

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WISCONSIN

ALINA BOYDEN and
SHANNON ANDREWS,

Plaintiffs,

v.

Case No. 17-CV-264

STATE OF WISCONSIN DEPARTMENT
OF EMPLOYEE TRUST FUNDS, et al.,

Defendants.

**EXPERT REPORT OF DAVID V. WILLIAMS
SUBMITTED ON BEHALF OF THE STATE DEFENDANTS**

EXPERT REPORT

Gender Reassignment Benefits

19 April 2018

David V. Williams, Consultant



Table of Contents

PROFESSIONAL QUALIFICATIONS	1
SUMMARY OF OPINIONS	3
GROUP BENEFIT PRICING APPROACH	4
DEFINE THE BENEFIT	4
GATHER ENROLLMENT, OR EXPOSURE DATA	6
ESTIMATE AVERAGE COST	7
TABLE 1A	7
SUMMARY OF COSTS OF STANDARD POPULATION BY CATEGORY	7
TABLE 1B	8
SUMMARY OF COSTS FOR SURGICAL PATIENTS	8
TABLE 1C	8
RANGE OF CLAIMS COSTS FOR SURGICAL PATIENTS.....	8
WITH A DIAGNOSIS OF GENDER DYSPHORIA/ GID	8
TABLE 2.....	9
SUMMARY SURGICAL PROCEDURE DETAILS.....	9
TABLE 3.....	9
SUMMARY OF STUDY POPULATION BY AGE	9
ESTIMATE THE NUMBER OF EXPECTED SERVICES.....	9
SELF-REPORTING SURVEYS.....	9
CLAIMS BASED ANALYSIS	10
JANUARY 23, 2017, SEGAL REPORT FROM KIRSTEN R. SCHATTEN, ASA AND KENNETH C. VIEIRA, FSA TO LISA ELLINGER RE: TRANSGENDER COST ESTIMATE.....	11
SUMMARY & RISK MARGIN DISCUSSION.....	11
TABLE 5.....	12
EXPECTED NUMBER OF GENDER DYSPHORIC INDIVIDUALS OBTAINING CARE IN A POPULATION OF 167,500	12
OTHER CONSIDERATIONS	13
REVIEW OF OTHER ESTIMATES	14
EXPERT WITNESS REPORT OF STEPHANIE BUDGE, PH.D.	14
BIBLIOGRAPHY.....	15

I have reviewed the civil rights complaint for sex discrimination filed in United States District Court, W.D. Wisconsin No.: 17-cv-264; Alina Boyden, and Shannon Andrews Plaintiffs vs State of Wisconsin Department of Employee Trust Funds, State of Wisconsin Group Insurance Board, Robert Conlin (Secretary of the Department of Employee Trust Funds), Board of Regents of the University of Wisconsin System, Raymond Cross (President of the UW System), Rebecca Blank (Chancellor of UW – Madison), Robert Golden (Dean of the UW School of Medicine and Public Health), and Dean Health Plan, defendants. This report contains my opinions with respect to healthcare costs for surgical procedures, services and supplies related to surgery and hormone therapy associated with gender reassignment.

Professional Qualifications

I am a Healthcare Consultant working in the Hartford, Connecticut office of Milliman, the largest independent actuarial consulting firm in the United States with offices worldwide. I have 30 years' experience in areas related to medical economics including director positions at two health plans. I hold a degree in Economics from Brigham Young University and have completed graduate course work in statistics, data mining, public health, and software development.

My employment as a Milliman Healthcare Consultant began in 1997. Milliman Healthcare Consultants consist of actuaries, medical professionals, information technology experts, and other professionals who serve clients that include health plans, insurance companies, healthcare providers, employers, governments, pharmaceutical companies, medical device manufacturers and others. Milliman qualifies consultants through a rigorous evaluation process that designates a consultant as an approved professional, which means the consultant is approved to work directly with clients, and/or has signature authority, which means the consultant may sign reports and approve other professional's work products: I am both an approved professional and have signature authority. My professional responsibilities include provider contracting, pricing, insurance premium rate-setting, return on investment analysis for wellness programs and medical devices, value-based insurance design, forecasting and budgeting of health plans, and medical claims data warehousing.

As a result of my technical experience in medical economics, benefit pricing, and data analysis, I have developed an understanding of benefit pricing techniques and approaches used in the healthcare industry.

I have previously serviced, and continue to work as an expert witness for Reasonable Fee Methodologies, particularly for fees paid by automobile related medical claims where there is no contract between the insurer and provider of care. I have developed an understanding of medical provider billing patterns across the healthcare industry.

The opinions set forth in this report are based on my education, training and experience including my knowledge of medical insurance, benefit design and benefit pricing as commonly used by employers in the U.S. market.

My practice is being compensated \$390 per hour for my services as an expert witness. I may use charts or tables attached to or included in the body of this report as demonstrative exhibits if I testify in this matter. I understand that the parties may obtain further information relating to the matters addressed in this report and that I may be asked to review further information. I reserve

the right to review, modify, or expand upon my opinions based on any further information provided to me. I may also develop additional charts or other exhibits to use in my testimony.

Publications

Milliman Reasonable Fee Methodology on behalf of United Services Automobile Association (USAA), 2012

Analysis of Medical Bill Audit Services prepared on behalf of United Services Automobile Association (USAA), June 21, 2004

Frykberg, RG., Williams DV., Negative-Pressure Wound Therapy and Diabetic Foot Amputations: A retrospective study of Payer Claims Data. J. Am Podiatr Med Assoc. Sept/Oct 97(5)2008, P. 351-9.

Prior Expert Litigation Work

Expert Report: 2012-02016-PAB-MJW; Lindsey Parks, representative of a class of injured persons insured with USAA, plaintiff, vs. USAA and AUTO INJURY SOLUTIONS, (AIS), defendants.

Deposition: MySpine, PS Plaintiff v USAA Casualty Insurance Company, et al. Defendant, Civil Action No. C12-1973RAJ

Summary of Opinions

1. Examining retrospective claims data is the preferred starting point for pricing healthcare benefits for procedures, services, and supplies related to surgery and hormones therapy associated with gender reassignment. For purposes of this analysis, I used retrospective claims data from January 1, 2016 through December 31, 2016, from the Truven MarketScan® commercial research dataset.
2. In a population of 20,037,382 persons who likely had health insurance coverage for treatment associated with gender dysphoria, I identified 8200 persons, or 0.041% of the population, who had healthcare claims for treatments associated with gender dysphoria.
3. These real world data show a wide range of costs associated with gender dysphoria treatments among patients—from \$0 to \$311,000. The average cost of treatment per patient with gender dysphoria-related treatment is \$2,974. Using the same data, the average real world costs for persons who undergo gender reassignment surgery is \$21,302.
4. Because the real world data is only recently available and is limited to one year's claims experience, I blended the results with the cost information from Segal's January 23, 2017, report to Lisa Ellinger of the Wisconsin Department of Employee Trust Funds to arrive at an average cost per individual for individuals who had gender dysphoria-related surgical treatment to be \$35,000.
5. Given the relatively small proportion of members obtaining gender dysphoria treatments in the 2016 dataset and the widely varied costs associated with those treatments, I would expect volatile pricing for gender reassignment benefits from year to year. Therefore, it is fiscally prudent to add a risk margin to the final calculated benefit to account for the volatility in expected cost.
6. In my professional opinion, adding a risk margin of 50% for both the expected utilization of services and the average cost per person would be a reasonable way to price this risk margin. This results in total expected yearly cost of roughly \$301,600 and a per-member per-month ("PMPM") cost of \$0.15.

Group Benefit Pricing Approach

Insurers typically price health plan benefits using historical data that includes an insured population and their historical medical claims. Health plans calculate the expected premium they charge to fully insured employers using these basic steps. Self-insured employers follow a similar process when setting budgets for health care benefit expenditures. In the absence of historical claims data, other published sources are sought.

Regardless of who takes the risk, new health plan benefits impose a cost that the employer pays, either through an increased premium that reflects the health plans' increased claims risk (for fully-insured employers) or through medical claims expenses directly imposed on the employer (for self-insured employers).

The following steps are used to estimate the cost of a benefit¹:

1. Define the benefit by stating what services can be included and what services are excluded.
2. Gather enrollment data, also known as exposure data. This would be the number of covered employees and their dependents for an employer.
3. Calculate the average cost of the benefit, per patient, using historical base claim data for the covered services.
4. Estimate the number of the relevant healthcare services using a) how many individuals have the medical disorder at issue (here, gender dysphoria); b) how many of these individuals might seek covered treatments (here, procedures, services, and supplies related to surgery and sex hormones associated with gender reassignment); and c) for individuals who seek that treatment, the average cost of the treatment.
5. Add a reasonable risk margin based on uncertainties associated with the number of members who will seek the relevant treatments and the expected costs of those treatments.

Define the Benefit

The 2017 and 2018 Uniform Benefits for Wisconsin state employees who receive health care coverage through their employment with the State contains the following coverage exclusion (hereafter, the "Exclusion"):

"Surgical Services: Procedures, services, and supplies related to surgery and sex hormones associated with gender reassignment."

I used a broad definition of gender reassignment surgery for this analysis that includes individuals with a diagnosis of gender dysphoria and services that may be related to gender reassignment surgery, both in preparation for surgery or post-surgical treatment. The following

¹ For a more detailed description, see Group Insurance Chapter 33.

describes the basis for identifying, in the historical medical claims database² used here, individuals who submitted relevant claims.

Because the medical claims database used in this analysis contains claims associated with specific procedures, services, and supplies, I must determine which procedures, services, and supplies fall under the coverage exclusion described above. To do so, I reviewed benefit descriptions and medical policies for several health plans including:

- WPS Health Insurance Medical Affairs Policy. Service: Treatment of Gender Dysphoria. PUM 250-0039-1706. Medical Policy Committee approval 06/16/17; Effective Date: 08/21/17; Prior Authorization Needed: Yes.
- Blue Cross Blue Shield of Massachusetts: Medical Policy Transgender Services; Policy Number 189 updated effective 12/2017.
- Dean HealthPlan: Sex transformation Surgery (market-based) MP9465; October 31, 2016 Published/Effective 01/01/2017.
- Dean HealthPlan: Sex Transformation Surgery (standard) MP9469; Originated October 31, 2016; Revised April 19, 2017; Published/Effective 05/01/2017.

I used the Blue Cross Blue Shield of Massachusetts (“BCBSMA”) Medical Policy for selecting specific services related to surgery. The BCBSMA policy includes the most specific coding for gender reassignment surgical services of the policies I reviewed and it is consistent in its general descriptions with the WPS and Dean medical policy descriptions. The procedures listed on BCBSMA medical policy refer to those items that are subject to prior authorization, and when billed, the claim must include a diagnosis code associated with gender dysphoria.³

But the BCBSMA medical policy also indicates that other coded procedures may also relate to gender dysphoria treatments; when referring to the listed gender dysphoria codes, it states that “[t]he following codes are included below for information purposes only; this is not an all - inclusive list.” Likewise, the WPS medical policy states:

“Unless otherwise specified in the health plan, if a plan covers treatment for gender dysphoria, medically necessary services may include diagnostic evaluation, assessment, and treatment planning; psychotherapy; cross-sex hormone therapy; puberty suppressing medications; laboratory testing to monitor the safety of hormone therapy; and certain surgical treatments as listed in the Indications of Coverage section below, the Omnibus Pharmacy Policy for Treatments Reviewed by Medical Affairs, and Specialty Drug guidelines (Diplomat)”

To capture all surgically related services as described in these medical policies, including those not specified with lists of procedure codes, I have 1) created a “surgical bundle”, and 2) listed other related services in the ‘other’ category.

As for the first described method, the combination of surgical procedures listed in the policy and the associated medically necessary services may be combined to form a surgical bundle. For purposes of this report, I define a surgical bundle as all related services incurred 7 days prior to

² 2016 Truven Health MarketScan® Publication and Trademark Guidelines, commercial database. These data contain inpatient, outpatient and pharmacy claims and enrollment from large U.S. employers and health plans. (Hereafter, the “Database.”)

³ These codes include ICD-10 codes F64.0 – F64.9 (DSM-5 codes 302.6 and 302.85).

the surgical procedure and 60 days after the medical procedure. CMS uses a similar method to calculate costs associated with a surgical procedure.⁴

As for the second described method, the “other” category includes services such as lab tests and office visits related to the surgical procedures and treatment for hormonal therapy. This category also captures surgical procedures not otherwise specifically listed in the BCBSMA medial policy.

The Exclusion also specifically applies to “sex hormones associated with gender reassignment.”⁵ I identify hormone therapy related to gender reassignment surgery by first identifying individuals with a gender dysphoria diagnosis, and then querying the pharmacy table for their associated prescriptions of the following therapeutic classes⁶ of drugs:⁷

- 165: Hormones and Synthetics Substitutes. NEC.
- 167: Androgens and Combinations. NEC
- 170: Estrogens and Combinations. NEC
- 177: Progestins, NEC
- 246: Goandotrop Related Hormone Antagonist
- 262: Hormone-Modifying Therapy

Gather Enrollment, or Exposure Data

The Database was queried to find 8,200 de-identified individuals with a gender dysphoria diagnosis, to which I will refer to as the “Study Population.”

The next step is to determine the total members covered by relevant group health insurance plans that provide the defined benefit at issue. Because this analysis is meant to calculate the cost incurred by group health insurance plans that cover procedures, services, and supplies related to surgery and sex hormones associated with gender reassignment, members of plans that do not cover these treatments should be excluded from the total member population. Some individuals in the Database were presumably covered by plans that do not provide benefits for these treatments. However, the Database does not identify how many, if any, of the health plans or large employers exclude these benefits from their plan.

Therefore, I assume that if an individual’s claim was paid that included a gender dysphoria diagnosis, then that individual was covered by a plan that provides benefits for gender dysphoria treatments. Using a data field that allows me to calculate the number of all members of plans that presumably provide these benefits, I summed the enrollment for plans that included at least one individual in the Study Population; this resulted in a total population of 20,037,382.

⁴ Available at <https://innovation.cms.gov/initiatives/Bundled-Payments/learning-area.html> (last accessed April 19, 2018).

⁵ I understand, however, that the Exclusion is not applied to claims for sex hormones when those hormones are not associated with gender reassignment surgery.

⁶ Based on the AHFS Pharmacologic-Therapeutic Classification System as supplied by MarketScan.

⁷ These correspond to the WPATH regimens at pp. 47-50.

The percentage of individuals who were identified in The Database as having sought medical treatment and having a diagnosis related to gender dysphoria is then:

$$8,200 / 20,037,382 = 0.041\%$$

The Study Population ages range from 8 to 65 with a median of 23 and an average of 36.8.

29% of individuals in The Study Population were under age 18.

Estimate Average Cost

Costs described here are the amounts allowed by contract between insurers and providers. I have included inpatient costs, outpatient costs and pharmacy costs in this estimate.

Selecting all 8,200 members with a gender dysphoria diagnosis yields a average cost of \$2,974 per member with a gender dysphoria diagnosis and a median of \$527; actual per-member costs for those with gender dysphoria range from \$0.00 to \$311,000.

TABLE 1A⁸
SUMMARY OF COSTS OF STANDARD POPULATION BY CATEGORY

	Individuals	Total Cost	Cost per Person
Counseling	4,519	\$ 7,836,633	\$ 1,734
Hormone Therapy	4,489	\$ 2,947,095	\$ 657
Reassignment Surgery	469	\$ 7,257,523	\$ 15,474
Other	6,973	\$ 6,349,588	\$ 911
Total	8,200	\$ 24,390,839	\$ 2,974

The resulting PMPM cost is calculated as the percentage of the population who are likely to receive health care services times the average cost of the service provided divided by twelve months, or $8,200/20,037,282 \times \$2,974 / 12 = \$0.10$

The data lacks sufficient detail to determine which patients who have had counseling and hormone therapy are planning to or have had gender reassignment surgical procedures. I understand that counseling and hormone therapy would be covered under the Uniform Benefits at issue, if those services are unrelated to gender reassignment surgery. To address this uncertainty, table 1B isolates services for patients who are known to have had a surgical procedure.

⁸ Note that individuals may fall into several categories of services.

TABLE 1B
SUMMARY OF COSTS FOR SURGICAL PATIENTS

	Individuals	Total Cost	Average Cost
Counseling	259	\$ 424,909	\$ 1,641
Hormone Therapy	417	\$ 229,705	\$ 551
Reassignment Surgery	469	\$ 7,318,440	\$ 15,604
Other	458	\$ 2,017,564	\$ 4,405
Total	469	\$ 9,990,618	\$ 21,302

The resulting PMPM (per member per month) cost is calculated as the percentage of the population who are likely to receive health care services times the average cost of the service provided divided by twelve months, or $469/20,037,282 \times 21,302/12 = \0.04

As discussed further below, the “true” PMPM figure based on this data is somewhere between \$0.04 and \$0.10, since each set of calculations does not precisely track the coverage exclusion at issue.

The distribution of costs for surgical patients is as follows:

TABLE 1C
RANGE OF CLAIMS COSTS FOR SURGICAL PATIENTS
WITH A DIAGNOSIS OF GENDER DYSPHORIA/ GID

Cost Range	Percent of Individuals	Percent of Dollars
\$ 250	2.3%	0.0%
\$ 1,000	7.0%	0.2%
\$ 2,500	9.2%	0.7%
\$ 5,000	11.5%	2.0%
\$ 15,000	29.0%	13.8%
\$ 30,000	24.1%	24.4%
\$ 75,000	11.3%	24.8%
\$ 150,000	4.3%	21.7%
\$ 300,000	1.1%	9.2%
\$ 500,000	0.2%	3.1%

Further details regarding details of surgical costs and the age of the study population are provided in Tables 2 and 3, below.

TABLE 2
SUMMARY SURGICAL PROCEDURE DETAILS

Surgical Procedure Details	Individuals	Total Costs
MTF	119	\$ 930,822
FTM	349	\$ 2,797,955
Both	123	\$ 478,604
Face	19	\$ 238,436
Other	26	\$ 114,239
Additional 'Bundled' Services		\$ 1,542,811
Facility Costs when Inpatient	39	\$ 1,154,655

TABLE 3
SUMMARY OF STUDY POPULATION BY AGE

Age	Pct of Individuals
<18	29%
18-40	56%
40-65	16%

Estimate the Number of Expected Services

My review of prior studies of gender dysphoria prevalence and expected benefit utilization showed wide differences. These differences combine to produce uncertainty when attempting to calculate the expected healthcare costs for gender reassignment surgery and related services. Below I review prior studies to demonstrate the nature of the uncertainty.

SELF-REPORTING SURVEYS

The Centers for Disease Control and Prevention (CDC) 2014 Behavioral Risk Factor Surveillance System (BRFSS) estimated a prevalence rate of 0.6% as of 2011. The survey asked respondents whether they considered themselves to be transgender, and if yes, whether male-to-female, female-to-male, or gender nonconforming. This estimate was about twice that of a prior estimate of 0.3% from similar 2011 survey.

The DSM-5 manual describes the prevalence of gender dysphoria as follows:

- Natal adult males: 0.005% to 0.014%
- Natal adult females: 0.002% to 0.003%

The DSM-5 also opines that, “since not all adults seeking hormone treatment and surgical reassignment attend specialty clinics, these rates are likely modest underestimates.”⁹

⁹ DSM Manual at p. 454.

Zuker (2017) pointed out the inaccuracies of self-reported studies to determine incidence of gender dysphoria. He states:

The “recent studies suggest that the prevalence of a self-reported transgender identity in children, adolescents and adults ranges from 0 to 1.3%, markedly higher than prevalence rates based on clinic-referred samples of adults. The stability of a self-reported transgender identity or a gender identity that departs from the traditional male-female binary among non-clinic based populations remains unknown and requires further study.”

Identifying as gender dysmorphic does not necessarily mean the individual will seek related healthcare services or undergo gender transformation. Olyslager and Conway (2007) provide a useful framework to understand data available in claims based data sources:

P(TS) = the prevalence of transsexualism

P(SH) = the prevalence of transsexual people who have sought help from a healthcare provider

P(HT) = the prevalence of those on hormone therapy

P(ST) = the prevalence of those who have socially transitioned, and

P(SRS) = the prevalence of those who have undergone gender (sex) reassignment surgery

$P(TS) > P(SH) > P(HT) > P(ST) > P(SRS)$ ¹⁰.

A retrospective claims based data analysis for pricing will include individuals who have sought help from a healthcare provider (P(SH)), who are on hormone therapy (P(HT)), and who have undergone gender reassignment surgery (P(SRS)). The data will not identify individuals who have socially transitioned (P(ST)) but not sought help from a healthcare provider nor will it identify individuals who may identify as transgender or nongender conforming but have not sought help from a healthcare provider.

It should also be noted that the epidemiology definitions of prevalence and incidence may not be accurately reflected in a retrospective claims dataset consisting of one year’s of incurred claims. There may be individuals who identify as transgender or nongender conforming who are included in the enrollment data who have not sought care from a healthcare provider as part of their health benefit.

CLAIMS BASED ANALYSIS

Naugle (2015) searched a 2012 medical claims dataset which found 0.004% of members had an insurance claim related to gender dysphoria. This analysis likely underestimates the true rate of gender dysphoria-related claims. In recent years many health plans and employers have begun to remove exclusions for gender reassignment benefits, which prompts another look at using health insurance claims data as a reliable source for estimating claims costs.

My analysis presents a more accurate picture of the true rate of gender dysphoria-related claims. This is because the Database used for this study represents an early look at the expected utilization of procedures, services, and supplies related to surgery and hormone therapy associated with gender reassignment and represents the first full year ICD-10

¹⁰ The authors point out that these ratios will be factors of many local conditions.

diagnosis codes are used after being first implemented in October 2015. Again, as calculated above, the 2016 medical claims dataset found 0.041% of members had an insurance claim with a diagnosis of gender dysphoria.

While the annual utilization figure found in The Database remains lower than the prevalence rates from the self-reported sources discussed above, the 0.041% utilization rate comes closer to describing the expected medical utilization for gender reassignment benefits than self-reported prevalence studies.

However, as discussed further below, recent movement to remove gender reassignment benefit exclusions and the relatively low prevalence of gender dysphoria, suggests continued caution when applying utilization estimates for pricing purposes. Accordingly, considerations for addressing the risk of underestimating the utilization rate are discussed below as a potential adjustment to the PMPM figures calculated above.

JANUARY 23, 2017, SEGAL REPORT FROM KIRSTEN R. SCHATTEN, ASA AND KENNETH C. VIEIRA, FSA TO LISA ELLINGER RE: TRANSGENDER COST ESTIMATE

Schatten and Viera state that there is a lack of information and data to provide specific information on estimated cost to the Plan. Schatten and Viera provide an estimated PMPM cost range of \$0.05 to \$0.13. The pricing formula and approach used in this report¹¹ is consistent with pricing principles.

However, there is no mention of the definition of the benefit or any adverse outcomes or comorbidities that may be associated with the procedures. The latter omission could cause the Segal report to underestimate the true costs of providing coverage for gender reassignment surgery.

Summary & Risk Margin Discussion

As stated above, the expected utilization rate for surgical procedures, services and supplies related to surgery and hormone therapy associated with gender reassignment is a relatively small fraction of the total insured population. Additionally, there is a wide variance per individual cost (see table 1C). In an insured population of 167,543, the estimated number of individuals who obtain the more expensive gender reassignment surgery is between 3-4 individuals—although this estimate may vary from year to year.

From the summary above, the expected number of individuals obtaining gender dysphoria-related treatment in a population of roughly 167,500 would be:

¹¹ I independently calculated a PMPM of \$0.084 using the information available in the report.

TABLE 5
EXPECTED NUMBER OF GENDER DYSPHORIC INDIVIDUALS OBTAINING CARE IN A POPULATION OF 167,500

36	Counseling
36	Hormone Therapy
4	Reassignment Surgery
55	Other
65	Total

Individuals have complex health care needs and recommended treatment approaches and health care delivery will vary depending on patient complexity and preferences. Moreover, individuals may experience unforeseen complications resulting from gender reassignment procedures; any resulting complications will add to the costs of care for these particular patients.

Based on the claims analysis presented above, I observed that the expected average cost was for all individuals with a gender dysphoria diagnosis was \$2,974 with ranges from \$0.00 to \$311,000 and a median of \$527. The average cost for those who underwent gender reassignment surgery was \$21,302 per individual.

The implication of this wide range of average costs is that the expected total costs for a population of around 167,500 is highly variable. Considering the range of costs, it is plausible that in any given year, ETF and participating health plans could experience an adverse year of claims experience with more individuals seeking surgery than predicted who have higher than average surgical costs. Likewise, it would only take one individual with a catastrophic claim to significantly raise average and total costs.

Some of the reasons for this variability include:

- 1) Variability in the level of reconstruction: FTM surgical procedures may include mastectomy, male chest construction, hysterectomy and oophorectomy (removal of ovaries), urethraplasty, vaginectomy, scrotoplasty, and/or implantation of prostheses. MTF surgical procedures may include breast autmentation, penectomy, orchiectomy, vaginplasty, clitoraplasty, and vulvoplasty. These procedures may be one in combination (in one surgical episode) or individually over time, and may or may not include the full suite of possible reconstructions.
- 2) Complications: These procedures are not risk free and could result in complications related to surgery or treatment that require further expensive treatment.
- 3) Location: Procedures performed in an ambulatory care setting or surgical center are less expensive than done in an inpatient setting.

For example, it is possible that, in a given year in ETF's population of around 167,500, eight individuals might submit claims for gender reassignment surgery (rather than three to four) at an average cost of \$100,000 (rather than the calculated average cost of around \$21,000). This would result in a total cost of \$800,000 in claims, a six fold increase from the average calculated above. In my professional experience, this would not be an unusual variance, and it therefore it must be acknowledged when pricing the benefit at issue.

I calculated above a range of PMPM costs from \$0.04 to \$0.10 using medical claims data from 2016, depending on the scope of services counted in the calculation. Based on these

calculations, I expect the value to be in-between \$0.04 and \$0.10 and therefore I use a midpoint of \$0.07.

The PMPM calculated above is \$0.07. $\$0.07 \times 167,543 \times 12 = \$140,736$ of expected cost to the Employee Trust Fund which is .01% of total premium based on Segal's report that the Wisconsin Department of Employee Trust Funds expended \$1.3 billion of non-Medicare premiums for 2017.

I observed that the average cost from the Database of those undergoing surgery of \$21,302 is lower than the values presented in the Segal study which were \$41,600 for MTF surgeries and \$64,200 for FTM surgeries.

Confident use of medical claims data for benefit pricing presumes several years of available data. Given that 2016 is the first year that a medical claims database contains sufficient claims for pricing gender reassignment benefits, it is prudent to blend it with other available data such as the pricing sources used in the Segal report.

I blend the average cost from the Database, \$21,302, with the weighted average¹² of Segal's cost estimates ($0.66 \times 41,600 + 0.34 \times 64,200 = \$49,284$) by rounding the midpoint to the nearest thousand to obtain a blended cost estimate of \$35,000 for gender reassignment surgery and related services and supplies resulting in a PMPM of \$0.07.

In my professional opinion and given all the factors discussed in this section, adding a risk margin of 50% for both the expected utilization of services and the average cost per person would be a reasonable way to price a risk margin for these services.

The resulting PMPM would be \$0.15 ($\$35,000 \times 1.5 \times .0023\%^{13} \times 1.5 / 12$). The expected yearly cost to ETF and participating health plans with this added contingency would be $\$0.15 \times 12 \times 167,543 = \$301,577$.

This approach would cover most contingencies of high claim costs associated with a gender reassignment benefit, but it would result in excess revenue during an average or below average utilization year. The risk margin would be reviewed and adjusted annually based on the financial position of the plan at the time and additional, future claims data.

Other Considerations

The 2016 study population from the Database used for my analysis has the following limitations:

1. It is possible there was pent up demand, meaning individuals who had not previously had access to transgender benefits through their employer decides to undergo transgender transformation with the first year of the exclusion removal. This would suggest a spike in utilization that would subside over time.

¹² 34% of the individuals who had surgery in the Database were male.

¹³ 469 / 20,0323,282

2. The treatment period is limited to one year, whereas treatment for gender reassignment surgery, including counseling and hormone treatment may be on-going. Therefore long term costs are not yet understood through the claims data.
3. If considering claims costs for surgical bundles that span 60 days, the annual costs and accompanying prevalence are limited to ten months from the first date of the procedure.

Review of other estimates

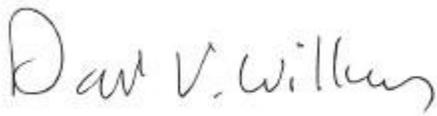
EXPERT WITNESS REPORT OF STEPHANIE BUDGE, PH.D.

I reviewed the Cost of Transition-Related Care section in the Expert Witness Report of Stephanie Budge, Ph.D. found on page 22. The report relies on a cost effectiveness study for insurance companies to cover transition-related care. Padula, et al. (2016). The statistical analysis performed in the Padula study was a Quality of Life Year Cost-Effectiveness analysis using a Markov model based on a transgender discrimination survey, standard utility scores, and costs from disparate sources over different time periods.

These types of studies are not used in the actuarial sciences for benefit pricing purposes. They lack sufficiently detailed information to match the costs with the associated benefit descriptions for a specific time period.

The measured outcome in the Padula study is a Quality Adjusted Life Year at 5 year and 10 year horizons, which are too far out for benefit pricing purposes. The estimated costs are derived from an ad hoc survey¹⁴, and procedures were weighted in an undisclosed fashion by procedure prevalence¹⁵ with a publication reference of 2007. Inputs with attached costs also include measures not included in standard health benefits including cost utilities for items such as job loss, depression, and attempted suicide. None of these study design elements would be used in a current pricing of medical benefits.

Respectfully Submitted



David V. Williams

Date: 19 April 2018

¹⁴ Padula, et al. (2016) at p.100.

¹⁵ Paudla, et al. (2016) at p. 96.

Bibliography

American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th Edition). Washington DC; American Psychiatric Association; 2013

Bernstein, GR., Brandel, SS.. Chapter 33: Estimating Medical Claims Costs. Group Insurance. Skwire DD. Principal Editor. ACTEX Publications, New Hartford, CT. 2016

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

Naugle AL. Phillip S. Transgender healthcare coverage: Prevalence, recent trends, and considerations for payers. Milliman Insight, 2016

Padula, WV. Heru, S., Campbell, JD. Societal Implications of Health Insurance coverage for Medically Necessary Services in the U.S. Transgender Population: A Cost-Effectiveness Analysis. J Gen Intern Med 31(4): 394-401; doi: 10.1007/s11606-015-3529-6. 2015.

Olyslager, F., Conway L., On the Calculation of Prevalence of Transsexualism. Presented at WPATH 20th International Symposium, Chicago, IL. September 5-8, 2007.

Schatten, KR., Vieira, KC., Transgender Cost Estimate. Letter to Lisa Ellinger. January 23, 2017

Standards of Care for the Health of Transsexual, Transgender, and Gender nonconforming People. The World Professional Association for Transgender Health. 7th Edition. 2011.

Stephanie Budge, PhD. Expert Witness Report. 2/19/2018

Zuker, ZJ., Epidemiology of gender dysphoria and transgender identify, Sexual Health 2017; 14, 404-411. doi: 10.1071/SHI7067.

Exhibit A

CURRICULUM VITA

David Williams
Senior Healthcare Consultant

Milliman Inc.
80 Lambertson, Road
Windsor, CT 06095
860-687-0120 / 860-882-3700
david.williams@milliman.com

WORK HISTORY AND EXPERIENCE

Milliman, Windsor, CT

Senior Healthcare Consultant (1999 – present)

- Consultant to medical device manufacturers seeking economic studies in support of FDA approval, pricing, and market potential. Ongoing
- Lead hospital contracting support for health plans. Ongoing
- Expert witness for UCR related medical billing disputes. Ongoing
- Consultant for risk bearing provider organizations and accountable care organizations. Ongoing
- Lead consultant for State of Connecticut employee benefits managing \$1.4 billion in medical claims. 2006-2015
- Creator of CTHEP.COM, an employee internet portal that captures employee adherence to an innovative Value Based Insurance Design (VBI-D), 2012
- Developer of physician payment system for automobile related claims, 2009
- Project Manager GASBHelp.com, a sophisticated on-line reporting system to meet phase III GASB 45 requirements. 2008
- Office technology committee chair and HIPAA compliance officer.

MedSpan, Inc. Hartford CT

Director, Quality Management/Risk Share Arrangements (1994 – 1999)

- Executed and managed Medicare risk share agreements with ten physician hospital organizations.
- Responsible for Total Quality Management that resulted in NCQA accreditation. This was NCQA's first Physician Hospital Organization accreditation.
- Built a network of 23 hospitals with over 5,500 physicians for a newly created Health Maintenance Organization.
- Researched and implemented clinical guidelines and utilization management policies and procedures

Kaiser Permanente

Director, Medical Economics, Southern California and Northeast Regions, (1987-1994)

EDUCATION

BA, Economics – Brigham Young University, Provo, UT
Masters courses, Managerial Economics; quantitative emphasis, BYU, Provo, UT
Database Administration: Microsoft Professional Development Course
Master Classes, Data Mining – Central Connecticut State University, on-line
Master Classes, Public Health – UMASS, Amherst, on-line
Predictive Modeling and Data Science using R – Coursera

PROFESSIONAL PUBLICATIONS

Expert Report: Lyndsey Parks plaintiff vs. USAA and Auto Injury Solutions (AIS) defendants. 2013
Negative-Pressure Wound Therapy and Diabetic Foot Amputations: A retrospective study of Payer Claims Data.
Journal of the American Podiatric Medical Association, Sept/Oct 2007. P. 351
Demystifying the Medical Underwriting Cycle. Kaiser Foundation, 1990, unpublished manuscript.

SPEAKING ENGAGEMENTS

2018 MassMedic: Using Real World Data for Medical Device FDA Approval
2017 Milliman Forum: Tiered Network Analysis
2017 Milliman Forum: Advances and ROI in Wellness Programs and Wearables
2013 Milliman Forum: Big Data
2013 Milliman Forum: Value Based Insurance Design
2013 Milliman Forum: Advances in Wellness Programs
2012 Causality Actuarial Society Issues in Auto Injury Medical Reimbursement
2012 Milliman Forum: Value Based Insurance Design at the State of Connecticut
2010 Milliman Forum: Innovations in Physician Fee Schedules
2009 Milliman Forum: Wellness Programs
2005 Milliman Forum: Milliman Data Sources
2005 Florida HMO Association: Data Warehouse Basics
2005 KCI National Sales Conference: The Economic Value of the V.A.C. System
2004 National Pressure Ulcer Conference: Comorbid Conditions in Pressure Ulcers
2004 ISPOR: Avoiding Amputations using the V.A.C. System
2004 Milliman Forum: Milliman Data Sources
2002 Society of Actuaries: Advances in Data Warehousing
2002 Milliman Forum: Medical Device Economic Modeling
2001 Society of Actuaries: Issues in Healthcare Data Quality
2001 Milliman Forum: Auditing Using Claims Data
2000 Milliman Forum: Medical Data Warehousing
1995 New England HEDIS Coalition: Issues in HEDIS Reporting

ASSOCIATIONS AND VOLUNTEER WORK

Board of Directors: Farmington Valley Symphony Orchestra
Friends of Music, Farmington Connecticut School District
International Society for Pharmacoeconomics and Outcomes Research (ISPOR)
MassMedic

LANGUAGES

Chinese Cantonese– conversationally fluent
Chinese Mandarin – early intermediate level

Exhibit B



Medical Affairs Policy

Service: Treatment of Gender Dysphoria
PUM 250-0039-1706

Medical Policy Committee Approval	06/16/17
Effective Date	08/21/17
Prior Authorization Needed	Yes

Disclaimer: This policy is for informational purposes only and does not constitute medical advice, plan authorization, an explanation of benefits, or a guarantee of payment. Benefit plans vary in coverage and some plans may not provide coverage for all services listed in this policy. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and federal law. Some benefit plans administered by the organization may not utilize Medical Affairs medical policy in all their coverage determinations. Contact customer services as listed on the member card for specific plan, benefit, and network status information.

Medical policies are based on constantly changing medical science and are reviewed annually and subject to change. The organization uses tools developed by third parties, such as the evidence-based clinical guidelines developed by MCG to assist in administering health benefits. This medical policy and MCG guidelines are intended to be used in conjunction with the independent professional medical judgment of a qualified health care provider. To obtain additional information about MCG, email medical.policies@wpsic.com.

Description:

Gender dysphoria is a condition in which there is a marked incongruence (discrepancy) between an individual's experienced/expressed gender and the assigned gender (biologic sex assigned at birth) and the associated gender role and/or primary and secondary sex characteristics.

Unless otherwise specified in the health plan, if a plan covers treatment for gender dysphoria, medically necessary services may include diagnostic evaluation, assessment, and treatment planning; psychotherapy; cross-sex hormone therapy; puberty suppressing medications; laboratory testing to monitor the safety of hormone therapy; and certain surgical treatments as listed in the Indications of Coverage section below, the Omnibus Pharmacy Policy for Treatments Reviewed by Medical Affairs, and Specialty Drug guidelines (Diplomat).

This policy is based on the World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th version, Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), American Psychiatric Association recommendations as well as other evidence based publications.

WPATH describes the transition from one gender to another in three stages:

1. Living in the gender role consistent with gender identity
2. The use of cross-sex hormone therapy after living in the new gender role for a least three months



3. Gender-affirmation surgery after living in the new gender role and using hormonal therapy for at least 12 months.

Clinical evidence for many of these services is limited and lacks long term safety data. Statistically robust randomized controlled trials are needed to address benefits versus clinical risks and long-term health outcomes. Expert consensus recommendations include that diagnosis be made by mental health professionals and that care is coordinated between the behavioral health professional, endocrinologists, and experienced surgeons.

This medical policy does not apply to individuals with ambiguous genitalia or disorders of sexual development, unless there is concurrent / concomitant diagnosed gender dysphoria.

Indications of Coverage:

When criteria below are met, the following gender reassignment surgical procedures may be considered medically necessary:

Note: In the absence of health plan limits, more than one gender transformation reassignment (which may include several staged surgeries) per lifetime will be considered experimental investigational and unproven

Female-to-Male (FtM)

1. Bilateral mastectomy or breast reduction
2. Hysterectomy (removal of uterus)
3. Metoidioplasty (creation of penis, using clitoris)
4. Penile prosthesis
5. Phalloplasty (creation of penis)
6. Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
7. Scrotoplasty (creation of scrotum)
8. Testicular prostheses
9. Urethroplasty (reconstruction of male urethra)
10. Vaginectomy (removal of vagina)
11. Vulvectomy (removal of vulva)



12. Bilateral mastectomy or breast reduction may be done as a stand-alone procedure, without having genital reconstruction procedures. In those cases, the individual does not need to complete hormone therapy prior to procedure.

Male-to-Female (MtF)

1. Clitoroplasty (creation of clitoris)
2. Labiaplasty (creation of labia)
3. Orchiectomy (removal of testicles)
4. Penectomy (removal of penis)
5. Urethroplasty (reconstruction of female urethra)
6. Vaginoplasty (creation of vagina)

A. Mastectomy for Female-to-Male (FtM) Patients

1. Single letter of referral from a qualified mental health professional; **and**
2. Persistent, well-documented gender dysphoria; **and**
3. Capacity to make a fully informed decision and to consent for treatment; **and**
4. Age of majority (18 years of age or older); **and**
5. If significant medical or mental health concerns are present, they must be reasonably well controlled

➤ Note: A trial of hormone therapy is not a pre-requisite to qualifying for a mastectomy

B. Requirements for gonadectomy (hysterectomy and oophorectomy in female-to-male and orchiectomy in male-to-female)

1. Two referral letters from qualified mental health professionals, one in a purely evaluative role; **and**
2. Persistent, well-documented gender dysphoria; **and**
3. Capacity to make a fully informed decision and to consent for treatment; **and**
4. Age of majority (18 years or older); **and**



5. If significant medical or mental health concerns are present, they must be reasonably well controlled; **and**
6. Twelve months of continuous hormone therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones)

C. Genital reconstructive surgery

1. Two referral letters from qualified mental health professionals, one in a purely evaluative role; **and**
2. Persistent, well-documented gender dysphoria; **and**
3. Capacity to make a fully informed decision and to consent for treatment; **and**
4. Age of majority (age 18 years and older); **and**
5. If significant medical or mental health concerns are present, they must be reasonably well controlled; **and**
6. Twelve months of continuous hormone therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones); **and**
7. Twelve months of living in a gender role that is congruent with their gender identity (real life experience)

- Note: Blepharoplasty, body contouring (liposuction of the waist), breast enlargement procedures such as augmentation mammoplasty and implants, face-lifting, facial bone reduction, feminization of torso, hair removal, lip enhancement, reduction thyroid chondroplasty, rhinoplasty, skin resurfacing (dermabrasion, chemical peel), and voice modification surgery (laryngoplasty, cricothyroid approximation or shortening of the vocal cords), which have been used in feminization, are considered cosmetic. Similarly, chin implants, lip reduction, masculinization of torso, and nose implants, which have been used to assist masculinization, are considered cosmetic.

***Requirements for a Qualified Mental Health Professional:**

1. Master's degree or equivalent in a clinical behavioral science field granted by an institution accredited by the appropriate national accrediting board. The professional should also have documented credentials from the relevant licensing board or equivalent; **and**



2. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Disease for diagnostic purposes; **and**
3. Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria; **and**
4. Knowledgeable about gender nonconforming identities and expressions; and the assessment and treatment of gender dysphoria; **and**
5. 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.

Limitations of Coverage:

- A. Review health plan and endorsements for exclusions and prior authorization or benefit requirements.
- B. If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental, investigational, and unproven to affect health outcomes.
- C. If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.
- D. **Certain ancillary procedures, including but not limited to the following, are exclusions of the health plan for all individuals or are considered cosmetic, when performed as part of gender reassignment:**
 1. Abdominoplasty
 2. Blepharoplasty
 3. Body contouring (e.g., fat transfer, lipoplasty, panniculectomy)
 4. Breast enlargement, including augmentation mammoplasty and breast implants
 5. Brow lift
 6. Calf implants
 7. Cheek, chin and nose implants
 8. Injection of fillers or neurotoxins



9. Face/forehead lift and/or neck tightening
10. Facial bone remodeling for facial feminization
11. Hair removal (e.g., electrolysis or laser)
12. Hair transplantation
13. Lip augmentation
14. Lip reduction
15. Liposuction (suction-assisted lipectomy)
16. Mastopexy
17. Pectoral implants for chest masculinization
18. Reproductive services including, but not limited to, sperm or oocyte preservation, cryopreservation of fertilized embryos
19. Reversal of genital surgery or reversal of surgery to revise secondary sexual characteristics
20. Rhinoplasty
21. Skin resurfacing (e.g., dermabrasion, chemical peels, laser)
22. Thyroid cartilage reduction/reduction thyroid chondroplasty/trachea shave (removal or reduction of the Adam's apple)
23. Voice modification surgery (e.g. laryngoplasty, glottoplasty or shortening of the vocal cords)
24. Voice lessons and voice therapy

Documentation Required:

- Referral letters from a qualified mental health professional as described in the indications containing all of the following:
 1. Client's general identifying characteristics (include pertinent clinical information such as preferred gender pronoun); **and**
 2. Results of the client's psychosocial assessment, including any diagnoses; **and**



3. The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date; **and**
 4. An explanation that the WPATH criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery; **and**
 5. A statement about the fact that informed consent has been obtained from the patient; **and**
 6. A statement that the mental health professional is available for coordination of care and how contact can be made
- Medication Records
 - Laboratory records if indicated

References:

1. Markwick L. Male, Female, Other: Transgender and the Impact in Primary Care. The Journal for Nurse Practitioners Vol 12, Issue 5, May 2016.
2. Hayes MTD Sex reassignment for the Treatment of gender Dysphoria. Publication Date May 15, 2014. Annual Review April 12, 2016.
3. Hayes MTD Hormone Therapy for the Treatment of Gender Dysphoria. Publication Date May 19, 2014. Annual Review April 15, 2016.
4. Hayes MTD Ancillary Procedures and Services for the Treatment of Gender Dysphoria. Publication Date May 9, 2014. Annual Review April 12, 2016.
5. World Professional Association for Transgender Health (WPATH): 2012 WPATH Standards of care for the health of transsexual, transgender, and gender nonconforming people, version 7
6. MCG 21st ed. ORG: B-010-IOP (BHG). Other Psychiatric disorders: Intensive Outpatient Program.
7. MCG 21st ed. ORG: B-010-RES (BHG). Other Psychiatric disorders: Residential Care.



WPS/Arise Review History:

Implemented	08/21/17
Medical Policy Committee Approval Reviewed	06/16/17
Revised	
Developed	06/16/17

Approved by the Medical Director

Exhibit C



Medical Policy

Transgender Services

Table of Contents

- [Policy: Commercial](#)
- [Description](#)
- [References](#)
- [Policy: Medicare](#)
- [Policy History](#)
- [Coding Information](#)
- [Authorization Information](#)
- [Information Pertaining to All Policies](#)
- [Endnotes](#)

Policy Number: 189

BCBSA Reference Number: N/A

NCD/LCD: N/A

Related Policies

None

Policy¹

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Please Note: According to the American Psychiatric Association, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) defines gender dysphoria as a condition where a person's gender at birth is contrary to the one they identify with. This definition replaces the criteria for gender identity disorder which will no longer be used in DSM-5. However, ICD-10 codes continue to use the term gender identity disorder, and providers will need to submit claims for coverage using this diagnosis.

Mastectomy and/or creation of a male chest for female to male/gender neutral patients may be considered **MEDICALLY NECESSARY** when **ALL** of the following candidate criteria are met:

- The candidate is at least 18 years of age,
 - If the candidate is less than 18 years of age, then treating clinician must submit information indicating why it would be clinically inappropriate to require the candidate to meet this criterion.
- The candidate has been diagnosed with gender dysphoria (ICD-10 codes F64.0-F64.9 gender identity disorder), including meeting **ALL** of the following indications:
 - The desire to live and be accepted as a member of another sex other than one's assigned sex, typically accompanied by the desire to make the physical body as congruent as possible with the identified sex through surgery and hormone treatment
 - The new gender identity has been present for at least 12 months
 - The gender dysphoria (ICD-10 codes F64.0-F64.9 gender identity disorder) is not a symptom of another mental disorder.
- The candidate has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, with no returning to their original gender. This includes members who identify as genders other than male or female.

- If the candidate does not meet the 12 month time frame criteria of 12 months of successful continuous full time real-life experience in their new gender noted above, then the treating clinician must submit information indicating why it would be clinically inappropriate to require the candidate to meet these criteria. When submitted, the criteria of 12 months of successful continuous full time real-life experience in their new gender may be waived.

Breast augmentation in male to female patients may be considered **MEDICALLY NECESSARY** when **ALL** of the following candidate criteria are met:

- The candidate is at least 18 years of age,
 - If the candidate is less than 18 years of age, then treating clinician must submit information indicating why it would be clinically inappropriate to require the candidate to meet this criterion.
- The candidate has been diagnosed with gender dysphoria (ICD-10 codes F64.0-F64.9 gender identity disorder), including meeting **ALL** of the following indications:
 - The desire to live and be accepted as a member of another sex other than one's assigned sex, typically accompanied by the desire to make the physical body as congruent as possible with the identified sex through surgery and hormone treatment
 - The new gender identity has been present for at least 12 months
 - The gender dysphoria (ICD-10 codes F64.0-F64.9 gender identity disorder) is not a symptom of another mental disorder.
- For those candidates without a medical contraindication, the candidate has undergone a minimum of 12 months of continuous hormonal therapy that is provided under the supervision of a licensed clinician.
- The candidate has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, with no returning to their original gender. This includes members who identify as genders other than male or female.
 - If the candidate does not meet the 12 month time frame criteria of 12 months of successful continuous full time real-life experience in their new gender noted above, then the treating clinician must submit information indicating why it would be clinically inappropriate to require the candidate to meet these criteria. When submitted, the criteria of 12 months of successful continuous full time real-life experience in their new gender may be waived.

Genital surgery in male to female, female to male, or gender neutral patients may be considered **MEDICALLY NECESSARY** when **ALL** of the following candidate criteria are met as documented by **two** treating clinicians:

- The candidate is at least 18 years of age,
 - If the candidate is less than 18 years of age, then treating clinicians must submit information indicating why it would be clinically inappropriate to require the candidate to meet this criterion.
- The candidate has been diagnosed with gender dysphoria (ICD-10 codes F64.0-F64.9 gender identity disorder), including meeting **ALL** of the following indications:
 - The desire to live and be accepted as a member of another sex other than one's assigned sex, typically accompanied by the desire to make the physical body as congruent as possible with the identified sex through surgery and hormone treatment
 - The new gender identity has been present for at least 12 months
 - The gender dysphoria (ICD-10 codes F64.0-F64.9 gender identity disorder) is not a symptom of another mental disorder.
- For those candidates without a medical contraindication, the candidate has undergone a minimum of 12 months of continuous hormonal therapy that is provided under the supervision of a licensed clinician.
- The candidate has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, with no returning to their original gender. This includes members who identify as genders other than male or female.
 - If the candidate does not meet the 12 month time frame criteria of 12 months of successful continuous full time real-life experience in their new gender noted above, then the treating

clinician must submit information indicating why it would be clinically inappropriate to require the candidate to meet these criteria. When submitted, the criteria of 12 months of successful continuous full time real-life experience in their new gender may be waived.

Facial Feminization (typical components of facial feminization) or Masculinization may be considered **MEDICALLY NECESSARY** when **ALL** of the following candidate criteria are met:

- The candidate is at least 18 years of age,
 - If the candidate is less than 18 years of age, then the treating clinician must submit information indicating why it would be clinically inappropriate to require the candidate to meet this criterion.
- The candidate has been diagnosed with gender dysphoria (ICD-10 codes F64.0-F64.9 gender identity disorder), including meeting **ALL** of the following indications:
 - The desire to live and be accepted as a member of another sex other than one's assigned sex, typically accompanied by the desire to make the physical body as congruent as possible with the identified sex through surgery and hormone treatment
 - The new gender identity has been present for at least 12 months
 - The gender dysphoria (ICD-10 codes F64.0-F64.9 gender identity disorder) is not a symptom of another mental disorder.
- The candidate has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, with no returning to their original gender.
 - If the candidate does not meet the 12 month time frame criteria of 12 months of successful continuous full time real-life experience in their new gender noted above, then the treating clinician must submit information indicating why it would be clinically inappropriate to require the candidate to meet these criteria. When submitted, the criteria of 12 months of successful continuous full time real-life experience in their new gender may be waived.
- Covered procedures when medical necessity criteria are met:
 - Forehead contouring
 - Rhinoplasty
 - Mandible reconstruction
 - Trachea shave
 - Blepharoplasty
 - Brow lift
 - Cheek augmentation
 - Face lift or liposuction (only as needed in conjunction with one of the above procedures).

The following facial procedures are considered **INVESTIGATIONAL** and are not covered:

- Lip enhancement
- Neck lift
- Dermabrasion
- Chemical peel
- Hair transplant
- Electrolysis (except for genital surgery as noted below).

Electrolysis performed by a licensed dermatologist may be considered **MEDICALLY NECESSARY** for the removal of hair on a skin graft donor site prior to its use in genital sex reassignment surgery.

Oocyte, embryo, or sperm retrieval, freezing and storage for up to 24 months for transgender members prior to undergoing hormone therapy or genital sex reassignment surgery may be considered **MEDICALLY NECESSARY**. (See medical policy #086, Infertility Diagnosis and Treatment)

- Per subscriber certificate language, cryopreservation is limited to one cycle only.

GRS is **INVESTIGATIONAL** in the following circumstances:

- When one or more of the criteria above have not been met, OR
- Any services performed to reverse GRS, OR

- GRS procedures that are considered cosmetic are not covered unless otherwise specified in the member's individual subscriber certificate/benefit description.

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

Outpatient

Commercial Managed Care (HMO and POS)	NO for Gender Reassignment Surgery YES for Oocyte, Embryo or Sperm retrieval, freezing and storage
Commercial PPO and Indemnity	NO for Gender Reassignment Surgery YES for Oocyte, Embryo or Sperm retrieval, freezing and storage
Medicare HMO BlueSM	NO for Gender Reassignment Surgery YES for Oocyte, Embryo or Sperm retrieval, freezing and storage
Medicare PPO BlueSM	No

Description

Gender reassignment surgery (GRS) is a treatment option for Gender Dysphoria, a condition in which a person feels a strong and persistent identification with a gender other than the one assigned at birth accompanied by a severe sense of discomfort with their own gender. People with gender dysphoria often report a feeling of being born as the wrong sex.

GRS is not a single procedure, but part of a complex process involving multiple medical, psychiatric, and surgical modalities performed in conjunction with each other to help the candidate for gender reassignment achieve successful behavioral and medical outcomes. Before undertaking GRS, candidates need to undergo important medical and psychological evaluations, and begin medical therapies and behavioral trials to confirm that surgery is the most appropriate treatment choice.

Policy History

Date	Action
12/2017	Medically necessary criteria revised. New investigational indications described. Clarified coding information. New references added. Effective 12/1/2017.
4/2017	Clarified coding information.
2/2017	Clarified coding information.
4/2016	Electrolysis added as medically necessary prior to sex reassignment surgery. Clarified coding information. Clarified cryopreservation statement. Effective 4/1/2016.
10/2015	Clarified coding information.
9/2015	Clarified coding information.
8/2015	Ongoing coverage on cryopreservation for transgender members added. Statement transferred from medical policy #086, Infertility Diagnosis and Treatment. 8/1/2015
4/2015	Coverage for facial surgical procedures and documentation requirement clarified. Effective 4/1/2015.
11/2014	Medically necessary statement clarified. Effective 11/14/2014.
10/2014	Coding information clarified.
9/2014	Coding information clarified.
8/2014	Updated criteria for SRS qualification. Added facial feminization to non-cosmetic surgery section. Coding information clarified. Effective 8/27/2014.

6/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
4/2014	Language on benefit riders added.
4/2014	Coding information clarified.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
11/2011	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
12/2010	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
1/2/2010	New policy, effective 1/2/2010, describing covered and non-covered services.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

1. Becker S, Bosinski HA, Clement U, et al. Standards for treatment and expert opinion on transsexuals. The German Society for Sexual Research, The Academy of Sexual medicine and the Society for Sexual Science. *Fortschr Neurol Psychiatr.* 1998;66(4):164-169.
2. Standards of care: The hormonal and surgical sex reassignment of gender dysphoric persons. Harry Benjamin International Gender Dysphoria Association. *Arch Sex Behav.* 1985;14(1):79-90 and (Fifth Version) June 15, 1998.
3. Landen M, Walinder J, Lundstrom B. Clinical characteristics of a total cohort of female and male applicants for sex reassignment: A descriptive study. *Acta Psychiatr Scand.* 1998;97(3):189-194.
4. Schlatterer K, Yassouridis A, von Werder K, et al. A follow-up study for estimating the effectiveness of a cross-gender hormone substitution therapy on transsexual patients. *Arch Sex Behav.* 1998;27(5):475-492.
5. Midence K, Hargreaves I. Psychosocial adjustment in male-to-female transsexuals: An overview of the research evidence. *J Psychol.* 1997;131(6):602-614.
6. van Kesteren PJ, Asscheman H, Megens JA, et al. Mortality and morbidity in transsexual subjects treated with cross-sex hormones. *Clin Endocrinol (Oxf).* 1997;47(3):337-342.
7. Eldh J, Berg A, Gustafsson M. Long-term follow up after sex reassignment surgery. *Scand J Plast Reconstr Surg Hand Surg.* 1997;31(1):39-45.
8. Bradley SJ, Zucker KJ. Gender identity disorder: A review of the past 10 years. *J Am Acad Child Adolesc Psychiatry.* 1997;36(7):872-880.
9. Luton JP, Bremont C. The place of endocrinology in the management of transsexualism. *Bull Acad Natl Med.* 1996;180(6):1403-1407.
10. Beemer BR. Gender dysphoria update. *J Psychosoc Nurs Ment Health Serv.* 1996;34(4):12-19.
11. Schlatterer K, von Werder K, Stalla GK. Multistep treatment concept of transsexual patients. *Exp Clin Endocrinol Diabetes.* 1996;104(6):413-419.
12. Breton J, Cordier B. Psychiatric aspects of transsexualism. *Bull Acad Natl Med.* 1996;180(6):1389-1393; discussion 1393-1394.
13. Hage JJ. Medical requirements and consequences of sex reassignment surgery. *Med Sci Law.* 1995;35(1):17-24.
14. Cole CM, Emory LE, Huang T, et al. Treatment of gender dysphoria (transsexualism). *Tex Med.* 1994;90(5):68-72.
15. Snaith RP, Hohberger AD. Transsexualism and gender reassignment. *Br J Psychiatry.* 1994;165(3):418-419.
16. Cohen-Kettenis PT, Kuiper AJ, Zwaan WA, et al. Transsexualism. II. Diagnosis: The initial, tentative phase. *Ned Tijdschr Geneesk.* 1992;136(39):1895-1897.

17. Brown GR. A review of clinical approaches to gender dysphoria. *J Clin Psychiatry*. 1990;51(2):57-64.
18. Mate-Kole C. Sex reassignment surgery. *Br J Hosp Med*. 1989;42(4):340.
19. Gooren LJ. Transsexualism. I. Description, etiology, management. *Ned Tijdschr Geneeskd*. 1992;136(39):1893-1895.
20. Petersen ME, Dickey R. Surgical sex reassignment: A comparative survey of international centers. *Arch Sex Behav*. 1995;24(2):135-156.
21. Alberta Heritage Foundation for Medical Research (AHFMR). Phalloplasty in female-male transsexuals. Technote TN 6. Edmonton, AB: AHFMR; 1996.
22. Alberta Heritage Foundation for Medical Research (AHFMR). Vaginoplasty in male-female transsexuals and criteria for sex reassignment surgery. Technote TN 7. Edmonton, AB: AHFMR; 1997.
23. Best L, Stein K. Surgical gender reassignment for male to female transsexual people. DEC Report No. 88. Southampton, UK: Wessex Institute for Health Research and Development, University of Southampton; 1998.
24. Smith YL, Cohen L, Cohen-Kettenis PT. Postoperative psychological functioning of adolescent transsexuals: A Rorschach study. *Arch Sex Behav*. 2002;31(3):255-261.
25. Day P. Trans-gender reassignment surgery. NZHTA Tech Brief Series. Christchurch, New Zealand: New Zealand Health Technology Assessment (NZHTA); 2002;1(1).
26. Lawrence AA, Latty EM, Chivers ML, Bailey JM. Measurement of sexual arousal in postoperative male-to-female transsexuals using vaginal photoplethysmography. *Arch Sex Behav*. 2005;34(2):135-145.
27. Meyer W, Bockting W, Cohen-Kettenis P, et al.; Harry Benjamin International Gender Dysphoria Association. The standards of care for gender identity disorders -- Sixth version. *Int J Transgenderism*. 2001;5(1).
28. Lawrence AA. Factors associated with satisfaction or regret following male-to-female sex reassignment surgery. *Arch Sex Behav*. 2003;32(4):299-315.
29. Tugnet N, Goddard JC, Vickery RM, et al. Current management of male-to-female gender identity disorder in the UK. *Postgrad Med J*. 2007;83(984):638-642.
30. Anthem UM Guideline accessed via the web 10-12-09
http://www.anthem.com/medicalpolicies/guidelines/gl_pw_a051166.htm
31. World Professional Association for Transgender Health (formerly the Harry Benjamin International Gender Dysphoria Association). *WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. Minneapolis, MN: World Professional Association for Transgender Health. 7th ed. Available at: www.wpath.org
32. Kääriäinen M, Salonen K, Helminen M, et al. Chest-wall contouring surgery in female-to-male transgender patients: A one-center retrospective analysis of applied surgical techniques and results. *Scand J Surg*. 2017 Mar;106(1):74-79.
33. Colebunders B, Brondeel S, D'Arpa S, et al. Sex An Update on the Surgical Treatment for Transgender Patients. *Med Rev*. 2017 Jan;5(1):103-109.
34. Bluebond-Langner R, Berli JU, Sabino J, et al. Top Surgery in Transgender Men: How Far Can You Push the Envelope? *Plast Reconstr Surg*. 2017 Apr;139(4):873e-882e.
35. Frederick MJ, Berhanu AE, Bartlett R. Ann. Chest Surgery in Female to Male Transgender Individuals. *Plast Surg*. 2017 Mar;78(3):249-253.
36. Papadopoulos NA, Lellé JD, Zavlin D, Herschbach P, et al. Quality of Life and Patient Satisfaction Following Male-to-Female Sex Reassignment Surgery. *J Sex Med*. 2017 May;14(5):721-730
37. Wesp LM, Deutsch MB. Hormonal and Surgical Treatment Options for Transgender Women and Transfeminine Spectrum Persons. *Psychiatr Clin North Am*. 2017 Mar;40(1):99-111.
38. Bertrand B, Perchenet AS, Colson TR, et al. [Female-to-male transgender chest reconstruction: A retrospective study of patient satisfaction]. *Ann Chir Plast Esthet*. 2017 Jun 14.
39. Lo Russo G, Tanini S, Innocenti M. Masculine Chest-Wall Contouring in FtM Transgender: a Personal Approach. *Aesthetic Plast Surg*. 2017 Apr;41(2):369-374.
40. Papadopoulos NA, Zavlin D, Lellé JD, et al. Combined vaginoplasty technique for male-to-female sex reassignment surgery: Operative approach and outcomes. *Surg*. 2017 May 27
41. Donato DP, Walzer NK, Rivera A, et al. Female-to-Male Chest Reconstruction: A Review of Technique and Outcomes. *Ann Plast Surg*. 2017 Jun 1.

42. Colebunders B, Brondeel S, D'Arpa S, et al. An Update on the Surgical Treatment for Transgender Patients. *Sex Med Rev.* 2017 Jan;5(1):103-109.
43. Capitán L, Simon D, Meyer T, et al. Facial Feminization Surgery: Simultaneous Hair Transplant during Forehead Reconstruction. *Plast Reconstr Surg.* 2017 Mar;139(3):573-584.
44. Bouman MB, van der Sluis WB, Buncamper ME, et al. Primary Total Laparoscopic Sigmoid Vaginoplasty in Transgender Women with Penoscrotal Hypoplasia: A Prospective Cohort Study of Surgical Outcomes and Follow-Up of 42 Patients. *Plast Reconstr Surg.* 2016 Oct;138(4):614e-23e.
45. Plemons ED. Description of sex difference as prescription for sex change: on the origins of facial feminization surgery. *Soc Stud Sci.* 2014 Oct;44(5):657-79.
46. Ainsworth TA, Spiegel JH. Quality of life of individuals with and without facial feminization surgery or gender reassignment surgery. *Qual Life Res.* 2010 Sep;19(7):1019-24. doi: 10.1007/s11136-010-9668-7. Epub 2010 May 12.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above [medical necessity criteria](#) on pp. 1-2 **MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

Male to Female Surgery

CPT codes:	Code Description
17380	Electrolysis epilation, each 30 minutes
19325	Mammoplasty, augmentation; with prosthetic implant
19350	Nipple/areola reconstruction
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19380	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
54120	Amputation of penis; partial
54125	Amputation of penis; complete
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	Laparoscopy, surgical; orchiectomy
55970	Intersex surgery; male to female
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57335	Vaginoplasty for intersex state

Facial Surgery (Male or Female)**Brow Reconstruction**

CPT codes	Code Description
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction

Brow Lift

CPT codes	Code Description
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)

Blepharoplasty

CPT codes	Code Description
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid

Rhinoplasty

CPT codes	Code Description
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair

Cheek Augmentation

CPT codes	Code Description
21270	Malar augmentation, prosthetic material
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction

Jaw Reconstruction

CPT codes	Code Description
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction

Chin Reconstruction

CPT codes	Code Description
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction

Face Lift

The following codes are covered when required as part of a medically necessary facial feminization procedure.

CPT codes	Code Description
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck

Liposuction

The following codes are covered when required as part of a medically necessary facial feminization procedure.

CPT codes	Code Description
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

Trachea Shave

CPT codes	Code Description
31599	Unlisted procedure, larynx

Female to Male Surgery

CPT codes:	Code Description
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19316	Mastopexy
19350	Nipple/areola reconstruction
53430	Urethroplasty, reconstruction of female urethra
54660	Insertion testicular prosthesis
55175	Scrotoplasty; simple
55180	Scrotoplasty; complex
55980	Intersex surgery; female to male
56620	Vulvectomy; simple
56625	Vulvectomy; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical
57110	Vaginectomy; complete removal of vaginal wall
57111	Vaginectomy; with removal of paravaginal tissue (radical vaginectomy)
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 gms or less
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58275	Vaginal hysterectomy, with total or partial vaginectomy
58290	Vaginal hysterectomy, for uterus greater than 250 g
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g

58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT code above if above medical necessity criteria on pp. 1-2 are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
F64.0	Transsexualism
F64.1	Gender identity disorder in adolescence and adulthood
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified

The above [medical necessity criteria](#) on pp. 1-2 **MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

ICD-10 Procedure Codes Male to Female Surgery

ICD-10-PCS procedure codes:	Code Description
0VTC0ZZ	Resection of Bilateral Testes, Open Approach
0H0T0ZZ	Alteration of Right Breast, Open Approach
0H0T3ZZ	Alteration of Right Breast, Percutaneous Approach
0H0TXZZ	Alteration of Right Breast, External Approach
0H0U0ZZ	Alteration of Left Breast, Open Approach
0H0U3ZZ	Alteration of Left Breast, Percutaneous Approach
0H0UXZZ	Alteration of Left Breast, External Approach
0H0V07Z	Alteration of Bilateral Breast with Autologous Tissue Substitute, Open Approach
0H0V0JZ	Alteration of Bilateral Breast with Synthetic Substitute, Open Approach
0H0V0KZ	Alteration of Bilateral Breast with Nonautologous Tissue Substitute, Open Approach
0H0V0ZZ	Alteration of Bilateral Breast, Open Approach
0H0V37Z	Alteration of Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach
0H0V3JZ	Alteration of Bilateral Breast with Synthetic Substitute, Percutaneous Approach
0H0V3KZ	Alteration of Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach

0H0V3ZZ	Alteration of Bilateral Breast, Percutaneous Approach
0H0VXZZ	Alteration of Bilateral Breast, External Approach
0HDSXZZ	Extraction of Hair, External Approach
0HMTXZZ	Reattachment of Right Breast, External Approach
0HMUXZZ	Reattachment of Left Breast, External Approach
0HMOVZZ	Reattachment of Bilateral Breast, External Approach
0HMWXZZ	Reattachment of Right Nipple, External Approach
0HMXZZ	Reattachment of Left Nipple, External Approach
0U5J0ZZ	Destruction of Clitoris, Open Approach
0U5JXZZ	Destruction of Clitoris, External Approach
0U9J00Z	Drainage of Clitoris with Drainage Device, Open Approach
0U9J0ZZ	Drainage of Clitoris, Open Approach
0U9JX0Z	Drainage of Clitoris with Drainage Device, External Approach
0U9JXZZ	Drainage of Clitoris, External Approach
0UBJ0ZX	Excision of Clitoris, Open Approach, Diagnostic
0UBJ0ZZ	Excision of Clitoris, Open Approach
0UBJXZX	Excision of Clitoris, External Approach, Diagnostic
0UBJXZZ	Excision of Clitoris, External Approach
0UCJ0ZZ	Extirpation of Matter from Clitoris, Open Approach
0UCJXZZ	Extirpation of Matter from Clitoris, External Approach
0UMJXZZ	Reattachment of Clitoris, External Approach
0UNJ0ZZ	Release Clitoris, Open Approach
0UNJXZZ	Release Clitoris, External Approach
0UQG0ZZ	Repair Vagina, Open Approach
0UQJ0ZZ	Repair Clitoris, Open Approach
0UQJXZZ	Repair Clitoris, External Approach
0UTJ0ZZ	Resection of Clitoris, Open Approach
0UTJXZZ	Resection of Clitoris, External Approach
0UUG07Z	Supplement Vagina with Autologous Tissue Substitute, Open Approach
0UUG0JZ	Supplement Vagina with Synthetic Substitute, Open Approach
0UUG0KZ	Supplement Vagina with Nonautologous Tissue Substitute, Open Approach
0UUG47Z	Supplement Vagina with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0UUG4JZ	Supplement Vagina with Synthetic Substitute, Percutaneous Endoscopic Approach
0UUG4KZ	Supplement Vagina with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0UUG77Z	Supplement Vagina with Autologous Tissue Substitute, Via Natural or Artificial Opening
0UUG7JZ	Supplement Vagina with Synthetic Substitute, Via Natural or Artificial Opening
0UUG7KZ	Supplement Vagina with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0UUG87Z	Supplement Vagina with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0UUG8JZ	Supplement Vagina with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0UUG8KZ	Supplement Vagina with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0UUGX7Z	Supplement Vagina with Autologous Tissue Substitute, External Approach
0UUGXJZ	Supplement Vagina with Synthetic Substitute, External Approach
0UUGXKZ	Supplement Vagina with Nonautologous Tissue Substitute, External Approach
0UUJ07Z	Supplement Clitoris with Autologous Tissue Substitute, Open Approach
0UUJ0JZ	Supplement Clitoris with Synthetic Substitute, Open Approach
0UUJ0KZ	Supplement Clitoris with Nonautologous Tissue Substitute, Open Approach

0UUJX7Z	Supplement Clitoris with Autologous Tissue Substitute, External Approach
0UUJXJZ	Supplement Clitoris with Synthetic Substitute, External Approach
0UUJXKZ	Supplement Clitoris with Nonautologous Tissue Substitute, External Approach
0VT90ZZ	Resection of Right Testis, Open Approach
0VT94ZZ	Resection of Right Testis, Percutaneous Endoscopic Approach
0VTB0ZZ	Resection of Left Testis, Open Approach
0VTB4ZZ	Resection of Left Testis, Percutaneous Endoscopic Approach
0VTC4ZZ	Resection of Bilateral Testes, Percutaneous Endoscopic Approach
0VTS0ZZ	Resection of Penis, Open Approach
0VTS4ZZ	Resection of Penis, Percutaneous Endoscopic Approach
0VTSXZZ	Resection of Penis, External Approach
0W4M070	Creation of Vagina in Male Perineum with Autologous Tissue Substitute, Open Approach
0W4M0J0	Creation of Vagina in Male Perineum with Synthetic Substitute, Open Approach
0W4M0K0	Creation of Vagina in Male Perineum with Nonautologous Tissue Substitute, Open Approach
0W4M0Z0	Creation of Vagina in Male Perineum, Open Approach

Facial Surgery (Male or Female)

ICD-10-PCS procedure codes:	Code Description
080N0ZZ	Alteration of Right Upper Eyelid, Open Approach
080N3ZZ	Alteration of Right Upper Eyelid, Percutaneous Approach
080NXZZ	Alteration of Right Upper Eyelid, External Approach
080P0ZZ	Alteration of Left Upper Eyelid, Open Approach
080P3ZZ	Alteration of Left Upper Eyelid, Percutaneous Approach
080PXZZ	Alteration of Left Upper Eyelid, External Approach
080Q0ZZ	Alteration of Right Lower Eyelid, Open Approach
080Q3ZZ	Alteration of Right Lower Eyelid, Percutaneous Approach
080QXZZ	Alteration of Right Lower Eyelid, External Approach
080R0ZZ	Alteration of Left Lower Eyelid, Open Approach
080R3ZZ	Alteration of Left Lower Eyelid, Percutaneous Approach
080RXZZ	Alteration of Left Lower Eyelid, External Approach
090K0ZZ	Alteration of Nose, Open Approach
090K3ZZ	Alteration of Nose, Percutaneous Approach
090K4ZZ	Alteration of Nose, Percutaneous Endoscopic Approach
090KXZZ	Alteration of Nose, External Approach
09QM0ZZ	Repair Nasal Septum, Open Approach
09QM3ZZ	Repair Nasal Septum, Percutaneous Approach
09QM4ZZ	Repair Nasal Septum, Percutaneous Endoscopic Approach
0J040ZZ	Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J043ZZ	Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J050ZZ	Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J053ZZ	Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J060ZZ	Alteration of Chest Subcutaneous Tissue and Fascia, Open Approach
0J063ZZ	Alteration of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0J070ZZ	Alteration of Back Subcutaneous Tissue and Fascia, Open Approach
0J073ZZ	Alteration of Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0J080ZZ	Alteration of Abdomen Subcutaneous Tissue and Fascia, Open Approach
0J083ZZ	Alteration of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach

0J090ZZ	Alteration of Buttock Subcutaneous Tissue and Fascia, Open Approach
0J093ZZ	Alteration of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0D0ZZ	Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0J0D3ZZ	Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0F0ZZ	Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0J0F3ZZ	Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0G0ZZ	Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0J0G3ZZ	Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0H0ZZ	Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0J0H3ZZ	Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0L0ZZ	Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J0L3ZZ	Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0M0ZZ	Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J0M3ZZ	Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0N0ZZ	Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J0N3ZZ	Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0P0ZZ	Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J0P3ZZ	Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
08SN0ZZ	Reposition Right Upper Eyelid, Open Approach
08SN3ZZ	Reposition Right Upper Eyelid, Percutaneous Approach
08SNXZZ	Reposition Right Upper Eyelid, External Approach
08SP0ZZ	Reposition Left Upper Eyelid, Open Approach
08SP3ZZ	Reposition Left Upper Eyelid, Percutaneous Approach
08SPXZZ	Reposition Left Upper Eyelid, External Approach
08SQ0ZZ	Reposition Right Lower Eyelid, Open Approach
08SQ3ZZ	Reposition Right Lower Eyelid, Percutaneous Approach
08SQXZZ	Reposition Right Lower Eyelid, External Approach
08SR0ZZ	Reposition Left Lower Eyelid, Open Approach
08SR3ZZ	Reposition Left Lower Eyelid, Percutaneous Approach
08SRXZZ	Reposition Left Lower Eyelid, External Approach
0KS10ZZ	Reposition Facial Muscle, Open Approach
0KS14ZZ	Reposition Facial Muscle, Percutaneous Endoscopic Approach
0NNC0ZZ	Release Right Sphenoid Bone, Open Approach
0NNC3ZZ	Release Right Sphenoid Bone, Percutaneous Approach
0NNC4ZZ	Release Right Sphenoid Bone, Percutaneous Endoscopic Approach
0NND0ZZ	Release Left Sphenoid Bone, Open Approach
0NND3ZZ	Release Left Sphenoid Bone, Percutaneous Approach
0NND4ZZ	Release Left Sphenoid Bone, Percutaneous Endoscopic Approach
0NNF0ZZ	Release Right Ethmoid Bone, Open Approach
0NNF3ZZ	Release Right Ethmoid Bone, Percutaneous Approach
0NNF4ZZ	Release Right Ethmoid Bone, Percutaneous Endoscopic Approach
0NNG0ZZ	Release Left Ethmoid Bone, Open Approach
0NNG3ZZ	Release Left Ethmoid Bone, Percutaneous Approach
0NNG4ZZ	Release Left Ethmoid Bone, Percutaneous Endoscopic Approach
0NNH0ZZ	Release Right Lacrimal Bone, Open Approach
0NNH3ZZ	Release Right Lacrimal Bone, Percutaneous Approach

0NNH4ZZ	Release Right Lacrimal Bone, Percutaneous Endoscopic Approach
0NNJ0ZZ	Release Left Lacrimal Bone, Open Approach
0NNJ3ZZ	Release Left Lacrimal Bone, Percutaneous Approach
0NNJ4ZZ	Release Left Lacrimal Bone, Percutaneous Endoscopic Approach
0NNK0ZZ	Release Right Palatine Bone, Open Approach
0NNK3ZZ	Release Right Palatine Bone, Percutaneous Approach
0NNK4ZZ	Release Right Palatine Bone, Percutaneous Endoscopic Approach
0NNL0ZZ	Release Left Palatine Bone, Open Approach
0NNL3ZZ	Release Left Palatine Bone, Percutaneous Approach
0NNL4ZZ	Release Left Palatine Bone, Percutaneous Endoscopic Approach
0NNM0ZZ	Release Right Zygomatic Bone, Open Approach
0NNM3ZZ	Release Right Zygomatic Bone, Percutaneous Approach
0NNM4ZZ	Release Right Zygomatic Bone, Percutaneous Endoscopic Approach
0NNN0ZZ	Release Left Zygomatic Bone, Open Approach
0NNN3ZZ	Release Left Zygomatic Bone, Percutaneous Approach
0NNN4ZZ	Release Left Zygomatic Bone, Percutaneous Endoscopic Approach
0NNP0ZZ	Release Right Orbit, Open Approach
0NNP3ZZ	Release Right Orbit, Percutaneous Approach
0NNP4ZZ	Release Right Orbit, Percutaneous Endoscopic Approach
0NNQ0ZZ	Release Left Orbit, Open Approach
0NNQ3ZZ	Release Left Orbit, Percutaneous Approach
0NNQ4ZZ	Release Left Orbit, Percutaneous Endoscopic Approach
0NNR0ZZ	Release Right Maxilla, Open Approach
0NNR3ZZ	Release Right Maxilla, Percutaneous Approach
0NNR4ZZ	Release Right Maxilla, Percutaneous Endoscopic Approach
0NNS0ZZ	Release Left Maxilla, Open Approach
0NNS3ZZ	Release Left Maxilla, Percutaneous Approach
0NNS4ZZ	Release Left Maxilla, Percutaneous Endoscopic Approach
0NNT0ZZ	Release Right Mandible, Open Approach
0NNT3ZZ	Release Right Mandible, Percutaneous Approach
0NNT4ZZ	Release Right Mandible, Percutaneous Endoscopic Approach
0NNV0ZZ	Release Left Mandible, Open Approach
0NNV3ZZ	Release Left Mandible, Percutaneous Approach
0NNV4ZZ	Release Left Mandible, Percutaneous Endoscopic Approach
0NQC0ZZ	Repair Right Sphenoid Bone, Open Approach
0NQC3ZZ	Repair Right Sphenoid Bone, Percutaneous Approach
0NQC4ZZ	Repair Right Sphenoid Bone, Percutaneous Endoscopic Approach
0NQCXZZ	Repair Right Sphenoid Bone, External Approach
0NQD0ZZ	Repair Left Sphenoid Bone, Open Approach
0NQD3ZZ	Repair Left Sphenoid Bone, Percutaneous Approach
0NQD4ZZ	Repair Left Sphenoid Bone, Percutaneous Endoscopic Approach
0NQDXZZ	Repair Left Sphenoid Bone, External Approach
0NQF0ZZ	Repair Right Ethmoid Bone, Open Approach
0NQF3ZZ	Repair Right Ethmoid Bone, Percutaneous Approach
0NQF4ZZ	Repair Right Ethmoid Bone, Percutaneous Endoscopic Approach
0NQFXZZ	Repair Right Ethmoid Bone, External Approach
0NQG0ZZ	Repair Left Ethmoid Bone, Open Approach
0NQG3ZZ	Repair Left Ethmoid Bone, Percutaneous Approach
0NQG4ZZ	Repair Left Ethmoid Bone, Percutaneous Endoscopic Approach
0NQGXZZ	Repair Left Ethmoid Bone, External Approach
0NQH0ZZ	Repair Right Lacrimal Bone, Open Approach

0NQH3ZZ	Repair Right Lacrimal Bone, Percutaneous Approach
0NQH4ZZ	Repair Right Lacrimal Bone, Percutaneous Endoscopic Approach
0NQHXZZ	Repair Right Lacrimal Bone, External Approach
0NQJ0ZZ	Repair Left Lacrimal Bone, Open Approach
0NQJ3ZZ	Repair Left Lacrimal Bone, Percutaneous Approach
0NQJ4ZZ	Repair Left Lacrimal Bone, Percutaneous Endoscopic Approach
0NQJXZZ	Repair Left Lacrimal Bone, External Approach
0NQK0ZZ	Repair Right Palatine Bone, Open Approach
0NQK3ZZ	Repair Right Palatine Bone, Percutaneous Approach
0NQK4ZZ	Repair Right Palatine Bone, Percutaneous Endoscopic Approach
0NQKXZZ	Repair Right Palatine Bone, External Approach
0NQL0ZZ	Repair Left Palatine Bone, Open Approach
0NQL3ZZ	Repair Left Palatine Bone, Percutaneous Approach
0NQL4ZZ	Repair Left Palatine Bone, Percutaneous Endoscopic Approach
0NQLXZZ	Repair Left Palatine Bone, External Approach
0NQM0ZZ	Repair Right Zygomatic Bone, Open Approach
0NQM3ZZ	Repair Right Zygomatic Bone, Percutaneous Approach
0NQM4ZZ	Repair Right Zygomatic Bone, Percutaneous Endoscopic Approach
0NQMXZZ	Repair Right Zygomatic Bone, External Approach
0NQN0ZZ	Repair Left Zygomatic Bone, Open Approach
0NQN3ZZ	Repair Left Zygomatic Bone, Percutaneous Approach
0NQN4ZZ	Repair Left Zygomatic Bone, Percutaneous Endoscopic Approach
0NQNXZZ	Repair Left Zygomatic Bone, External Approach
0NQX0ZZ	Repair Hyoid Bone, Open Approach
0NQX3ZZ	Repair Hyoid Bone, Percutaneous Approach
0NQX4ZZ	Repair Hyoid Bone, Percutaneous Endoscopic Approach
0NQXXZZ	Repair Hyoid Bone, External Approach
0NRC07Z	Replacement of Right Sphenoid Bone with Autologous Tissue Substitute, Open Approach
0NRC0JZ	Replacement of Right Sphenoid Bone with Synthetic Substitute, Open Approach
0NRC0KZ	Replacement of Right Sphenoid Bone with Nonautologous Tissue Substitute, Open Approach
0NRC37Z	Replacement of Right Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRC3JZ	Replacement of Right Sphenoid Bone with Synthetic Substitute, Percutaneous Approach
0NRC3KZ	Replacement of Right Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRC47Z	Replacement of Right Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRC4JZ	Replacement of Right Sphenoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRC4KZ	Replacement of Right Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRD07Z	Replacement of Left Sphenoid Bone with Autologous Tissue Substitute, Open Approach
0NRD0JZ	Replacement of Left Sphenoid Bone with Synthetic Substitute, Open Approach
0NRD0KZ	Replacement of Left Sphenoid Bone with Nonautologous Tissue Substitute, Open Approach
0NRD37Z	Replacement of Left Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRD3JZ	Replacement of Left Sphenoid Bone with Synthetic Substitute, Percutaneous Approach

0NRD3KZ	Replacement of Left Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRD47Z	Replacement of Left Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRD4JZ	Replacement of Left Sphenoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRD4KZ	Replacement of Left Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRF07Z	Replacement of Right Ethmoid Bone with Autologous Tissue Substitute, Open Approach
0NRF0JZ	Replacement of Right Ethmoid Bone with Synthetic Substitute, Open Approach
0NRF0KZ	Replacement of Right Ethmoid Bone with Nonautologous Tissue Substitute, Open Approach
0NRF37Z	Replacement of Right Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRF3JZ	Replacement of Right Ethmoid Bone with Synthetic Substitute, Percutaneous Approach
0NRF3KZ	Replacement of Right Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRF47Z	Replacement of Right Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRF4JZ	Replacement of Right Ethmoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRF4KZ	Replacement of Right Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRG07Z	Replacement of Left Ethmoid Bone with Autologous Tissue Substitute, Open Approach
0NRG0JZ	Replacement of Left Ethmoid Bone with Synthetic Substitute, Open Approach
0NRG0KZ	Replacement of Left Ethmoid Bone with Nonautologous Tissue Substitute, Open Approach
0NRG37Z	Replacement of Left Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRG3JZ	Replacement of Left Ethmoid Bone with Synthetic Substitute, Percutaneous Approach
0NRG3KZ	Replacement of Left Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRG47Z	Replacement of Left Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRG4JZ	Replacement of Left Ethmoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRG4KZ	Replacement of Left Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRH07Z	Replacement of Right Lacrimal Bone with Autologous Tissue Substitute, Open Approach
0NRH0JZ	Replacement of Right Lacrimal Bone with Synthetic Substitute, Open Approach
0NRH0KZ	Replacement of Right Lacrimal Bone with Nonautologous Tissue Substitute, Open Approach
0NRH37Z	Replacement of Right Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRH3JZ	Replacement of Right Lacrimal Bone with Synthetic Substitute, Percutaneous Approach
0NRH3KZ	Replacement of Right Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRH47Z	Replacement of Right Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

0NRH4JZ	Replacement of Right Lacrimal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRH4KZ	Replacement of Right Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRJ07Z	Replacement of Left Lacrimal Bone with Autologous Tissue Substitute, Open Approach
0NRJ0JZ	Replacement of Left Lacrimal Bone with Synthetic Substitute, Open Approach
0NRJ0KZ	Replacement of Left Lacrimal Bone with Nonautologous Tissue Substitute, Open Approach
0NRJ37Z	Replacement of Left Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRJ3JZ	Replacement of Left Lacrimal Bone with Synthetic Substitute, Percutaneous Approach
0NRJ3KZ	Replacement of Left Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRJ47Z	Replacement of Left Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRJ4JZ	Replacement of Left Lacrimal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRJ4KZ	Replacement of Left Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRK07Z	Replacement of Right Palatine Bone with Autologous Tissue Substitute, Open Approach
0NRK0JZ	Replacement of Right Palatine Bone with Synthetic Substitute, Open Approach
0NRK0KZ	Replacement of Right Palatine Bone with Nonautologous Tissue Substitute, Open Approach
0NRK37Z	Replacement of Right Palatine Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRK3JZ	Replacement of Right Palatine Bone with Synthetic Substitute, Percutaneous Approach
0NRK3KZ	Replacement of Right Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRK47Z	Replacement of Right Palatine Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRK4JZ	Replacement of Right Palatine Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRK4KZ	Replacement of Right Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRL07Z	Replacement of Left Palatine Bone with Autologous Tissue Substitute, Open Approach
0NRL0JZ	Replacement of Left Palatine Bone with Synthetic Substitute, Open Approach
0NRL0KZ	Replacement of Left Palatine Bone with Nonautologous Tissue Substitute, Open Approach
0NRL37Z	Replacement of Left Palatine Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRL3JZ	Replacement of Left Palatine Bone with Synthetic Substitute, Percutaneous Approach
0NRL3KZ	Replacement of Left Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRL47Z	Replacement of Left Palatine Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRL4JZ	Replacement of Left Palatine Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRL4KZ	Replacement of Left Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRM07Z	Replacement of Right Zygomatic Bone with Autologous Tissue Substitute, Open Approach
0NRM0JZ	Replacement of Right Zygomatic Bone with Synthetic Substitute, Open Approach

0NRM0KZ	Replacement of Right Zygomatic Bone with Nonautologous Tissue Substitute, Open Approach
0NRM37Z	Replacement of Right Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRM3JZ	Replacement of Right Zygomatic Bone with Synthetic Substitute, Percutaneous Approach
0NRM3KZ	Replacement of Right Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRM47Z	Replacement of Right Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRM4JZ	Replacement of Right Zygomatic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRM4KZ	Replacement of Right Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRN07Z	Replacement of Left Zygomatic Bone with Autologous Tissue Substitute, Open Approach
0NRN0JZ	Replacement of Left Zygomatic Bone with Synthetic Substitute, Open Approach
0NRN0KZ	Replacement of Left Zygomatic Bone with Nonautologous Tissue Substitute, Open Approach
0NRN37Z	Replacement of Left Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRN3JZ	Replacement of Left Zygomatic Bone with Synthetic Substitute, Percutaneous Approach
0NRN3KZ	Replacement of Left Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRN47Z	Replacement of Left Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRN4JZ	Replacement of Left Zygomatic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRN4KZ	Replacement of Left Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRP0KZ	Replacement of Right Orbit with Nonautologous Tissue Substitute, Open Approach
0NRP3KZ	Replacement of Right Orbit with Nonautologous Tissue Substitute, Percutaneous Approach
0NRP4KZ	Replacement of Right Orbit with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRQ0KZ	Replacement of Left Orbit with Nonautologous Tissue Substitute, Open Approach
0NRQ3KZ	Replacement of Left Orbit with Nonautologous Tissue Substitute, Percutaneous Approach
0NRQ4KZ	Replacement of Left Orbit with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRR07Z	Replacement of Right Maxilla with Autologous Tissue Substitute, Open Approach
0NRR0JZ	Replacement of Right Maxilla with Synthetic Substitute, Open Approach
0NRR0KZ	Replacement of Right Maxilla with Nonautologous Tissue Substitute, Open Approach
0NRR37Z	Replacement of Right Maxilla with Autologous Tissue Substitute, Percutaneous Approach
0NRR3JZ	Replacement of Right Maxilla with Synthetic Substitute, Percutaneous Approach
0NRR3KZ	Replacement of Right Maxilla with Nonautologous Tissue Substitute, Percutaneous Approach
0NRR47Z	Replacement of Right Maxilla with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRR4JZ	Replacement of Right Maxilla with Synthetic Substitute, Percutaneous Endoscopic Approach

0NRR4KZ	Replacement of Right Maxilla with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRS07Z	Replacement of Left Maxilla with Autologous Tissue Substitute, Open Approach
0NRS0JZ	Replacement of Left Maxilla with Synthetic Substitute, Open Approach
0NRS0KZ	Replacement of Left Maxilla with Nonautologous Tissue Substitute, Open Approach
0NRS37Z	Replacement of Left Maxilla with Autologous Tissue Substitute, Percutaneous Approach
0NRS3JZ	Replacement of Left Maxilla with Synthetic Substitute, Percutaneous Approach
0NRS3KZ	Replacement of Left Maxilla with Nonautologous Tissue Substitute, Percutaneous Approach
0NRS47Z	Replacement of Left Maxilla with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRS4JZ	Replacement of Left Maxilla with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRS4KZ	Replacement of Left Maxilla with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRX07Z	Replacement of Hyoid Bone with Autologous Tissue Substitute, Open Approach
0NRX0JZ	Replacement of Hyoid Bone with Synthetic Substitute, Open Approach
0NRX0KZ	Replacement of Hyoid Bone with Nonautologous Tissue Substitute, Open Approach
0NRX37Z	Replacement of Hyoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRX3JZ	Replacement of Hyoid Bone with Synthetic Substitute, Percutaneous Approach
0NRX3KZ	Replacement of Hyoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRX47Z	Replacement of Hyoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRX4JZ	Replacement of Hyoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRX4KZ	Replacement of Hyoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUC07Z	Supplement Right Sphenoid Bone with Autologous Tissue Substitute, Open Approach
0NUC0JZ	Supplement Right Sphenoid Bone with Synthetic Substitute, Open Approach
0NUC0KZ	Supplement Right Sphenoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUC37Z	Supplement Right Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUC3JZ	Supplement Right Sphenoid Bone with Synthetic Substitute, Percutaneous Approach
0NUC3KZ	Supplement Right Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUC47Z	Supplement Right Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUC4JZ	Supplement Right Sphenoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUC4KZ	Supplement Right Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUD07Z	Supplement Left Sphenoid Bone with Autologous Tissue Substitute, Open Approach
0NUD0JZ	Supplement Left Sphenoid Bone with Synthetic Substitute, Open Approach
0NUD0KZ	Supplement Left Sphenoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUD37Z	Supplement Left Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUD3JZ	Supplement Left Sphenoid Bone with Synthetic Substitute, Percutaneous Approach
0NUD3KZ	Supplement Left Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach

0NUD47Z	Supplement Left Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUD4JZ	Supplement Left Sphenoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUD4KZ	Supplement Left Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUF07Z	Supplement Right Ethmoid Bone with Autologous Tissue Substitute, Open Approach
0NUF0JZ	Supplement Right Ethmoid Bone with Synthetic Substitute, Open Approach
0NUF0KZ	Supplement Right Ethmoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUF37Z	Supplement Right Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUF3JZ	Supplement Right Ethmoid Bone with Synthetic Substitute, Percutaneous Approach
0NUF3KZ	Supplement Right Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUF47Z	Supplement Right Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUF4JZ	Supplement Right Ethmoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUF4KZ	Supplement Right Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUG07Z	Supplement Left Ethmoid Bone with Autologous Tissue Substitute, Open Approach
0NUG0JZ	Supplement Left Ethmoid Bone with Synthetic Substitute, Open Approach
0NUG0KZ	Supplement Left Ethmoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUG37Z	Supplement Left Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUG3JZ	Supplement Left Ethmoid Bone with Synthetic Substitute, Percutaneous Approach
0NUG3KZ	Supplement Left Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUG47Z	Supplement Left Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUG4JZ	Supplement Left Ethmoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUG4KZ	Supplement Left Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUH07Z	Supplement Right Lacrimal Bone with Autologous Tissue Substitute, Open Approach
0NUH0JZ	Supplement Right Lacrimal Bone with Synthetic Substitute, Open Approach
0NUH0KZ	Supplement Right Lacrimal Bone with Nonautologous Tissue Substitute, Open Approach
0NUH37Z	Supplement Right Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUH3JZ	Supplement Right Lacrimal Bone with Synthetic Substitute, Percutaneous Approach
0NUH3KZ	Supplement Right Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUH47Z	Supplement Right Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUH4JZ	Supplement Right Lacrimal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUH4KZ	Supplement Right Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUJ07Z	Supplement Left Lacrimal Bone with Autologous Tissue Substitute, Open Approach
0NUJ0JZ	Supplement Left Lacrimal Bone with Synthetic Substitute, Open Approach
0NUJ0KZ	Supplement Left Lacrimal Bone with Nonautologous Tissue Substitute, Open Approach

0NUJ37Z	Supplement Left Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUJ3JZ	Supplement Left Lacrimal Bone with Synthetic Substitute, Percutaneous Approach
0NUJ3KZ	Supplement Left Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUJ47Z	Supplement Left Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUJ4JZ	Supplement Left Lacrimal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUJ4KZ	Supplement Left Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUK07Z	Supplement Right Palatine Bone with Autologous Tissue Substitute, Open Approach
0NUK0JZ	Supplement Right Palatine Bone with Synthetic Substitute, Open Approach
0NUK0KZ	Supplement Right Palatine Bone with Nonautologous Tissue Substitute, Open Approach
0NUK37Z	Supplement Right Palatine Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUK3JZ	Supplement Right Palatine Bone with Synthetic Substitute, Percutaneous Approach
0NUK3KZ	Supplement Right Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUK47Z	Supplement Right Palatine Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUK4JZ	Supplement Right Palatine Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUK4KZ	Supplement Right Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUL07Z	Supplement Left Palatine Bone with Autologous Tissue Substitute, Open Approach
0NUL0JZ	Supplement Left Palatine Bone with Synthetic Substitute, Open Approach
0NUL0KZ	Supplement Left Palatine Bone with Nonautologous Tissue Substitute, Open Approach
0NUL37Z	Supplement Left Palatine Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUL3JZ	Supplement Left Palatine Bone with Synthetic Substitute, Percutaneous Approach
0NUL3KZ	Supplement Left Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUL47Z	Supplement Left Palatine Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUL4JZ	Supplement Left Palatine Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUL4KZ	Supplement Left Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUM07Z	Supplement Right Zygomatic Bone with Autologous Tissue Substitute, Open Approach
0NUM0JZ	Supplement Right Zygomatic Bone with Synthetic Substitute, Open Approach
0NUM0KZ	Supplement Right Zygomatic Bone with Nonautologous Tissue Substitute, Open Approach
0NUM37Z	Supplement Right Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUM3JZ	Supplement Right Zygomatic Bone with Synthetic Substitute, Percutaneous Approach
0NUM3KZ	Supplement Right Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUM47Z	Supplement Right Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUM4JZ	Supplement Right Zygomatic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach

0NUM4KZ	Supplement Right Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUN07Z	Supplement Left Zygomatic Bone with Autologous Tissue Substitute, Open Approach
0NUN0JZ	Supplement Left Zygomatic Bone with Synthetic Substitute, Open Approach
0NUN0KZ	Supplement Left Zygomatic Bone with Nonautologous Tissue Substitute, Open Approach
0NUN37Z	Supplement Left Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUN3JZ	Supplement Left Zygomatic Bone with Synthetic Substitute, Percutaneous Approach
0NUN3KZ	Supplement Left Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUN47Z	Supplement Left Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUN4JZ	Supplement Left Zygomatic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUN4KZ	Supplement Left Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUP07Z	Supplement Right Orbit with Autologous Tissue Substitute, Open Approach
0NUP0KZ	Supplement Right Orbit with Nonautologous Tissue Substitute, Open Approach
0NUP37Z	Supplement Right Orbit with Autologous Tissue Substitute, Percutaneous Approach
0NUP3KZ	Supplement Right Orbit with Nonautologous Tissue Substitute, Percutaneous Approach
0NUP47Z	Supplement Right Orbit with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUP4KZ	Supplement Right Orbit with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUQ07Z	Supplement Left Orbit with Autologous Tissue Substitute, Open Approach
0NUQ0KZ	Supplement Left Orbit with Nonautologous Tissue Substitute, Open Approach
0NUQ37Z	Supplement Left Orbit with Autologous Tissue Substitute, Percutaneous Approach
0NUQ3KZ	Supplement Left Orbit with Nonautologous Tissue Substitute, Percutaneous Approach
0NUQ47Z	Supplement Left Orbit with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUQ4KZ	Supplement Left Orbit with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUR07Z	Supplement Right Maxilla with Autologous Tissue Substitute, Open Approach
0NUR0JZ	Supplement Right Maxilla with Synthetic Substitute, Open Approach
0NUR0KZ	Supplement Right Maxilla with Nonautologous Tissue Substitute, Open Approach
0NUR37Z	Supplement Right Maxilla with Autologous Tissue Substitute, Percutaneous Approach
0NUR3JZ	Supplement Right Maxilla with Synthetic Substitute, Percutaneous Approach
0NUR3KZ	Supplement Right Maxilla with Nonautologous Tissue Substitute, Percutaneous Approach
0NUR47Z	Supplement Right Maxilla with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUR4JZ	Supplement Right Maxilla with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUR4KZ	Supplement Right Maxilla with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUS07Z	Supplement Left Maxilla with Autologous Tissue Substitute, Open Approach
0NUS0JZ	Supplement Left Maxilla with Synthetic Substitute, Open Approach
0NUS0KZ	Supplement Left Maxilla with Nonautologous Tissue Substitute, Open Approach
0NUS37Z	Supplement Left Maxilla with Autologous Tissue Substitute, Percutaneous Approach
0NUS3JZ	Supplement Left Maxilla with Synthetic Substitute, Percutaneous Approach

0NUS3KZ	Supplement Left Maxilla with Nonautologous Tissue Substitute, Percutaneous Approach
0NUS47Z	Supplement Left Maxilla with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUS4JZ	Supplement Left Maxilla with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUS4KZ	Supplement Left Maxilla with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUX07Z	Supplement Hyoid Bone with Autologous Tissue Substitute, Open Approach
0NUX0JZ	Supplement Hyoid Bone with Synthetic Substitute, Open Approach
0NUX0KZ	Supplement Hyoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUX37Z	Supplement Hyoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUX3JZ	Supplement Hyoid Bone with Synthetic Substitute, Percutaneous Approach
0NUX3KZ	Supplement Hyoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUX47Z	Supplement Hyoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUX4JZ	Supplement Hyoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUX4KZ	Supplement Hyoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RNC0ZZ	Release Right Temporomandibular Joint, Open Approach
0RNC3ZZ	Release Right Temporomandibular Joint, Percutaneous Approach
0RNC4ZZ	Release Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RND0ZZ	Release Left Temporomandibular Joint, Open Approach
0RND3ZZ	Release Left Temporomandibular Joint, Percutaneous Approach
0RND4ZZ	Release Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0W0407Z	Alteration of Upper Jaw with Autologous Tissue Substitute, Open Approach
0W040JZ	Alteration of Upper Jaw with Synthetic Substitute, Open Approach
0W040KZ	Alteration of Upper Jaw with Nonautologous Tissue Substitute, Open Approach
0W040ZZ	Alteration of Upper Jaw, Open Approach
0W0437Z	Alteration of Upper Jaw with Autologous Tissue Substitute, Percutaneous Approach
0W043JZ	Alteration of Upper Jaw with Synthetic Substitute, Percutaneous Approach
0W043KZ	Alteration of Upper Jaw with Nonautologous Tissue Substitute, Percutaneous Approach
0W043ZZ	Alteration of Upper Jaw, Percutaneous Approach
0W0447Z	Alteration of Upper Jaw with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W044JZ	Alteration of Upper Jaw with Synthetic Substitute, Percutaneous Endoscopic Approach
0W044KZ	Alteration of Upper Jaw with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W044ZZ	Alteration of Upper Jaw, Percutaneous Endoscopic Approach
0W0507Z	Alteration of Lower Jaw with Autologous Tissue Substitute, Open Approach
0W050JZ	Alteration of Lower Jaw with Synthetic Substitute, Open Approach
0W050KZ	Alteration of Lower Jaw with Nonautologous Tissue Substitute, Open Approach
0W050ZZ	Alteration of Lower Jaw, Open Approach
0W0537Z	Alteration of Lower Jaw with Autologous Tissue Substitute, Percutaneous Approach
0W053JZ	Alteration of Lower Jaw with Synthetic Substitute, Percutaneous Approach
0W053KZ	Alteration of Lower Jaw with Nonautologous Tissue Substitute, Percutaneous Approach
0W053ZZ	Alteration of Lower Jaw, Percutaneous Approach
0W0547Z	Alteration of Lower Jaw with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

0W054JZ	Alteration of Lower Jaw with Synthetic Substitute, Percutaneous Endoscopic Approach
0W054KZ	Alteration of Lower Jaw with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W054ZZ	Alteration of Lower Jaw, Percutaneous Endoscopic Approach
0W020ZZ	Alteration of Face, Open Approach
0W0207Z	Alteration of Face with Autologous Tissue Substitute, Open Approach
0W020JZ	Alteration of Face with Synthetic Substitute, Open Approach
0W020KZ	Alteration of Face with Nonautologous Tissue Substitute, Open Approach
0W023ZZ	Alteration of Face, Percutaneous Approach
0W0247Z	Alteration of Face with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W024JZ	Alteration of Face with Synthetic Substitute, Percutaneous Endoscopic Approach
0W024KZ	Alteration of Face with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W024ZZ	Alteration of Face, Percutaneous Endoscopic Approach
0NS104Z	Reposition Right Frontal Bone with Internal Fixation Device, Open Approach
0NS204Z	Reposition Left Frontal Bone with Internal Fixation Device, Open Approach

Female to Male Surgery

ICD-10-PCS procedure codes:	Code Description
0VTC0ZZ	Resection of Bilateral Testes, Open Approach
0H0T0ZZ	Alteration of Right Breast, Open Approach
0H0T3ZZ	Alteration of Right Breast, Percutaneous Approach
0H0TXZZ	Alteration of Right Breast, External Approach
0H0U0ZZ	Alteration of Left Breast, Open Approach
0H0U3ZZ	Alteration of Left Breast, Percutaneous Approach
0H0UXZZ	Alteration of Left Breast, External Approach
0H0V07Z	Alteration of Bilateral Breast with Autologous Tissue Substitute, Open Approach
0H0V0JZ	Alteration of Bilateral Breast with Synthetic Substitute, Open Approach
0H0V0KZ	Alteration of Bilateral Breast with Nonautologous Tissue Substitute, Open Approach
0H0V0ZZ	Alteration of Bilateral Breast, Open Approach
0H0V37Z	Alteration of Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach
0H0V3JZ	Alteration of Bilateral Breast with Synthetic Substitute, Percutaneous Approach
0H0V3KZ	Alteration of Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0H0V3ZZ	Alteration of Bilateral Breast, Percutaneous Approach
0H0VXZZ	Alteration of Bilateral Breast, External Approach
0HDSXZZ	Extraction of Hair, External Approach
0HMTXZZ	Reattachment of Right Breast, External Approach
0HMUXZZ	Reattachment of Left Breast, External Approach
0HMOVXZZ	Reattachment of Bilateral Breast, External Approach
0HMXWZZ	Reattachment of Right Nipple, External Approach
0HMXXZZ	Reattachment of Left Nipple, External Approach
0HNT0ZZ	Release Right Breast, Open Approach
0HNT3ZZ	Release Right Breast, Percutaneous Approach
0HNT7ZZ	Release Right Breast, Via Natural or Artificial Opening
0HNT8ZZ	Release Right Breast, Via Natural or Artificial Opening Endoscopic
0HNTXZZ	Release Right Breast, External Approach
0HNU0ZZ	Release Left Breast, Open Approach

0HNU3ZZ	Release Left Breast, Percutaneous Approach
0HNU7ZZ	Release Left Breast, Via Natural or Artificial Opening
0HNU8ZZ	Release Left Breast, Via Natural or Artificial Opening Endoscopic
0HNUXZZ	Release Left Breast, External Approach
0HNV0ZZ	Release Bilateral Breast, Open Approach
0HNV3ZZ	Release Bilateral Breast, Percutaneous Approach
0HNV7ZZ	Release Bilateral Breast, Via Natural or Artificial Opening
0HNV8ZZ	Release Bilateral Breast, Via Natural or Artificial Opening Endoscopic
0HNVXZZ	Release Bilateral Breast, External Approach
0HNV0ZZ	Release Right Nipple, Open Approach
0HNV3ZZ	Release Right Nipple, Percutaneous Approach
0HNV7ZZ	Release Right Nipple, Via Natural or Artificial Opening
0HNV8ZZ	Release Right Nipple, Via Natural or Artificial Opening Endoscopic
0HNVXZZ	Release Right Nipple, External Approach
0HNX0ZZ	Release Left Nipple, Open Approach
0HNX3ZZ	Release Left Nipple, Percutaneous Approach
0HNX7ZZ	Release Left Nipple, Via Natural or Artificial Opening
0HNX8ZZ	Release Left Nipple, Via Natural or Artificial Opening Endoscopic
0HNXXZZ	Release Left Nipple, External Approach
0HQT0ZZ	Repair Right Breast, Open Approach
0HQT3ZZ	Repair Right Breast, Percutaneous Approach
0HQT7ZZ	Repair Right Breast, Via Natural or Artificial Opening
0HQT8ZZ	Repair Right Breast, Via Natural or Artificial Opening Endoscopic
0HQTXXZZ	Repair Right Breast, External Approach
0HQU0ZZ	Repair Left Breast, Open Approach
0HQU3ZZ	Repair Left Breast, Percutaneous Approach
0HQU7ZZ	Repair Left Breast, Via Natural or Artificial Opening
0HQU8ZZ	Repair Left Breast, Via Natural or Artificial Opening Endoscopic
0HQUXZZ	Repair Left Breast, External Approach
0HQV0ZZ	Repair Bilateral Breast, Open Approach
0HQV3ZZ	Repair Bilateral Breast, Percutaneous Approach
0HQV7ZZ	Repair Bilateral Breast, Via Natural or Artificial Opening
0HQV8ZZ	Repair Bilateral Breast, Via Natural or Artificial Opening Endoscopic
0HQVXZZ	Repair Bilateral Breast, External Approach
0HQW0ZZ	Repair Right Nipple, Open Approach
0HQW3ZZ	Repair Right Nipple, Percutaneous Approach
0HQW7ZZ	Repair Right Nipple, Via Natural or Artificial Opening
0HQW8ZZ	Repair Right Nipple, Via Natural or Artificial Opening Endoscopic
0HQWXXZZ	Repair Right Nipple, External Approach
0HQX0ZZ	Repair Left Nipple, Open Approach
0HQX3ZZ	Repair Left Nipple, Percutaneous Approach
0HQX7ZZ	Repair Left Nipple, Via Natural or Artificial Opening
0HQX8ZZ	Repair Left Nipple, Via Natural or Artificial Opening Endoscopic
0HQXXZZ	Repair Left Nipple, External Approach
0HQY0ZZ	Repair Supernumerary Breast, Open Approach
0HQY3ZZ	Repair Supernumerary Breast, Percutaneous Approach
0HQY7ZZ	Repair Supernumerary Breast, Via Natural or Artificial Opening
0HQY8ZZ	Repair Supernumerary Breast, Via Natural or Artificial Opening Endoscopic
0HQYXXZZ	Repair Supernumerary Breast, External Approach
0HRT07Z	Replacement of Right Breast with Autologous Tissue Substitute, Open Approach
0HRT0KZ	Replacement of Right Breast with Nonautologous Tissue Substitute, Open Approach

0HRT37Z	Replacement of Right Breast with Autologous Tissue Substitute, Percutaneous Approach
0HRT3KZ	Replacement of Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HRTXJZ	Replacement of Right Breast with Synthetic Substitute, External Approach
0HRU07Z	Replacement of Left Breast with Autologous Tissue Substitute, Open Approach
0HRU0KZ	Replacement of Left Breast with Nonautologous Tissue Substitute, Open Approach
0HRU37Z	Replacement of Left Breast with Autologous Tissue Substitute, Percutaneous Approach
0HRU3KZ	Replacement of Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HRUXJZ	Replacement of Left Breast with Synthetic Substitute, External Approach
0HRV07Z	Replacement of Bilateral Breast with Autologous Tissue Substitute, Open Approach
0HRV0KZ	Replacement of Bilateral Breast with Nonautologous Tissue Substitute, Open Approach
0HRV37Z	Replacement of Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach
0HRV3KZ	Replacement of Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HRVXJZ	Replacement of Bilateral Breast with Synthetic Substitute, External Approach
0HRW07Z	Replacement of Right Nipple with Autologous Tissue Substitute, Open Approach
0HRW0JZ	Replacement of Right Nipple with Synthetic Substitute, Open Approach
0HRW0KZ	Replacement of Right Nipple with Nonautologous Tissue Substitute, Open Approach
0HRW37Z	Replacement of Right Nipple with Autologous Tissue Substitute, Percutaneous Approach
0HRW3JZ	Replacement of Right Nipple with Synthetic Substitute, Percutaneous Approach
0HRW3KZ	Replacement of Right Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HRWX7Z	Replacement of Right Nipple with Autologous Tissue Substitute, External Approach
0HRWXJZ	Replacement of Right Nipple with Synthetic Substitute, External Approach
0HRWXKZ	Replacement of Right Nipple with Nonautologous Tissue Substitute, External Approach
0HRX07Z	Replacement of Left Nipple with Autologous Tissue Substitute, Open Approach
0HRX0JZ	Replacement of Left Nipple with Synthetic Substitute, Open Approach
0HRX0KZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, Open Approach
0HRX37Z	Replacement of Left Nipple with Autologous Tissue Substitute, Percutaneous Approach
0HRX3JZ	Replacement of Left Nipple with Synthetic Substitute, Percutaneous Approach
0HRX3KZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HRXX7Z	Replacement of Left Nipple with Autologous Tissue Substitute, External Approach
0HRXXJZ	Replacement of Left Nipple with Synthetic Substitute, External Approach
0HRXXKZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, External Approach
0HUT07Z	Supplement Right Breast with Autologous Tissue Substitute, Open Approach
0HUT0JZ	Supplement Right Breast with Synthetic Substitute, Open Approach
0HUT0KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Open Approach
0HUT37Z	Supplement Right Breast with Autologous Tissue Substitute, Percutaneous Approach
0HUT3JZ	Supplement Right Breast with Synthetic Substitute, Percutaneous Approach
0HUT3KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUT77Z	Supplement Right Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUT7JZ	Supplement Right Breast with Synthetic Substitute, Via Natural or Artificial Opening

0HUT7KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUT87Z	Supplement Right Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUT8JZ	Supplement Right Breast with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUT8KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUTX7Z	Supplement Right Breast with Autologous Tissue Substitute, External Approach
0HUTXJZ	Supplement Right Breast with Synthetic Substitute, External Approach
0HUTXKZ	Supplement Right Breast with Nonautologous Tissue Substitute, External Approach
0HUU07Z	Supplement Left Breast with Autologous Tissue Substitute, Open Approach
0HUU0JZ	Supplement Left Breast with Synthetic Substitute, Open Approach
0HUU0KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Open Approach
0HUU37Z	Supplement Left Breast with Autologous Tissue Substitute, Percutaneous Approach
0HUU3JZ	Supplement Left Breast with Synthetic Substitute, Percutaneous Approach
0HUU3KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUU77Z	Supplement Left Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUU7JZ	Supplement Left Breast with Synthetic Substitute, Via Natural or Artificial Opening
0HUU7KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUU87Z	Supplement Left Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUU8JZ	Supplement Left Breast with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUU8KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUUX7Z	Supplement Left Breast with Autologous Tissue Substitute, External Approach
0HUUXJZ	Supplement Left Breast with Synthetic Substitute, External Approach
0HUU XKZ	Supplement Left Breast with Nonautologous Tissue Substitute, External Approach
0HUV07Z	Supplement Bilateral Breast with Autologous Tissue Substitute, Open Approach
0HUV0JZ	Supplement Bilateral Breast with Synthetic Substitute, Open Approach
0HUV0KZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, Open Approach
0HUV37Z	Supplement Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach
0HUV3JZ	Supplement Bilateral Breast with Synthetic Substitute, Percutaneous Approach
0HUV3KZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUV77Z	Supplement Bilateral Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUV7JZ	Supplement Bilateral Breast with Synthetic Substitute, Via Natural or Artificial Opening
0HUV7KZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUV87Z	Supplement Bilateral Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUV8JZ	Supplement Bilateral Breast with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUV8KZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUVX7Z	Supplement Bilateral Breast with Autologous Tissue Substitute, External Approach
0HUVXJZ	Supplement Bilateral Breast with Synthetic Substitute, External Approach

0HUVXKZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, External Approach
0HUUW07Z	Supplement Right Nipple with Autologous Tissue Substitute, Open Approach
0HUUW0JZ	Supplement Right Nipple with Synthetic Substitute, Open Approach
0HUUW0KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Open Approach
0HUUW37Z	Supplement Right Nipple with Autologous Tissue Substitute, Percutaneous Approach
0HUUW3JZ	Supplement Right Nipple with Synthetic Substitute, Percutaneous Approach
0HUUW3KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HUUW77Z	Supplement Right Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUUW7JZ	Supplement Right Nipple with Synthetic Substitute, Via Natural or Artificial Opening
0HUUW7KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUUW87Z	Supplement Right Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUUW8JZ	Supplement Right Nipple with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUUW8KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUUWX7Z	Supplement Right Nipple with Autologous Tissue Substitute, External Approach
0HUUWXJZ	Supplement Right Nipple with Synthetic Substitute, External Approach
0HUUWXKZ	Supplement Right Nipple with Nonautologous Tissue Substitute, External Approach
0HUX07Z	Supplement Left Nipple with Autologous Tissue Substitute, Open Approach
0HUX0JZ	Supplement Left Nipple with Synthetic Substitute, Open Approach
0HUX0KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Open Approach
0HUX37Z	Supplement Left Nipple with Autologous Tissue Substitute, Percutaneous Approach
0HUX3JZ	Supplement Left Nipple with Synthetic Substitute, Percutaneous Approach
0HUX3KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HUX77Z	Supplement Left Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUX7JZ	Supplement Left Nipple with Synthetic Substitute, Via Natural or Artificial Opening
0HUX7KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUX87Z	Supplement Left Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUX8JZ	Supplement Left Nipple with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUX8KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUXX7Z	Supplement Left Nipple with Autologous Tissue Substitute, External Approach
0HUXXJZ	Supplement Left Nipple with Synthetic Substitute, External Approach
0HUXXKZ	Supplement Left Nipple with Nonautologous Tissue Substitute, External Approach
0U5J0ZZ	Destruction of Clitoris, Open Approach
0U5JXZZ	Destruction of Clitoris, External Approach
0U9J00Z	Drainage of Clitoris with Drainage Device, Open Approach
0U9J0ZZ	Drainage of Clitoris, Open Approach
0U9JX0Z	Drainage of Clitoris with Drainage Device, External Approach
0U9JXZZ	Drainage of Clitoris, External Approach
0UBJ0ZX	Excision of Clitoris, Open Approach, Diagnostic
0UBJ0ZZ	Excision of Clitoris, Open Approach
0UBJXZX	Excision of Clitoris, External Approach, Diagnostic

0UBJXZZ	Excision of Clitoris, External Approach
0UCJ0ZZ	Extirpation of Matter from Clitoris, Open Approach
0UCJXZZ	Extirpation of Matter from Clitoris, External Approach
0UMJXZZ	Reattachment of Clitoris, External Approach
0UNJ0ZZ	Release Clitoris, Open Approach
0UNJXZZ	Release Clitoris, External Approach
0UQG0ZZ	Repair Vagina, Open Approach
0UQJ0ZZ	Repair Clitoris, Open Approach
0UQJXZZ	Repair Clitoris, External Approach
0UTJ0ZZ	Resection of Clitoris, Open Approach
0UTJXZZ	Resection of Clitoris, External Approach
0UUG07Z	Supplement Vagina with Autologous Tissue Substitute, Open Approach
0UUG0JZ	Supplement Vagina with Synthetic Substitute, Open Approach
0UUG0KZ	Supplement Vagina with Nonautologous Tissue Substitute, Open Approach
0UUG47Z	Supplement Vagina with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0UUG4JZ	Supplement Vagina with Synthetic Substitute, Percutaneous Endoscopic Approach
0UUG4KZ	Supplement Vagina with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0UUG77Z	Supplement Vagina with Autologous Tissue Substitute, Via Natural or Artificial Opening
0UUG7JZ	Supplement Vagina with Synthetic Substitute, Via Natural or Artificial Opening
0UUG7KZ	Supplement Vagina with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0UUG87Z	Supplement Vagina with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0UUG8JZ	Supplement Vagina with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0UUG8KZ	Supplement Vagina with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0UUGX7Z	Supplement Vagina with Autologous Tissue Substitute, External Approach
0UUGXJZ	Supplement Vagina with Synthetic Substitute, External Approach
0UUGXKZ	Supplement Vagina with Nonautologous Tissue Substitute, External Approach
0UUJ07Z	Supplement Clitoris with Autologous Tissue Substitute, Open Approach
0UUJ0JZ	Supplement Clitoris with Synthetic Substitute, Open Approach
0UUJ0KZ	Supplement Clitoris with Nonautologous Tissue Substitute, Open Approach
0UUJX7Z	Supplement Clitoris with Autologous Tissue Substitute, External Approach
0UUJXJZ	Supplement Clitoris with Synthetic Substitute, External Approach
0UUJXKZ	Supplement Clitoris with Nonautologous Tissue Substitute, External Approach
0VT90ZZ	Resection of Right Testis, Open Approach
0VT94ZZ	Resection of Right Testis, Percutaneous Endoscopic Approach
0VTB0ZZ	Resection of Left Testis, Open Approach
0VTB4ZZ	Resection of Left Testis, Percutaneous Endoscopic Approach
0VTC4ZZ	Resection of Bilateral Testes, Percutaneous Endoscopic Approach
0VTS0ZZ	Resection of Penis, Open Approach
0VTS4ZZ	Resection of Penis, Percutaneous Endoscopic Approach
0VTSXZZ	Resection of Penis, External Approach
0W4N071	Creation of Penis in Female Perineum with Autologous Tissue Substitute, Open Approach
0W4N0J1	Creation of Penis in Female Perineum with Synthetic Substitute, Open Approach
0W4N0K1	Creation of Penis in Female Perineum with Nonautologous Tissue Substitute, Open Approach
0W4N0Z1	Creation of Penis in Female Perineum, Open Approach

Endnotes

¹ Based on local expert opinion

Exhibit D



DeanHealthPlan_®

A member of SSM Health

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate.

Sex Transformation Surgery (market-based)

MP9465

Covered Service: Yes, when member has the Sex Transformation Surgery Rider and meets criteria below.

Prior Authorization Required:

Yes—as shown below

Additional Information:

The medical policy criteria herein govern coverage determinations for certain Sex Transformation Surgeries for those members covered under a certificate that includes a Sex Transformation Surgery rider. The medical policy applies only to those Sex Transformation Surgery services covered under the rider. All Sex Transformation Surgery services not covered under the rider are governed by MP9469, Sex Transformation Surgery (standard).

Sex Transformation Surgeries for those members covered under a certificate that does not include a Sex Transformation Surgery Rider are governed by MP9469, Sex Transformation Surgery (standard).

Authorization may only be granted if the member is an active participant in a recognized gender identity treatment program.

Sex Transformation Surgery is defined as a surgery performed for the treatment of a confirmed gender dysphoria diagnosis.

Medicare Policy: Does not apply.

BadgerCare Plus Policy: Does not apply.

Dean Health Plan Medical Policy:

1.0 **All** Sex Transformation Surgeries **require** prior authorization through the Quality and Care Management Division and are considered medically appropriate when **all** the following are met:

1.1 Letter of referral for surgery from the individual's qualified mental health professional competent in the assessment and treatment of gender dysphoria, which includes:

1.1.1 Letter of referral should include **all** the following information:

1.1.1.1 Member's general identifying characteristics; and



DeanHealthPlan_®

A member of SSM Health

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate.

- 1.1.1.2 Results of the client's psychosocial assessment, including any diagnoses; and
 - 1.1.1.3 The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date; and
 - 1.1.1.4 An explanation that the World Professional Association for Transgender Health (WPATH) criteria for surgery have been met, and a brief description of the clinical rationale for supporting the member's request for surgery; and
 - 1.1.1.5 A statement about the fact that informed consent has been obtained from the member.
- 1.1.2 One letter of referral is required for breast/chest surgery (e.g., mastectomy, chest reconstruction, or augmentation mammoplasty); **and**
 - 1.1.3 One independent letter of referral is required for genital surgery
- 1.2 Persistent, well-documented gender dysphoria; **and**
 - 1.3 Capacity to make a fully informed decision and to consent to treatment; **and**
 - 1.4 Age of majority (18 years of age or older); **and**
 - 1.5 If significant medical or mental health concerns are present, conditions must be reasonably well-controlled; **and**
 - 1.6 The member may be required to complete twelve months of continuous and compliant hormone therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones); **and**
 - 1.6.1 If required documentation of at least 12 months of continuous hormonal sex reassignment therapy; **and**
 - 1.6.2 The physician responsible for endocrine transition therapy must medically clear the individual for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.
 - 1.7 The treatment plan must conform to identifiable external sources including the World Professional Association for Transgender Health Association (WPATH), and/or professional society guidance.



DeanHealthPlan[®]

A member of SSM Health

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate.

	Committee/Source	Date(s)
Originated:	Medical Policy Committee/Quality and Care Management Division	October 31, 2016
Revised:		
Reviewed:		

Published/Effective: 01/01/2017

Exhibit E



DeanHealthPlan.

A member of SSM Health

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate.

Sex Transformation Surgery (standard)

MP9469

Covered Service: No

Prior Authorization Required: Not covered

Additional Information: The medical policy criteria herein govern coverage of the identified categories of Sex Transformation Surgery for treatment of persons with gender dysphoria.

For those members covered under a certificate that includes a market-based Sex Transformation Surgery Rider, certain Sex Transformation Surgery services may be governed by MP9465 Sex Transformation Surgery (market-based).

Sex Transformation Surgery is defined as a surgery performed for the treatment of a confirmed gender dysphoria diagnosis.

Medicare Policy: Dean Health Plan makes coverage determinations on an individual claim basis.

BadgerCare Plus Policy: Dean Health Plan covers when BadgerCare Plus also covers the benefit.

Dean Health Plan Medical Policy:

- 1.0 Quality and Care Management has determined the following after review of current medical literature and studies regarding the identified categories of Sex Transformation Surgery:
- 2.0 Based upon lack of published evidence showing conclusively the long-term safety and positive impact on health outcomes, the following categories of Sex Transformation Surgery should be considered not medically necessary:
 - 2.1 Male to Female transition (55970):
 - 2.1.1 Breast augmentation (19324, 19325, 19340, 19342, 19350)
 - 2.1.2 Orchiectomy (54520, 54522, 54690)
 - 2.1.3 Penectomy (54125)
 - 2.1.4 Vaginoplasty (57335)
 - 2.1.5 Colovaginoplasty (55899, 57291, 57292, 58999)
 - 2.1.6 Clitoroplasty (56805)



DeanHealthPlan.

A member of SSM Health

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate.

- 2.1.7 Labiaplasty (55899, 58999)
- 2.2 Female to Male transition (55980):
 - 2.2.1 Breast reduction/mastectomy (19301, 19303, 19304, 19318)
 - 2.2.2 Hysterectomy (58150, 58180, 58260-58262, 58275, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573)
 - 2.2.3 Salpingo-oophrectomy (58661, 58720)
 - 2.2.4 Colpectomy / vaginectomy (57106, 57107, 57110, 57111)
 - 2.2.5 Metoidioplasty (55899, 58999)
 - 2.2.6 Phalloplasty (55899, 58999)
 - 2.2.7 Urethroplasty (53430)
 - 2.2.8 Scrotoplasty (55175, 55180)
 - 2.2.9 Placement of erectile prosthesis (54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417)
 - 2.2.10 Vulvectomy (56625)
- 3.0 The following procedures, which may be requested as part of sex transformation surgery, are non-covered benefits because they are generally performed to enhance body appearance and are not reconstructive in nature. This is not an all-inclusive list. Please see MP9022 Plastic and Reconstructive Surgery for additional information:
 - 3.1 Abdominoplasty
 - 3.2 Blepharoplasty or brow ptosis surgery
 - 3.3 Body contouring (including liposuction or subcutaneous injection of filling material)
 - 3.4 Calf implants
 - 3.5 Cheek (malar) implants, nose implants or chin implants
 - 3.6 Face lift or neck lift (rhytidectomy)
 - 3.7 Facial bone reduction
 - 3.8 Feminization of torso
 - 3.9 Hair transplant or removal
 - 3.10 Lip reduction or enhancement
 - 3.11 Masculinization of torso (pectoral implants)
 - 3.12 Mastopexy
 - 3.13 Reduction thyroid chondroplasty
 - 3.14 Removal of excess or redundant skin



DeanHealthPlan.

A member of SSM Health

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate.

- 3.15 Rhinoplasty
- 3.16 Skin resurfacing (including dermabrasion, chemical peel or chemical exfoliation)
- 3.17 Voice modification surgery (including laryngoplasty, cricothyroid approximation or vocal cord shortening)
- 4.0 Surgical Procedures accompanying a diagnosis of gender dysphoria that have not been listed above must be reviewed by a Medical Director for medical necessity.

	Committee/Source	Date(s)
Originated:	Medical Policy Committee/Quality and Care Management Division	October 31, 2016
Revised:	Medical Policy Committee/Quality and Care Management Division	April 19, 2017
Reviewed:	Medical Policy Committee/Quality and Care Management Division	April 19, 2017

Published/Effective: 05/01/2017