspected of gender dysphoria are evaluated and diagnoses are confirmed. The DSM-5 criteria for gender dysphoria are as follows:

Gender dysphoria in Children

A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least six of the following (one of which must be Criterion A1):

1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender, different from one’s assigned gender).
2. In boys (assigned gender), a strong preference for cross dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to wearing of typical feminine clothing.
3. A strong preference for cross-gender roles in make-believe play or fantasy play.
4. A strong preference for toys, games, or activities stereotypically used or engaged in by the other gender.
5. A strong preference for playmates of the other gender.
6. In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough and tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games and activities.
7. A strong dislike of one’s sexual anatomy.
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8. A strong desire for the primary and/or secondary sex characteristics that match one’s experienced gender.

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

Specify if:

With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 2.55.2 [E25.0] congenital adrenal hyperplasia or 259.0 [E34.50] androgen insensitivity syndrome)

Coding note: Code the disorder of sex development as well as gender dysphoria.

Gender dysphoria in Adolescents and Adults

A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least two of the following:

1. A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (on in young adolescents, the anticipated secondary sex characteristics).
2. 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).
3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
4. A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender).
5. A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender).
6. 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.

Specify if:
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**With a disorder of sex development** (e.g., a congenital adrenogenital disorder such as 2.55.2 [E25.0] congenital adrenal hyperplasia or 259.0 [E34.50] androgen insensitivity syndrome)

**Coding note:** Code the disorder of sex development as well as gender dysphoria.

**Specify if:**

**Post transition:** The individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen - namely regular cross-sex treatment or gender reassignment surgery confirming the desired gender (e.g., appendectomy, vaginoplasty in the natal male; mastectomy or phalloplasty in the natal female).


The World Professional Association for Transgender Health’s (WPATH) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version (2012) provides recommendations for care of individuals with gender dysphoria. The SOC states,

The SOC are intended to be flexible in order to meet the diverse health care needs of transsexual, transgender, and gender-nonconforming people. While flexible, they offer standards for promoting optimal health care and guiding the treatment of people experiencing gender dysphoria.

and

Clinical departures from the SOC may come about because of a patient’s unique anatomic, social, or psychological situation; an experienced health professional’s evolving method of handling a common situation; a research protocol; lack of resources in various parts of the world; or the need for specific harm-reduction strategies.

Procedures for the chest, also known as “top surgery”, and those for the groin and reproductive organs, also known as “bottom surgery”, do not need to be done in conjunction. Additionally, individuals undergoing top surgery do not need to subsequently undergo bottom surgery, or vice
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versa. The selection of appropriate procedures should be based on the needs of the individual in relation to the treatment of their diagnosis of gender dysphoria.

Background/Overview
This document addresses gender affirming surgery (also known as sex affirmation surgery, gender or sex reassignment surgery, gender or sex confirmation surgery). Gender affirming surgery is a treatment option for gender dysphoria, a condition in which a person experiences persistent incongruence between gender identity and sexual anatomy at birth. Gender affirming surgery is not an isolated intervention; it is part of a complex process involving multiple medical, psychiatric and psychologic, and surgical specialists working in conjunction with each other and the individual to achieve successful behavioral and medical outcomes. Before undertaking gender affirming surgery, medical and psychological evaluations, medical therapies and behavioral trials are undertaken to help ensure that surgery is an appropriate treatment choice for the individual.

Rationale/Source
This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

Gender Affirming Pelvic and Gonadal Procedures
Procedures addressing pelvic and gonadal anatomy in individuals with gender dysphoria are conducted to achieve the desired physical anatomy and function aligning with the individual's experienced gender. Gender affirming pelvic and gonadal procedures have been shown in many studies to provide significant functional improvement in multiple areas (Almazan, 2021; Becker, 2018; Butler, 2019; Cardoso da Silva, 2016; Castellano, 2015; De Cuypere, 2005; de Vries, 2014; Djordjevic, 2009; Guss, 2015; Hage, 2006; Jellestad, 2018; Lawrence, 2006; Miller, 2019; Murad, 2010; Olson-Kennedy, 2018; Owen-Smith, 2018; Papadopulos, 2015; Simbar, 2018; Terrier, 2014; Tucker, 2018; van de Grift, 2017; Weigert, 2013; Wernick, 2019; Wierckx, 2011). These improvements include gender dysphoria-related symptoms such as psychological distress, depression, anxiety, and acceptance of the individual’s body. Additionally, the available literature also demonstrates significant benefits related to quality of life and overall well-being.

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The medical necessity criteria above for pelvic and gonadal procedures are based on several sources including the WPATH SOC, published peer-reviewed studies and expert opinion. In addition to having an established gender dysphoria diagnosis, individuals seeking gender affirming surgery must be of the age of legal majority in the country in which they are seeking care (in the United states: 18 years of age). Individuals seeking irreversible surgical procedures should have the capacity to make fully informed decisions, and any significant medical or mental health issues should be reasonably well controlled. Gender affirming surgical procedures present significant medical and psychological risks, and the results are difficult to reverse (Djordjevic, 2016).

Published peer-reviewed studies have shown that hormonal therapy and real-life experience living as the other gender, as well as social support and acceptance by peer and family groups, improve psychological outcomes in individuals undergoing gender affirming surgery (Eldh, 1997; Landen, 1998). Monstrey (2001) described the importance of close cooperation between the medical and behavioral specialties required for proper treatment of individuals with gender dysphoria who wish to undergo gender affirming surgery. Similar findings were reported earlier by Schlatterer (1996). One study of 188 subjects undergoing gender affirming surgery found that dissatisfaction with surgery was highly associated with sexual preference, psychological co-morbidity, and poor pre-operative body image and satisfaction (Smith, 2005).

While this document does not address the medical necessity of hormone therapy, when indicated, it is administered under medical supervision and begins the gender transition process by altering body hair, breast size or development, skin appearance and texture, body fat distribution, the size and function of sex organs, and other characteristics, including voice deepening. The WPATH guidelines support using hormonal therapy prior to pelvic and gonadal procedures.

For individuals undergoing gender affirming genital procedures, real-life experience living as the desired gender is important to validate the individual’s desire and ability to incorporate into their desired gender role within their social network and daily environment. This generally involves gender-specific appearance (garments, hairstyle, etc.), involvement in various activities in the desired gender role including work or academic settings, legal acquisition of a gender appropriate first name, and acknowledgement by others of the new gender role. With regard to real-life experience, the WPATH states:
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The criterion noted above for some types of genital surgeries – i.e., that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity – is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery. As noted in section VII, the social aspects of changing one’s gender role are usually challenging – often more so than the physical aspects. Changing gender role can have profound personal and social consequences, and the decision to do so should include an awareness of what the familial, interpersonal, educational, vocational, economic, and legal challenges are likely to be, so that people can function successfully in their gender role. Support from a qualified mental health professional and from peers can be invaluable in ensuring a successful gender role adaptation (Bockting, 2008).

The duration of 12 months allows for a range of different life experiences and events that may occur throughout the year (e.g., family events, holidays, vacations, season-specific work or school experiences). During this time, patients should present consistently, on a day-to-day basis and across all settings of life, in their desired gender role. This includes coming out to partners, family, friends, and community members (e.g., at school, work, other settings).

Health professionals should clearly document a patient’s experience in the gender role in the medical chart, including the start date of living full time for those who are preparing for genital surgery. In some situations, if needed, health professionals may request verification that this criterion has been fulfilled: They may communicate with individuals who have related to the patient in an identity-congruent gender role, or request documentation of a legal name and/or gender marker change, if applicable.

Gender Affirming Chest Surgery:
Gender affirming chest surgery in individuals with gender dysphoria is reconstructive, in that the procedure is intended to address the significant variation from normal appearance for the experienced gender. The evidence addressing gender affirming chest surgery for the treatment of gender dysphoria supports a consistent association between surgery and satisfaction with breast appearance, psychological and sexual well-being, and body image and attractiveness; however, evidence supporting improvements in functional outcomes (for example, quality of life, gender dysphoria symptoms, or sequelae of severe illness, including crisis visits, suicide attempts, etc.) is less clear (Almazan, 2021; Becker, 2018; Miller, 2019; Olson-Kennedy, 2018; Weigert, 2013).
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Criteria for chest surgery are generally consistent with genital/gonadal surgery including requirements related to age, capacity to consent, diagnosis of gender dysphoria, and reasonably well controlled concomitant physical and mental health conditions.

For individuals born with male anatomy and considering breast augmentation, hormone therapy results in the development of at least some breast tissue in most cases. Breast development generally occurs within the first 12 months (although development may continue through 2-3 years of therapy) (De Blok, 2020a). Published studies have reported that final breast size varies significantly, anywhere from no growth to a C-cup, although the average individual achieves an A-cup in size. WPATH notes “Although not an explicit criterion, it is recommended that patients undergo feminizing hormone therapy (minimum 12 months) prior to gender affirming breast augmentation surgery.

Gender Affirming Chest Surgery in Individuals Under the Age of 18

Further consideration of a gender affirming chest procedure in select individuals under 18 years of age may be appropriate; there may exist extenuating circumstances, such as the level of maturity of the individual, duration of dysphoric symptoms, medical and mental health, and other factors, that should be considered in consultation with a provider with experience treating adolescents with gender dysphoria. The WPATH SOC provides the following guidance for individuals under the age of 18:

Genital surgery should not be carried out until (i) patients reach the legal age of majority to give consent for medical procedures in a given country, and (ii) patients have lived continuously for at least 12 months in the gender role that is congruent with their gender identity. The age threshold should be seen as a minimum criterion and not an indication in and of itself for active intervention.

Chest surgery in FtM patients could be carried out earlier, preferably after ample time of living in the desired gender role and after one year of testosterone treatment. The intent of this suggested sequence is to give adolescents sufficient opportunity to experience and socially adjust in a more masculine gender role, before undergoing irreversible surgery. However, different approaches may be more suitable, depending on an adolescent’s specific clinical situation and goals for gender identity expression.
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Referral Letters
An independent assessment of an individual by a qualified mental health professional is considered standard of care before an individual undergoes a gender affirming surgical procedure.

The SOC states the following regarding referral letters in support of gender affirming surgery:

The recommended content of the referral letters for surgery is as follows:

1. The client’s general identifying characteristics;
2. Results of the client’s psychosocial assessment, including any diagnoses;
3. The duration of the mental health professional’s relationship with the client, including the type of evaluation and therapy or counseling to date;
4. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient’s request for surgery;
5. A statement about the fact that informed consent has been obtained from the patient;
6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

While the SOC also states:
For providers working within a multidisciplinary specialty team, a letter may not be necessary, rather, the assessment and recommendation can be documented in the patient’s chart.

Additionally, the SOC provides the following recommendations regarding the credentials for mental health professionals who work with adults presenting with gender dysphoria:

1. A master’s degree or its equivalent in a clinical behavioral science field. This degree, or a more advanced one, should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent for that country.
2. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Diseases for diagnostic purposes.
3. Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria.
4. Documented supervised training and competence in psychotherapy or counseling.
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6. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

This statement from the SOC does not govern BCBSLA’s medical policy. A letter including all of the recommended items should be included in surgical requests.

Hair removal Procedures
In many instances, the creation of a neovagina or a urethra for a neopenis requires an autologous skin graft from the forearm or thigh. Such skin may be excessively hairy, which will impair the function of the newly constructed organ if not permanently removed. Pre-operative permanent hair removal treatments to these areas may be warranted to prevent post-operative complications.

Procedures to Address Postoperative Complications of Gender Affirming Surgery and Reversal Surgery
Procedures to address postoperative complications of a prior gender affirming surgery (for example, scarring, stenosis, infection, etc.) are not considered a separate gender affirming surgery procedure and are not addressed in this document.

Reversal Procedures
Reversal of a prior gender affirming surgery procedure is rare and is considered gender affirming surgery. According to the literature on this issue, the predominant factor in requests for reversals are regret, which has been further associated with age greater than 30 at first surgery, personality disorders, early loss of both parents, social instability, preoperative sexual orientation for heterosexual male-to-female (MtF) individuals, degree of social support, secondary transsexualism, early decision to undergo surgery and dissatisfaction with surgical results (Blanchard, 1989; Landén, 1998; Lawrence, 2003; Lindemalm, 1986 and 1987; Olsson, 2006).

Djordjevic (2016) reported on the outcomes of surgical reversal surgery in MtF individuals wishing to transition back to male. While the main focus of this paper is related to surgical outcomes, the authors reported on characteristics of the participating subjects and contributing factors to the reversal decisions. The seven subjects had an absence of “real-life experience” prior to surgery, absence or inappropriate hormonal treatment, recommendations by inexperienced professionals, and...
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insufficient hormonal therapy and medical follow-up. Furthermore, they failed to fulfill the complete diagnostic criteria for gender dysphoria. The authors concluded that the main factor contributing to regret was absence of proper pretreatment assessment. In their reversal protocol, each subject was required to have recommendations from three well-known WPATH psychiatrists prior to reversal procedures.

The available evidence indicates the importance of thorough preoperative physical and psychological evaluation and treatment as being a critical factor in postoperative success. As noted above, these aspects of the treatment process are critical to sufficiently prepare an individual for the social, physical, and mental ramifications of the decision to undergo gender affirming surgery.

The clinical evidence addressing the satisfaction and quality of life following gender affirming surgery is limited, and the reported findings are mixed (Cardoso da Silva, 2016; Castellano, 2015). It is important that proper and thorough pre-operative work-up and preparation be conducted in individuals considering such life-altering procedures. Additionally, long-term post-operative follow-up, including availability of mental health services, may also contribute to satisfaction with surgical results.

Supplemental Information

Other Guidelines

In late 2017, the Endocrine Society released a clinical practice guideline for the endocrine treatment of gender-dysphoric/gender-incongruent persons (Hembree, 2017). This publication was co-sponsored by the American Association of Clinical Endocrinologists, the American Society of Andrology, the European Society for Pediatric Endocrinology, the European Society of Endocrinology, the Pediatric Endocrine Society, and WPATH. Among other recommendations this document includes the following:

2.1. We suggest that adolescents who meet diagnostic criteria for GD/gender incongruence, fulfill criteria for treatment, and are requesting treatment should initially undergo treatment to suppress pubertal development.
2.2. We suggest that clinicians begin pubertal hormone suppression after girls and boys first exhibit physical changes of puberty.
2.3. We recommend that, where indicated, GnRH analogues are used to suppress pubertal hormones.
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2.4. In adolescents who request sex hormone treatment (given this is a partly irreversible treatment), we recommend initiating treatment using a gradually increasing dose schedule after a multidisciplinary team of medical and MHPs has confirmed the persistence of GD/gender incongruence and sufficient mental capacity to give informed consent, which most adolescents have by age 16 years.

2.5. We recognize that there may be compelling reasons to initiate sex hormone treatment prior to the age of 16 years in some adolescents with GD/gender incongruence, even though there are minimal published studies of gender-affirming hormone treatments administered before age 13.5 to 14 years. As with the care of adolescents ≥16 years of age, we recommend that an expert multidisciplinary team of medical and MHPs manage this treatment.

5.1. We recommend that a patient pursue genital gender-affirming surgery only after the MHP and the clinician responsible for endocrine transition therapy both agree that surgery is medically necessary and would benefit the patient’s overall health and/or well-being.

5.2. We advise that clinicians approve genital gender affirming surgery only after completion of at least 1 year of consistent and compliant hormone treatment unless hormone therapy is not desired or medically contraindicated. (Ungraded Good Practice Statement)

5.3. We 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 collaborate with the surgeon regarding hormone use during and after surgery. (Ungraded Good Practice Statement)

5.4. We recommend that clinicians refer hormone treated transgender individuals for genital surgery when: (1) the individual has had a satisfactory social role change, (2) the individual is satisfied about the hormonal effects, and (3) the individual desires definitive surgical changes.

5.5. We suggest that clinicians delay gender-affirming genital surgery involving gonadectomy and/or hysterectomy until the patient is at least 18 years old or legal age of majority in his or her country.

Note: “MHP” is the Endocrine Society’s abbreviation for “mental health professional”.

References


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Gender Affirming Surgery

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**Policy History**
Original Effective Date: 12/19/2018
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- **12/06/2018** Medical Policy Committee review
- **12/19/2018** Medical Policy Implementation Committee approval. New policy.
- **12/05/2019** Medical Policy Committee review
- **01/17/2020** Coding update
- **05/07/2020** Medical Policy Committee review
- **05/13/2020** Medical Policy Implementation Committee approval. All changes to the policy track Anthem. Title changed from “Sex Reassignment Surgery” to “Gender Reassignment Surgery” Document contents changed to replace “sex reassignment” with “gender reassignment”, “his or her” with “their” and “transsexual” with “transgender”. Clarified the eligible for coverage statement regarding hair removal procedures.
- **05/06/2021** Medical Policy Committee review
- **05/12/2021** Medical Policy Implementation Committee approval. Added penile prostheses to eligible for coverage statement addressing phalloplasty procedures. Added a reference to see Further Considerations that are noted at the end of the coverage for bilateral mastectomy for individuals under 18 years of age. Clarified the criteria for bilateral mastectomy with the revision that one letter, signed by the referring qualified mental health professional who has independently assessed the individual is required. Added a Note that Cosmetic procedures are considered an exclusion in most member contracts under the When Services Are Not Covered section.
- **02/16/2022** Coding update
- **07/07/2022** Medical Policy Committee review
- **07/13/2022** Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- **09/01/2022** Medical Policy Committee review
- **09/14/2022** Medical Policy Implementation Committee approval. Title changed from “Gender Reassignment Surgery” to “Gender Affirming Surgery”. Replaced Reassignment’
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E X T E N S I V E  R E V I S I O N S

to “Affirming” throughout the policy. Extensive revisions made throughout the
policy.

Next Scheduled Review Date:  05/2023

Coding

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Codes used to identify services associated with this policy may include (but may not be limited to)
the following:

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<td>Add diagnosis effective 4/1/2022: F66 and Z87.890</td>
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*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or

B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:

1. Consultation with technology evaluation center(s);
2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
3. Reference to federal regulations.

**Medically Necessary (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services
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at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or 
treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are 
based on credible scientific evidence published in peer-reviewed medical literature generally 
recognized by the relevant medical community, Physician Specialty Society recommendations and 
the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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