



Louisiana

Sex Reassignment Surgery

Policy # 00643

Original Effective Date: 12/19/2018

Current Effective Date: 12/19/2018

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 mastectomy that meets the medically necessary criteria below to be **eligible for coverage**. **

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 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.*

Based on review of available data, the Company may consider individuals undergoing sex reassignment surgery, consisting of any combination of the following; hysterectomy, salpingo-oophorectomy, ovariectomy, or orchiectomy, to be **eligible for coverage**. **

Patient Selection Criteria

Coverage eligibility will be considered for individuals undergoing sex reassignment surgery, consisting of any combination of the following; hysterectomy, salpingo-oophorectomy, ovariectomy, or orchiectomy, 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:

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1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; **and**
 2. The transsexual 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, 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^o 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 individuals undergoing sex reassignment surgery, consisting of any combination of the following; metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty, or placement of testicular prostheses, to be **eligible for coverage**.

Patient Selection Criteria

Coverage eligibility will be considered for individuals undergoing sex reassignment surgery, consisting of any combination of the following; metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty, or placement of testicular prostheses^{oo} 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 sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; **and**
 2. The transsexual 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**

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- D. For individuals without a medical contraindication, 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**
- 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.

◇ 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.

Based on review of available data, the Company may consider bilateral mastectomy for individuals undergoing sex reassignment surgery, to be **eligible for coverage**.

Patient Selection Criteria

Coverage eligibility will be considered for bilateral mastectomy for individuals undergoing sex reassignment surgery 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:

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1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; **and**
 2. The transsexual 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 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. The individual is a female desiring gender transition.

When Services Are Considered Not Medically Necessary

The use of sex reassignment 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 sex reassignment surgery for **cosmetic** procedures to be **not covered.****

The use of **cosmetic** procedures are considered to be **not covered**** when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo sex reassignment surgery, 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
- J. Hair removal (for example, electrolysis or laser) 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
- O. Nose implants
- P. Pectoral implants

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- Q. Rhinoplasty
- R. Thyroid cartilage reduction (chondroplasty)
- S. Voice modification surgery
- T. Voice therapy

Policy Guidelines

Gender dysphoria is a condition wherein an individual's psychological gender identity does not coincide with his or her anatomic sex. This results in the persistent feeling of being "trapped in the wrong body" or gender incongruence. This diagnosis should not be confused with cross dressing, refusal to accept homosexual orientation, psychotic delusions, or personality disorders.

In May 2013, the American Psychiatric Association published an update to their Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5). This update included a significant change to the nomenclature of conditions related to gender psychology. Specifically, the term "Gender Identity Disorder (GID)" was replaced with "Gender Dysphoria." Additionally, the DSM-5 provided updated diagnostic criteria for gender dysphoria for both children and adults. The new criteria are as follows:

Gender dysphoria in Children^o

- 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 of 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.
 - 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)

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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 (on 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:

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., vaginoplasty in the natal male; mastectomy or phalloplasty in the natal female).

◇ From: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. DSM-5. American Psychiatric Association. Washington, DC. May 2013. Page 451-459.

Surgical treatment for gender dysphoria differs depending upon the natal gender of the individual. For male-to-female individuals, also known as "transwomen," surgery involves removal of the testicles and penis and the creation of neovagina, clitoris, and labia. For female-to-male individuals, known as "transmen," surgery involves removal of the uterus, ovaries, and vagina, and creation of a neophallus, and scrotum with scrotal prostheses. At this time, the creation of a neophallus for transmen is a multistage reconstructive procedure.

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Background/Overview

This document addresses sex reassignment surgery (also known as gender reassignment surgery and gender confirmation surgery), which is one treatment option for extreme cases of gender dysphoria, a condition in which a person feels a strong and persistent identification with the opposite gender accompanied with a severe sense of discomfort in their own gender. People with gender dysphoria often report a feeling of being born the wrong sex. Sex reassignment surgery is not a single procedure, but part of a complex process involving multiple medical, psychiatric, and surgical specialists working in conjunction with each other and the individual to achieve successful behavioral and medical outcomes. Before undertaking sex reassignment surgery, important medical and psychological evaluations, medical therapies and behavioral trials should be undertaken to confirm that surgery is the most appropriate treatment choice for the individual.

Rationale/Source

The medical necessity criteria above are based upon the Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version, published by the World Professional Association for Transgender Health (WPATH) (2013). This document is widely accepted as the definitive document in the area of gender dysphoria treatment, and it has been cited in numerous articles by other respected authors and organizations. The WPATH criteria have been adopted in several countries as the standard of care for the treatment of gender dysphoria, including hormone therapy and sex reassignment surgery.

The criteria in the SOC are supported by evidence-based peer-reviewed journal publications. Several studies have shown that extensive long-term trials of hormonal therapy and real-life experience living as the other gender, as well as social support and acceptance by peer and family groups, greatly improve psychological outcomes in individuals undergoing sex reassignment surgery (Eldh, 1997; Landen, 1998). A study reported by Monstrey and colleagues (2001) described the importance of close cooperation between the many medical and behavioral specialties required for proper treatment of individuals with gender dysphoria who wish to undergo sex reassignment surgery. Similar findings were reported earlier by Schlatterer et al. in 1996. One study of 188 subjects undergoing sex reassignment 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).

Sex reassignment surgery presents significant medical and psychological risks, and the results are difficult to reverse (Djordjevic, 2016). Some procedures are irreversible, such as removal of gonad tissue. A step-wise approach to therapy for gender dysphoria, including accurate diagnosis and long-term treatment by a multidisciplinary team including behavioral, medical and surgical specialists, has been shown to provide the best results. As with any treatment involving psychiatric disorders, a thorough behavioral analysis by a qualified practitioner is needed. Once a diagnosis of gender dysphoria is established, treatment with hormone therapy and establishment of real-life transgender experience may be warranted. Sex reassignment surgery should be considered only after such trials have been undertaken, evaluated and confirmed. Hormone therapy, when indicated, should be administered under ongoing medical supervision

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and is important in beginning the gender transition process by altering body hair, breast size, skin appearance and texture, body fat distribution, and the size and function of sex organs. Hormone therapy is consistent with the development of secondary sexual characteristics vital to gender transition, and should be administered unless contraindicated. Additionally, 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 their new gender role. With regard to real-life experience, the 2013 WPATH document specifically states:

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.

Once these treatment steps have been established, and have been stable for at least 12 months, an individual may be considered for sex reassignment surgery.

In late 2017 the An Endocrine Society released 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:

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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 | $\pm\pm$ ^{TMFM}).

2.2. We suggest that clinicians begin pubertal hormone suppression after girls and boys first exhibit physical changes of puberty. (2 | $\pm\pm$ ^{TMFM}).

2.3. We recommend that, where indicated, GnRH analogues are used to suppress pubertal hormones. (1 | $\pm\pm$ ^{TMFM}).

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. (1 | $\pm\pm$ ^{TMFM}).

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 \geq 16 years of age, we recommend that an expert multidisciplinary team of medical and MHPs manage this treatment. (1 | \pm ^{TMFMFM}).

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. (1 | $\pm\pm$ ^{TMFM}).

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. (1 | $\pm\pm$ ^{TMFMFM}).

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. (2 | $\pm\pm$ ^{TMFM}).

Note: "MHP" is the Endocrine Society's abbreviation for mental health professional".

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.

For both transmen and transwomen, additional surgeries have been proposed to improve the gender appropriate appearance of the individual. Procedures such as breast augmentation, liposuction, Adam's

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apple reduction, rhinoplasty, facial reconstruction, and others have no medically necessary role in gender identification and are considered cosmetic in nature.

The clinical evidence addressing the satisfaction and quality of life following sex reassignment 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.

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Sex Reassignment Surgery

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

Policy History

Original Effective Date: 12/19/2018
 Current Effective Date: 12/19/2018
 12/06/2018 Medical Policy Committee review
 12/19/2018 Medical Policy Implementation Committee approval. New policy.
 Next Scheduled Review Date: 12/2019

Coding

The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT)[®]‡, copyright 2017 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

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CPT is a registered trademark of the American Medical Association.

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

Code Type	Code
CPT	17380, 17999, 19303, 19304, 19325, 54125, 54520, 54660, 54690, 55180, 55970, 55980, 56625, 56800, 56805, 57110, 57291, 57292, 57295, 57296, 57426, 58150, 58552, 58553, 58554, 58570, 58571, 58572, 58573
HCPCS	No codes
ICD-10 Diagnosis	F64.0-F64.9

****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 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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