

**EXHIBIT B  
TO COMPLAINT**



U.S. Department of Justice  
Civil Rights Division  
NOTICE OF RIGHT TO SUE WITHIN 90 DAYS

CERTIFIED MAIL  
7003 0500 0002 5072 0599

950 Pennsylvania Avenue, N.W.  
Karen Ferguson, EMP, PHB, Room 4701  
Washington, DC 20530

December 14, 2018

Mr. Russell Toomey, PhD  
c/o James Burr Shields, Esquire  
Law Offices of Aiken & Schenk  
2390 E. Camelback Rd.  
Suite 400  
Phoenix, AZ 85016

DEC 27 2018

Re: EEOC Charge Against Board of Regents of the University of Arizona  
No. 540201804629

Dear Mr. Toomey, PhD:

Because you filed the above charge with the Equal Employment Opportunity Commission, and the Commission has determined that it will not be able to investigate and conciliate that charge within 180 days of the date the Commission assumed jurisdiction over the charge and the Department has determined that it will not file any lawsuit(s) based thereon within that time, and because you through your attorney have specifically requested this Notice, you are hereby notified that you have the right to institute a civil action under Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000e, et seq., against the above-named respondent.

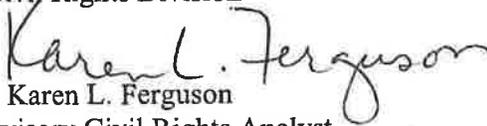
If you choose to commence a civil action, such suit must be filed in the appropriate Court within 90 days of your receipt of this Notice.

The investigative file pertaining to your case is located in the EEOC Phoenix District Office, Phoenix, AZ.

This Notice should not be taken to mean that the Department of Justice has made a judgment as to whether or not your case is meritorious.

Sincerely,

Eric S. Dreiband  
Assistant Attorney General  
Civil Rights Division

by   
Karen L. Ferguson  
Supervisory Civil Rights Analyst  
Employment Litigation Section

cc: Phoenix District Office, EEOC  
Board of Regents of the University of Arizona

**EXHIBIT C  
TO COMPLAINT**

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[\(https://www.aetna.com/\)](https://www.aetna.com/)

# Gender Reassignment Surgery

[Clinical Policy Bulletins](#) | [Medical Clinical Policy Bulletins](#)

**Number: 0615**

## Policy

Aetna considers gender reassignment surgery medically necessary when all of the following criteria are met:

- I. Requirements for mastectomy for female-to-male patients:
  - A. Single letter of referral from a qualified mental health professional (see Appendix); *and*
  - B. Persistent, well-documented gender dysphoria (see Appendix); *and*
  - C. Capacity to make a fully informed decision and to consent for treatment; *and*
  - D. For members below the age of majority (less than 18 years of age), completion of one year of testosterone treatment; *and*
  - E. If significant medical or mental health concerns are present, they must be reasonably well controlled.

Note that a trial of hormone therapy is not a pre-requisite to qualifying for a mastectomy in adults.

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

## Policy History

[Last](#)

[Review](#)



01/11/2019

Effective: 05/14/200;

[Next](#)

Review: 06/27/2019

[Review](#)

[History](#)



[Definitions](#)



## Additional Information

- A. Two referral letters from qualified mental health professionals, one in a purely evaluative role (see appendix); *and*
  - B. Persistent, well-documented gender dysphoria (see Appendix); *and*
  - C. Capacity to make a fully informed decision and to consent for treatment; *and*
  - D. Age of majority (18 years or older); *and*
  - E. If significant medical or mental health concerns are present, they must be reasonably well controlled; *and*
  - F. 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)
- III. Requirements for genital reconstructive surgery (i.e., vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, and placement of a testicular prosthesis and erectile prosthesis in female to male; penectomy, vaginoplasty, labiaplasty, and clitoroplasty in male to female)
- A. Two referral letters from qualified mental health professionals, one in a purely evaluative role (see appendix); *and*
  - B. Persistent, well-documented gender dysphoria (see Appendix); *and*
  - C. Capacity to make a fully informed decision and to consent for treatment; *and*
  - D. Age of majority (age 18 years and older); *and*
  - E. If significant medical or mental health concerns are present, they must be reasonably well controlled; *and*
  - F. 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*
  - G. 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.

#### Note on gender specific services for the transgender community

Gender-specific services may be medically necessary for transgender persons appropriate to their anatomy. Examples include:

1. Breast cancer screening may be medically necessary for female to male trans identified persons who have not undergone a mastectomy;
2. Prostate cancer screening may be medically necessary for male to female trans identified persons who have retained their prostate.

Aetna considers gonadotropin-releasing hormone medically necessary to suppress puberty in trans identified adolescents if they meet World Professional Association for Transgender Health (WPATH) criteria (see

[CPB 0501 - Gonadotropin-Releasing Hormone Analogs and Antagonists](#)  
(../500\_599/0501.html)

).

Aetna considers the following procedures that may be performed as a component of a gender reassignment as cosmetic (not an all-inclusive list) (see also

[CPB 0031 - Cosmetic Surgery](#) (../1\_99/0031.html):

- Abdominoplasty
- Blepharoplasty
- Brow lift
- Calf implants
- Cheek/malar implants
- Chin/nose implants
- Collagen injections
- Construction of a clitoral hood
- Drugs for hair loss or growth
- Forehead lift
- Jaw reduction (jaw contouring)
- Hair removal (e.g., electrolysis, laser hair removal)
- Hair transplantation
- Lip reduction

- Liposuction
- Mastopexy
- Neck tightening
- Nipple reconstruction
- Nose implants
- Pectoral implants
- Pitch-raising surgery
- Removal of redundant skin
- Rhinoplasty
- Voice therapy/voice lessons.

## Background

Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between an individual's gender identity and the gender assigned at birth (and the associated gender role and/or primary and secondary sex characteristics). A diagnosis of gender dysphoria requires a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. This condition may cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

Gender reassignment surgery is performed to change primary and/or secondary sex characteristics. For male to female gender reassignment, surgical procedures may include genital reconstruction (vaginoplasty, penectomy, orchidectomy, clitoroplasty) and cosmetic surgery (breast implants, facial reshaping, rhinoplasty, abdominoplasty, thyroid chondroplasty (laryngeal shaving), voice modification surgery (vocal cord shortening), hair transplants) (Day, 2002). For female to male gender reassignment, surgical procedures may include mastectomy, genital reconstruction (phalloplasty, genitoplasty, hysterectomy, bilateral oophorectomy), mastectomy, and cosmetic procedures to enhance male features such as pectoral implants and chest wall recontouring (Day, 2002).

The criterion noted above for some types of genital surgeries – i.e., that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity – is based on expert clinical consensus that this experience

provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery (Coleman, et al., 2011).

In addition to hormone therapy and gender reassignment surgery, psychological adjustments are necessary in affirming sex. Treatment should focus on psychological adjustment, with hormone therapy and gender reassignment surgery being viewed as confirmatory procedures dependent on adequate psychological adjustment. Mental health care may need to be continued after gender reassignment surgery. The overall success of treatment depends partly on the technical success of the surgery, but more crucially on the psychological adjustment of the trans identified person and the support from family, friends, employers and the medical profession.

Nakatsuka (2012) noted that the 3rd versions of the guideline for treatment of people with gender dysphoria (GD) of the Japanese Society of Psychiatry and Neurology recommends that feminizing/masculinizing hormone therapy and genital surgery should not be carried out until 18 years old and 20 years old, respectively. On the other hand, the 6th (2001) and the 7th (2011) versions of the standards of care for the health of transsexual, transgender, and gender non-conforming people of World Professional Association for Transgender Health (WPATH) recommend that transgender adolescents (Tanner stage 2, [mainly 12 to 13 years of age]) are treated by the endocrinologists to suppress puberty with gonadotropin-releasing hormone (GnRH) agonists until age 16 years old, after which cross-sex hormones may be given. A questionnaire on 181 people with GID diagnosed in the Okayama University Hospital (Japan) showed that female to male (FTM) trans identified individuals hoped to begin masculinizing hormone therapy at age of 15.6 +/- 4.0 (mean +/- S.D.) whereas male to female (MTF) trans identified individuals hoped to begin feminizing hormone therapy as early as age 12.5 +/- 4.0, before presenting secondary sex characters. After confirmation of strong and persistent trans gender identification, adolescents with GD should be treated with cross-gender hormone or puberty-delaying hormone to prevent developing undesired sex characters. These treatments may prevent transgender adolescents from attempting suicide, suffering from depression, and refusing to attend school.

Spack (2013) stated that GD is poorly understood from both mechanistic and clinical standpoints. Awareness of the condition appears to be increasing, probably because of greater societal acceptance and available hormonal treatment.

Therapeutic options include hormone and surgical treatments but may be limited by insurance coverage because costs are high. For patients seeking MTF affirmation, hormone treatment includes estrogens, finasteride, spironolactone, and GnRH analogs. Surgical options include feminizing genital and facial surgery, breast augmentation, and various fat transplantations. For patients seeking a FTM gender affirmation, medical therapy includes testosterone and GnRH analogs and surgical therapy includes mammoplasty and phalloplasty. Medical therapy for both FTM and MTF can be started in early puberty, although long-term effects are not known. All patients considering treatment need counseling and medical monitoring.

Leinung and colleagues (2013) noted that the Endocrine Society's recently published clinical practice guidelines for the treatment of transgender persons acknowledged the need for further information on transgender health. These investigators reported the experience of one provider with the endocrine treatment of transgender persons over the past 2 decades. Data on demographics, clinical response to treatment, and psychosocial status were collected on all transgender persons receiving cross-sex hormone therapy since 1991 at the endocrinology clinic at Albany Medical Center, a tertiary care referral center serving upstate New York. Through 2009, a total 192 MTF and 50 FTM transgender persons were seen. These patients had a high prevalence of mental health and psychiatric problems (over 50 %), with low rates of employment and high levels of disability. Mental health and psychiatric problems were inversely correlated with age at presentation. The prevalence of gender reassignment surgery was low (31 % for MTF). The number of persons seeking treatment has increased substantially in recent years. Cross-sex hormone therapy achieves very good results in FTM persons and is most successful in MTF persons when initiated at younger ages. The authors concluded that transgender persons seeking hormonal therapy are being seen with increasing frequency. The dysphoria present in many transgender persons is associated with significant mood disorders that interfere with successful careers. They stated that starting therapy at an earlier age may lessen the negative impact on mental health and lead to improved social outcomes.

Meyer-Bahlburg (2013) summarized for the practicing endocrinologist the current literature on the psychobiology of the development of gender identity and its variants in individuals with disorders of sex development or with transgenderism. Gender reassignment remains the treatment of choice for strong and persistent

gender dysphoria in both categories, but more research is needed on the short-term and long-term effects of puberty-suppressing medications and cross-sex hormones on brain and behavior.

#### Irreversible Surgical Interventions for Minors

The World Professional Association for Transgender Health (WPATH) recommendations version 7 (Coleman, et al., 2011) states, regarding irreversible surgical interventions, that "[g]enital surgery should not be carried out until (i) patients reach the legal age of majority in a given country, and (ii) patients have lived continuously for at least 12 months in the gender role that is congruent with their gender identity. The age threshold should be seen as a minimum criterion and not an indication in and of itself for active intervention." The WPATH guidelines state that "Chest surgery in FtM patients could be carried out earlier, preferably after ample time of living in the desired gender role and after one year of testosterone treatment. The intent of this suggested sequence is to give adolescents sufficient opportunity to experience and socially adjust in a more masculine gender role, before undergoing irreversible surgery. However, different approaches may be more suitable, depending on an adolescent's specific clinical situation and goals for gender identity expression."

#### Note on Nipple Reconstruction

Aetna considers nipple reconstruction, as defined by the American Medical Association (AMA) Current Procedural Terminology (CPT) code 19350, cosmetic/not medically necessary for mastectomy for female to male gender reassignment. Performance of a mastectomy for gender reassignment does not involve a nipple reconstruction as defined by CPT code 19350.

Some have cited breast reconstruction surgery for breast cancer, i.e., recreation of a breast after mastectomy, as support for coverage of nipple reconstruction. Mastectomy for female to male gender reassignment surgery, however, involves mastectomy without restoration of the breast. There are important differences between a mastectomy for breast cancer and a mastectomy for gender reassignment. The former requires careful attention to removal of all breast tissue to reduce the risk of cancer. By contrast, careful removal of all breast tissue is not essential in mastectomy for gender reassignment.

In mastectomy for gender reassignment, the nipple areola complex typically can be preserved. There is no routine indication for nipple reconstruction as defined by CPT code 19350, the exceptions being unusual cases where construction of a new nipple may be necessary in persons with very large and ptotic breasts. See, e.g., Bowman, et al., 2006).

Some have justified routinely billing CPT code 19350 for nipple reconstruction code for mastectomy for gender reassignment based upon the frequent need to reduce the size of the areola to give it a male appearance. However, the nipple reconstruction as defined by CPT code 19350 describes a much more involved procedure than areola reduction. The typical patient vignette for CPT code 19350, according to the AMA, is as follows: "The patient is measured in the standing position to ensure even balanced position for a location of the nipple and areola graft on the right breast. Under local anesthesia, a Skate flap is elevated at the site selected for the nipple reconstruction and constructed. A full-thickness skin graft is taken from the right groin to reconstruct the areola. The right groin donor site is closed primarily in layers."

Aetna will consider allowing modifier -22 to be appended to the mastectomy CPT code when this procedure is performed for gender reassignment to allow additional reimbursement for the extra work that may be necessary to reshape the nipple and create an aesthetically pleasing male chest. CPT code 19350 does not describe the work that that is being done, because that code describes the actual construction of a new nipple. The CPT defines modifier 22 as "Increased Procedural Services: When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required)."

Thus, Aetna considers nipple reconstruction, as defined by CPT code 19350, as cosmetic/not medically necessary for mastectomy for female to male gender reassignment, and that appending modifier 22 to the mastectomy code would more accurately reflect the extra work that may typically be necessary to obtain an aesthetically pleasing result.

Vulvoplasty versus Vaginoplasty as Gender-Affirming Genital Surgery for

## Transgender Women

Jiang and colleagues (2018) noted that gender-affirming vaginoplasty aims to create the external female genitalia (vulva) as well as the internal vaginal canal; however, not all patients desire nor can safely undergo vaginal canal creation. These investigators described the factors influencing patient choice or surgeon recommendation of vulvoplasty (creation of the external appearance of female genitalia without creation of a neovaginal canal) and evaluated the patient's satisfaction with this choice. Gender-affirming genital surgery consults were reviewed from March 2015 until December 2017, and patients scheduled for or who had completed vulvoplasty were interviewed by telephone. These investigators reported demographic data and the reasons for choosing vulvoplasty as gender-affirming surgery for patients who either completed or were scheduled for surgery, in addition to patient reports of satisfaction with choice of surgery, satisfaction with the surgery itself, and sexual activity after surgery. A total of 486 patients were seen in consultation for trans-feminine gender-affirming genital surgery: 396 requested vaginoplasty and 39 patients requested vulvoplasty; 30 Patients either completed or are scheduled for vulvoplasty. Vulvoplasty patients were older and had higher body mass index (BMI) than those seeking vaginoplasty. The majority (63 %) of the patients seeking vulvoplasty chose this surgery despite no contraindications to vaginoplasty. The remaining patients had risk factors leading the surgeon to recommend vulvoplasty. Of those who completed surgery, 93 % were satisfied with the surgery and their decision for vulvoplasty. The authors concluded that this was the first study of factors impacting a patient's choice of or a surgeon's recommendation for vulvoplasty over vaginoplasty as gender-affirming genital surgery; it also was the first reported series of patients undergoing vulvoplasty only.

Drawbacks of this study included its retrospective nature, non-validated questions, short-term follow-up, and selection bias in how vulvoplasty was offered.

Vulvoplasty is a form of gender-affirming feminizing surgery that does not involve creation of a neovagina, and it is associated with high satisfaction and low decision regret.

Autologous Fibroblast-Seeded Amnion for Reconstruction of Neo-vagina in Male-to-Female Reassignment Surgery

Seyed-Foroortan and colleagues (2018) stated that plastic surgeons have used several methods for the construction of neo-vaginas, including the utilization of penile skin, free skin grafts, small bowel or recto-sigmoid grafts, an amnion graft, and cultured cells. These researchers compared the results of amnion grafts with amnion seeded with autograft fibroblasts. Over 8 years, these investigators compared the results of 24 male-to-female transsexual patients retrospectively based on their complications and levels of satisfaction; 16 patients in group A received amnion grafts with fibroblasts, and the patients in group B received only amnion grafts without any additional cellular lining. The depths, sizes, secretions, and sensations of the vaginas were evaluated. The patients were monitored for any complications, including over-secretion, stenosis, stricture, fistula formation, infection, and bleeding. The mean age of group A was  $28 \pm 4$  years and group B was  $32 \pm 3$  years. Patients were followed-up from 30 months to 8 years (mean of  $36 \pm 4$ ) after surgery. The depth of the vaginas for group A was 14 to 16 and 13 to 16 cm for group B. There was no stenosis in neither group. The diameter of the vaginal opening was 34 to 38 mm in group A and 33 to 38 cm in group B. These researchers only had 2 cases of stricture in the neo-vagina in group B, but no stricture was recorded for group A. All of the patients had good and acceptable sensation in the neo-vagina; 75 % of patients had sexual experience and of those, 93.7 % in group A and 87.5% in group B expressed satisfaction. The authors concluded that the creation of a neo-vaginal canal and its lining with allograft amnion and seeded autologous fibroblasts is an effective method for imitating a normal vagina. The size of neo-vagina, secretion, sensation, and orgasm was good and proper. More than 93.7 % of patients had satisfaction with sexual intercourse. They stated that amnion seeded with fibroblasts extracted from the patient's own cells will result in a vagina with the proper size and moisture that can eliminate the need for long-term dilatation. The constructed vagina has a 2-layer structure and is much more resistant to trauma and laceration. No cases of stenosis or stricture were recorded. Level of Evidence = IV. These preliminary findings need to be validated by well-designed studies.

#### Pitch-Raising Surgery in Male-to-Female Transsexuals

Van Damme and colleagues (2017) reviewed the evidence of the effectiveness of pitch-raising surgery performed in male-to-female transsexuals. These investigators carried out a search for studies in PubMed, Web of Science, Science Direct, EBSCOhost, Google Scholar, and the references in retrieved manuscripts, using as keywords "transsexual" or "transgender" combined with terms related to

voice surgery. They included 8 studies using cricothyroid approximation, 6 studies using anterior glottal web formation, and 6 studies using other surgery types or a combination of surgical techniques, leading to 20 studies in total. Objectively, a substantial rise in post-operative fundamental frequency was identified.

Perceptually, mainly laryngeal web formation appeared risky for decreasing voice quality. The majority of patients appeared satisfied with the outcome. However, none of the studies used a control group and randomization process. The authors concluded that future research needs to investigate long-term effects of pitch-raising surgery using a stronger study design.

Azul and associates (2017) evaluated the currently available discursive and empirical data relating to those aspects of trans-masculine people's vocal situations that are not primarily gender-related, and identified restrictions to voice function that have been observed in this population, and made suggestions for future voice research and clinical practice. These researchers conducted a comprehensive review of the voice literature. Publications were identified by searching 6 electronic databases and bibliographies of relevant articles. A total of 22 publications met inclusion criteria. Discourses and empirical data were analyzed for factors and practices that impact on voice function and for indications of voice function-related problems in trans-masculine people. The quality of the evidence was appraised. The extent and quality of studies investigating trans-masculine people's voice function was found to be limited. There was mixed evidence to suggest that trans-masculine people might experience restrictions to a range of domains of voice function, including vocal power, vocal control/stability, glottal function, pitch range/variability, vocal endurance, and voice quality. The authors concluded that more research into the different factors and practices affecting trans-masculine people's voice function that took account of a range of parameters of voice function and considered participants' self-evaluations is needed to establish how functional voice production can be best supported in this population.

## Appendix

### DSM 5 Criteria for Gender Dysphoria in Adults and Adolescents

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

- I. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
- II. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- III. A strong desire for the primary and/or secondary sex characteristics of the other gender
- IV. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- V. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- VI. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

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

Format for referral letters from Qualified Health Professional: (From SOC-7)

- I. Client's general identifying characteristics; *and*
- II. Results of the client's psychosocial assessment, including any diagnoses; *and*
- III. The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date; *and*
- IV. 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*
- V. A statement about the fact that informed consent has been obtained from the patient; *and*
- VI. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

**Note:** There is no minimum duration of relationship required with mental health professional. It is the professional's judgment as to the appropriate length of time before a referral letter can appropriately be written. A common period of time is

three months, but there is significant variation in both directions. When two letters are required, the second referral is intended to be an evaluative consultation, not a representation of an ongoing long-term therapeutic relationship, and can be written by a medical practitioner of sufficient experience with gender dysphoria.

**Note:** Evaluation of candidacy for sex reassignment surgery by a mental health professional is covered under the member's medical benefit, unless the services of a mental health professional are necessary to evaluate and treat a mental health problem, in which case the mental health professional's services are covered under the member's behavioral health benefit. Please check benefit plan descriptions.

**Characteristics of a Qualified Mental Health Professional: (From SOC-7)**

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

**CPT Codes / HCPCS Codes / ICD-10 Codes**

*Information in the [brackets] below has been added for clarification purposes. Codes requiring a 7th character are represented by "+":*

| Code | Code Description |
|------|------------------|
|------|------------------|

CPT codes covered if selection criteria are met:

| Code   | Code Description  |
|--|---|
| 19301, 19303 -<br>19304  | Mastectomy  |
| 53430  | Urethroplasty, reconstruction of female urethra   |
| 54125  | Amputation of penis; complete   |
| 54400 - 54417  | Penile prosthesis   |
| 54520  | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach  |
| 54660  | Insertion of testicular prosthesis (separate procedure)   |
| 54690  | Laparoscopic, surgical; orchiectomy   |
| 55175  | Scrotoplasty; simple  |
| 55180  | complicated   |
| 55970  | Intersex surgery; male to female [a series of staged procedures that includes male genitalia removal, penile dissection, urethral transposition, creation of vagina and labia with stent placement] |
| 55980  | female to male [a series of staged procedures that include penis and scrotum formation by graft, and prostheses placement]  |
| 56625  | Vulvectomy simple; complete   |
| 56800  | Plastic repair of introitus   |
| 56805  | Clitoroplasty for intersex state  |
| 56810  | Perineoplasty, repair of perineum, nonobstetrical (separate procedure)  |
| 57106 - 57107,<br>57110 - 57111  | Vaginectomy   |
| 57291 - 57292  | Construction of artificial vagina   |
| 57335  | Vaginoplasty for intersex state   |
| 58150, 58180,<br>58260 - 58262,<br>58275 - 58291,<br>58541 - 58544,<br>58550 - 58554 | Hysterectomy  |
| 58570 - 58573  | Laparoscopy, surgical, with total hysterectomy  |

| Code  | Code Description  |
|---|---|
| 58661   | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)                          |
| 58720   | Salpingo-oophorectomy, complete or partial, unilateral or bilateral   |
| <b>CPT codes not covered for indications listed in the CPB [considered cosmetic]:</b> |   |
| 11950 - 11954   | Subcutaneous injection of filling material (e.g., collagen)   |
| 15200   | Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less [nipple reconstruction]                     |
| 15775   | Punch graft for hair transplant; 1 to 15 punch grafts   |
| 15776   | Punch graft for hair transplant; more than 15 punch grafts  |
| 15780 - 15787   | Dermabrasion  |
| 15788 - 15793   | Chemical peel   |
| 15820 - 15823   | Blepharoplasty  |
| 15824 - 15828   | Rhytidectomy [face-lifting]   |
| 15830 - 15839   | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy                           |
| 15876 - 15879   | Suction assisted lipectomy  |
| 17380   | Electrolysis epilation, each 30 minutes   |
| 19316   | Mastopexy   |
| 19318   | Reduction mammoplasty   |
| 19324 - 19325   | Mammoplasty, augmentation   |
| 19340   | Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction   |
| 19342   | Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction   |
| 19350   | Nipple/areola reconstruction  |
| 21087   | Nasal prosthesis  |
| 21120 - 21123   | Genioplasty   |
| 21125 - 21127   | Augmentation, mandibular body or angle; prosthetic material or with bone graft, onlay or interpositional (includes obtaining autograft) |
| 21193   | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft  |

| Code  | Code Description   |
|---|--|
| 21194   | with bone graft (includes obtaining graft)   |
| 21195   | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation                           |
| 21196   | with internal rigid fixation   |
| 21208   | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)                                    |
| 21210   | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)  |
| 21270   | Malar augmentation, prosthetic material  |
| 30400 - 30420   | Rhinoplasty; primary   |
| 30430 - 30450   | Rhinoplasty; secondary   |
| 67900   | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)   |
| 92507   | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual                     |
| 92508   | Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals |
| <b>Other CPT codes related to the CPB:</b>                |  |
| 11980   | Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)        |
| +90785  | Interactive complexity (List separately in addition to the code for primary procedure)                                   |
| 90832 - 90838   | Psychotherapy  |
| 96372   | Therapeutic, prophylactic, or diagnostic injection (specify substance of drug); subcutaneous or intramuscular            |
| <b>HCPCS codes covered if selection criteria are met:</b> |  |
| C1813   | Prosthesis, penile, inflatable   |
| C2622   | Prosthesis, penile, non-inflatable   |
| J1071   | Injection, testosterone cypionate, 1 mg  |
| J3121   | Injection, testosterone enanthate, 1 mg  |
| J3145   | Injection, testosterone undecanoate, 1 mg  |
| J1950   | Injection, leuprolide acetate (for depot suspension), per 3.75 mg  |
| J9202   | Goserelin acetate implant, per 3.6 mg  |

| Code  | Code Description   |
|---|--|
| J9217   | Leuprolide acetate (for depot suspension), 7.5 mg  |
| J9218   | Leuprolide acetate, per 1 mg   |
| J9219   | Leuprolide acetate implant, 65 mg  |
| S0189   | Testosterone pellet, 75 mg   |
| HCPCS codes not covered for indications listed in the CPB : |  |
| G0153   | Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes |
| S9128   | Speech therapy, in the home, per diem  |
| ICD-10 codes covered if selection criteria are met:         |  |
| F64.0 - F64.1   | Transsexualism and dual role transvestism  |
| F64.8   | Other gender identity disorders  |
| F64.9   | Gender identity disorder, unspecified  |
| Z87.890   | Personal history of sex reassignment   |
| ICD-10 codes not covered for indications listed in the CPB: |  |
| F64.2   | Gender identity disorder of childhood  |

The above policy is based on the following references:

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**EXHIBIT D  
TO COMPLAINT**



MEDICAL COVERAGE GUIDELINES  
SECTION: MEDICINE

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## TREATMENTS FOR GENDER DYSPHORIA

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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**TREATMENTS FOR GENDER DYSPHORIA (cont.)**

**Description:**

Gender dysphoria refers to the discomfort or distress caused by discrepancy between an individual's gender identity and the gender assigned at birth.

1. Treatments for gender dysphoria include:
  - Medical treatment
  - Hormone therapy(routes of administration include buccal tablets, intramuscular injections, oral medication, topical gel and topical patches)
  - Psychotherapy
  
2. Surgical procedures to change primary and secondary sex characteristics (i.e., breast/chest, genitalia). Surgery, particularly genital surgery, is often the last and the most considered step in the treatment process for gender dysphoria.

**Female-to-Male (FTM) Surgical Procedures**

| <b>Breast/Chest Surgery</b>                                   | <b>Genital Surgery</b>                                       |
|---|--|
| Subcutaneous mastectomy                                       | Hysterectomy/salpingo-oophorectomy                           |
| Chest reconstruction in conjunction with bilateral mastectomy | Implantation of penile erection and/or testicular prostheses |
|   | Metoidioplasty or phalloplasty                               |
|   | Scrotoplasty   |
|   | Urethroplasty  |
|   | Vaginectomy  |

**Male-to-Female (MTF) Surgical Procedures**

| <b>Breast/Chest Surgery</b>                     | <b>Genital Surgery</b> |
|---|------------------------|
| Augmentation mammoplasty (implants/lipofilling) | Clitoroplasty          |
|   | Orchiectomy            |
|   | Penectomy              |
|   | Urethroplasty          |
|   | Vaginoplasty           |
|   | Vulvoplasty            |



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

### Description: (cont.)

#### Referral for Surgery:

Surgical treatments for gender dysphoria are initiated by a referral (one or two, depending on the type of surgery) from a qualified mental health professional. The mental health professional provides documentation, in the chart and/or referral letter, of the individual's personal and treatment history, progress and eligibility.

Breast surgery requires one referral from a qualified mental health professional.

Genital surgery requires two referrals from qualified mental health professionals. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) may be sent. Each referral letter, however, is expected to cover the same topics in the areas outlined below.

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

1. General identifying characteristics
2. Psychosocial assessment results, including diagnoses
3. Duration of the mental health professional's relationship with the individual, including the type of evaluation and therapy or counseling to date
4. Explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the surgery request
5. Statement that informed consent has been obtained from the individual seeking surgery
6. Statement that the mental health professional is available for coordination of care.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

### Definitions:

#### Cosmetic:

Surgery, procedures or treatment and other services performed primarily to enhance or improve appearance, including *but not limited to*, those surgeries, procedures, treatments and other services performed in the absence of a functional impairment of a body part or organ as documented in the medical record, even if such services will improve emotional, psychological or mental condition.

Liposuction and lipofilling of the chest, waist, hips and buttocks are cosmetic contouring procedures to feminize or masculinize the body. FTM chest contouring produces a masculine V-shaped torso. MTF contouring produces feminine features such as a curvier waist and fuller hips and buttocks.

FTM facial masculinization procedures include *but are not limited to*: forehead lengthening and augmentation, chin, cheek and jaw augmentation, hair transplant, rhinoplasty/nasal augmentation and thyroid cartilage/Adam's Apple enhancement.

MTF facial feminization procedures include *but are not limited to*: brow lift, cheek implants/enhancement, chin and jaw contouring, forehead reduction/contouring, hairline advancement, lip augmentation, rhinoplasty and thyroid cartilage/Adam's Apple reduction.

#### Gender Reassignment Surgery:

Surgery to change primary and/or secondary sex characteristics to affirm an individual's gender identity. Sex or gender reassignment surgery can be an important part of medically necessary treatment to alleviate gender dysphoria. May also be known as gender or transgender transition surgery.

#### Hormone Therapy for Adolescents:

Endocrine Society Clinical Practice Guidelines for endocrine treatment of transsexual persons state that adolescents are eligible and ready for gonadotropin-releasing hormone (GnRH) therapy for suppression of puberty if they:

1. Fulfill DSM IV-TR or ICD-10 criteria for gender identity disorder (GID) or transsexualism
2. Have experienced puberty to at least Tanner stage 2
3. Have (early) pubertal changes that have resulted in an increase of their gender dysphoria
4. Do not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment
5. Have adequate psychological and social support during treatment
6. Demonstrate knowledge and understanding of the expected outcomes of GnRH analog treatment, cross-sex hormone treatment, and sex reassignment surgery, as well as the medical and the social risks and benefits of sex reassignment



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

### Definitions: (cont.)

#### Transgender:

Describes a diverse group of individuals who cross or transcend culturally-defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth.

#### Transition:

Transition is the period of time when individuals change from the gender role associated with their sex assigned at birth to a different gender role. Transition may or may not include feminization or masculinization of the body through hormones or other medical procedures. The nature and duration of transition are variable and individualized.

Suppression of puberty using hormone therapy is not considered transition.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

### Criteria:

COVERAGE FOR GENDER DYSPHORIA TREATMENT IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

If benefit coverage for gender dysphoria treatment is available, requests for gender dysphoria treatment will be reviewed by the medical director(s) and/or clinical advisor(s).

### Medical Treatment for Gender Dysphoria:

- If benefit coverage for gender dysphoria treatment is available, the following medical treatments are considered *medically necessary*:
  1. Female-to-male hormone therapy<sup>1</sup>
  2. Male-to-female hormone therapy<sup>1</sup>
  3. Psychotherapy
  
- If benefit coverage for gender dysphoria treatment is available, subcutaneous hormone pellet implants are considered *experimental or investigational* based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

These indications include, *but are not limited to*:

- Female-to-male hormone therapy
  - Male-to-female hormone therapy
- 
- If benefit coverage for gender dysphoria treatment is not available, gender dysphoria medical treatment is considered *a benefit plan exclusion* and *not eligible for coverage*.
- 
- <sup>1</sup> Includes buccal tablets, intramuscular injections, oral medication, topical gel and topical patches.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

Female-to-Male:

Surgical Procedures for Gender Dysphoria:

➤ If benefit coverage for gender dysphoria treatment is available, the following surgical procedures are considered *eligible for coverage*:

1. Mastectomy with documentation of **ALL** of the following:
  - One referral from qualified mental health professional
  - Persistent, well-documented gender dysphoria
  - Capacity to make a fully informed decision and to give consent for treatment
  - Age of majority in a given country (if younger, follow the standards of care for children and adolescents)
  - If significant medical or mental health concerns are present, they must be reasonably well controlled

Hormone therapy is not a prerequisite.

2. Hysterectomy/salpingo-oophorectomy with documentation of **ALL** of the following:
  - Two referrals from qualified mental health professionals
  - Persistent, well documented gender dysphoria
  - Capacity to make a fully informed decision and to give consent for treatment
  - Age of majority in a given country
  - If significant medical or mental health concerns are present, they must be well controlled
  - 12 continuous months of hormone therapy as appropriate to the individual's gender goals (unless hormones are not clinically indicated for the individual)

These criteria do not apply to individuals having these surgical procedures for medical indications other than gender dysphoria.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

Female-to-Male: (cont.)

Surgical Procedures for Gender Dysphoria: (cont.)

- **If benefit coverage for gender dysphoria treatment is available**, the following surgical procedures are considered *eligible for coverage*: (cont.)
  3. Scrotoplasty, implantation of penile erection and/or testicular prostheses, metoidioplasty or phalloplasty, urethroplasty and vaginectomy with documentation of **ALL** of the following:
    - Two referrals from qualified mental health professionals
    - Persistent, well documented gender dysphoria
    - Capacity to make a fully informed decision and to consent for treatment
    - Age of majority in a given country
    - If significant medical or mental health concerns are present, they must be well controlled
    - 12 continuous months of hormone therapy as appropriate to the individual's gender goals (unless hormones are not clinically indicated for the individual)
    - 12 continuous months of living in a gender role that is congruent with their gender identity

Although not an explicit criterion, it is recommended that these individuals also have regular visits with a mental health or other medical professional.

- **If benefit coverage for gender dysphoria treatment is available**, all other surgical procedures are considered *cosmetic, not eligible for coverage* and *not medically necessary*. See page 10 for list of procedures.
- **If benefit coverage for gender dysphoria treatment is not available**, surgical procedures for gender dysphoria are considered *a benefit plan exclusion* and *not eligible for coverage*.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

Female-to-Male: (cont.)

### Other Procedures for Gender Dysphoria:

- **If benefit coverage for gender dysphoria treatment is available, preoperative permanent removal of genital hair with electrolysis prior to a metoidioplasty, phalloplasty, scrotoplasty and urethroplasty is considered *eligible for coverage*.**
- **If benefit coverage for gender dysphoria treatment is available, postoperative permanent removal of genital hair with electrolysis following a metoidioplasty, phalloplasty, scrotoplasty and urethroplasty is considered *eligible for coverage* with documentation that postoperative genital hair is causing functional limitation or dysfunction.**
- **If benefit coverage for gender dysphoria treatment is available, permanent removal of genital hair with electrolysis for all other indications not previously listed or if above criteria not met is considered *cosmetic, not eligible for coverage* and *not medically necessary*. See page 10 for list of other hair procedures.**
- **If benefit coverage for gender dysphoria treatment is not available, permanent removal of genital hair with electrolysis is considered *a benefit plan exclusion* and *not eligible for coverage*.**



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

Male-to-Female:

### Surgical Procedures for Gender Dysphoria:

➤ **If benefit coverage for gender dysphoria treatment is available**, the following surgical procedures are considered **eligible for coverage**:

1. Initial breast augmentation (implants/lipofilling) with documentation of **ALL** of the following:
  - One referral from qualified mental health professional
  - Persistent, well-documented gender dysphoria
  - Capacity to make a fully informed decision and to give consent for treatment
  - Age of majority in a given country (if younger, follow the SOC for children and adolescents)
  - If significant medical or mental health concerns are present, they must be reasonably well controlled

Although not an explicit criterion, feminizing hormone therapy (minimum 12 months) prior to breast augmentation surgery is recommended. The purpose is to maximize breast growth in order to obtain better surgical (aesthetic) results.

2. Orchiectomy and penectomy with documentation of **ALL** of the following:
  - Two referrals from qualified mental health professionals
  - Persistent, well documented gender dysphoria
  - Capacity to make a fully informed decision and to give consent for treatment
  - Age of majority in a given country
  - If significant medical or mental health concerns are present, they must be well controlled
  - 12 continuous months of hormone therapy as appropriate to the individual's gender goals (unless hormones are not clinically indicated for the individual)

The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, prior to irreversible surgical intervention.

These criteria do not apply to individuals having these surgical procedures for medical indications other than gender dysphoria.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

Male-to-Female: (cont.)

Surgical Procedures for Gender Dysphoria: (cont.)

- **If benefit coverage for gender dysphoria treatment is available**, the following surgical procedures are considered **eligible for coverage**: (cont.)
  3. Clitoroplasty, urethroplasty, vaginoplasty and vulvoplasty with documentation of **ALL** of the following:
    - Two referrals from qualified mental health professionals
    - Persistent, well documented gender dysphoria
    - Capacity to make a fully informed decision and to consent for treatment
    - Age of majority in a given country
    - If significant medical or mental health concerns are present, they must be well controlled
    - 12 continuous months of hormone therapy as appropriate to the individual's gender goals (unless hormones are not clinically indicated for the individual)
    - 12 continuous months of living in a gender role that is congruent with their gender identity

Although not an explicit criterion, it is recommended that these individuals also have regular visits with a mental health or other medical professional.

- **If benefit coverage for gender dysphoria treatment is available**, all other surgical procedures are considered **cosmetic, not eligible for coverage** and **not medically necessary**. See page 10 for list of procedures.
- **If benefit coverage for gender dysphoria treatment is not available**, surgical procedures for gender dysphoria are considered **a benefit plan exclusion** and **not eligible for coverage**.

Other Procedures for Gender Dysphoria:

- **If benefit coverage for gender dysphoria treatment is available**, preoperative permanent removal of genital hair with electrolysis prior to a clitoroplasty, penectomy, urethroplasty, vaginoplasty and vulvoplasty is considered **eligible for coverage**.
- **If benefit coverage for gender dysphoria treatment is available**, postoperative permanent removal of genital hair with electrolysis following a clitoroplasty, penectomy, urethroplasty, vaginoplasty and is considered **eligible for coverage** with documentation that postoperative genital hair is causing functional limitation or dysfunction.
- **If benefit coverage for gender dysphoria treatment is not available**, permanent removal of genital hair with electrolysis is considered **a benefit plan exclusion** and **not eligible for coverage**.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

### Cosmetic Surgical Procedures for Gender Dysphoria:

- **If benefit coverage for gender dysphoria treatment is available**, the following procedures are considered *cosmetic, not eligible for coverage* and *not medically necessary*.

These procedures include, *but are not limited to:*

1. Abdominoplasty
2. Blepharoplasty
3. Brow lift
4. Calf implants
5. Cheek/malar implants/enhancement
6. Chest contouring (lipofilling, liposuction)
7. Chin/nose augmentation (implants) and contouring
8. Collagen injections
9. Face lift
10. Forehead lengthening, augmentation and reduction/contouring
11. Facial feminization/masculinization surgery
12. Gluteal augmentation (implants/lipofilling)
13. Hair transplantation
14. Hairline advancement
15. Jaw augmentation and shortening/sculpturing/facial bone reduction
16. Lip reduction and augmentation/enhancement
17. Lipofilling
18. Liposuction
19. Mastopexy
20. Neck tightening
21. Nipple/areola reconstruction
22. Pectoral implants
23. Permanent removal of genital hair with electrolysis for all other indications not previously listed or if above criteria not met
24. Removal of non-genital hair (electrolysis, laser)
25. Removal of redundant skin
26. Repeat female-to-male genital surgical procedures
27. Repeat male-to-female breast augmentation (implants/lipofilling) or revisions to initial breast augmentation (implants/lipofilling)
28. Replacement of tissue expander with permanent prosthesis testicular insertion
29. Rhinoplasty
30. Skin resurfacing (e.g., dermabrasion, chemical peels)
31. Thyroid cartilage augmentation/enhancement and reduction/trachea shave
32. Voice modification surgery/laryngoplasty
33. Voice therapy/voice lessons



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

Fertility/Infertility Services for Gender Dysphoria:

**COVERAGE FOR FERTILITY/INFERTILITY SERVICES FOR GENDER DYSPHORIC MEMBERS IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS UNDER SERVICES TO DIAGNOSE INFERTILITY AND/OR FERTILITY AND INFERTILITY SERVICES.**

**If benefit coverage for fertility/infertility services is available, requests for fertility/infertility services will be reviewed by the medical director(s) and/or clinical advisor(s).**

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Resources:

**Literature reviewed 09/04/18. We do not include marketing materials, poster boards and non-published literature in our review.**

1. Blue Cross Blue Shield of Arizona Benefit Plan Booklet.
2. The Endocrine Society. Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*. 07/02/2013.
3. The World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transsexual, Transgender and Gender-Nonconforming People. 2012, Version 7.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Dii kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'idilkidgo éí doodago Háida bíjé anilyeedígíí t'áadoo le'é yina'idilkidgo beehaz'áanii hólo dii t'áa hazaadk'ehji háka a'doowolgo bee haz'á doo baqah ilínigóó. Ata' halne'ígíí kojí' bich'í' hodilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員。請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص يساعدك أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.



**EXHIBIT E  
TO COMPLAINT**



## Medical Coverage Policy

Effective Date..... 4/15/2018  
 Next Review Date..... 3/15/2019  
 Coverage Policy Number ..... 0266

# Treatment of Gender Dysphoria

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- [Breast Reconstruction Following Mastectomy or Lumpectomy](#)
- [Dermabrasion and Chemical Peels](#)
- [Endometrial Ablation](#)
- [Infertility Services](#)
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#### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

### Coverage Policy

Coverage for treatment of gender dysphoria, including gender reassignment surgery and related services, is subject to the terms, conditions and limitations of the applicable benefit plan and may be governed by state and/or federal mandates. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

Unless otherwise specified in a benefit plan, the following conditions of coverage apply for treatment of gender dysphoria and/or gender reassignment surgery and related procedures, including all applicable benefit limitations, precertification, or other medical necessity criteria.

#### SERVICES MEDICALLY NECESSARY

**Medically necessary treatment for an individual with gender dysphoria may include ANY of the following services, when services are available in the benefit plan:**

- Behavioral health services, including but not limited to, counseling for gender dysphoria and related psychiatric conditions (e.g., anxiety, depression)
- Hormonal therapy, including but not limited to androgens, anti-androgens, GnRH analogues, estrogens, and progestins.
- Laboratory testing to monitor prescribed hormonal therapy
- Age-related, gender-specific services, including but not limited to preventive health, as appropriate to the individuals biological anatomy (e.g., cancer screening [e.g., cervical, breast, prostate]; treatment of a prostate medical condition)
- Gender reassignment and related surgery (see below).

### **Gender Reassignment Surgery**

**Gender reassignment surgery (see Table 1) is considered medically necessary treatment of gender dysphoria when the individual is age 18 years or older and when the following criteria are met:**

- **For initial mastectomy:** one letter of support from a qualified mental health professional.

**NOTE:** The Women's Health and Cancer Rights Act (WHCRA), 29 U.S. Code § 1185b requires coverage of certain post-mastectomy services related to breast reconstruction and treatment of physical complications from mastectomy including nipple-areola reconstruction.

- **For hysterectomy, salpingo-oophorectomy, orchiectomy:**
  - documentation of at least 12 months of continuous hormonal sex reassignment therapy AND
  - recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery. (If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both [for example, if practicing within the same clinic] are required.
- **For reconstructive genital surgery:**
  - documentation of at least 12 months of continuous hormonal sex reassignment therapy AND
  - recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery. (If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both [for example, if practicing within the same clinic] are required AND
  - documentation the individual has lived for at least 12 continuous months in a gender role that is congruent with their gender identity.

**Table 1: Gender Reassignment Surgery**

| <b>Procedure</b>  | <b>CPT / HCPCS codes (This list may not be all inclusive)</b> |
|---|---|
| Initial mastectomy*, nipple-areola reconstruction (related to mastectomy or post mastectomy reconstruction)                     | 19303, 19304, 19350   |
| Hysterectomy and salpingo-oophorectomy  | 58150, 58260 58262 58291, 58552, 58554, 58571, 58573, 58661   |
| Female to male reconstructive genital surgery which may include any of the following:<br>Vaginectomy**/colpectomy<br>Vulvectomy | 55980<br><br>57110<br>56625                                   |

|   |                                   |
|---|-----------------------------------|
| Metoidioplasty  | 58999                             |
| Phalloplasty  | 58999                             |
| Penile prosthesis (noninflatable / inflatable), including surgical correction of malfunctioning pump, cylinders, or reservoir | 54400, 54401, 54405, C1813, C2622 |
| Urethroplasty / urethromeatoplasty  | 53430, 53450                      |
| Orchiectomy   | 54690                             |
| Male to female reconstructive genital surgery, which may include any of the following:  | 55970                             |
| Vaginoplasty**, (e.g, construction of vagina with/without graft, colovaginoplasty)  | 57291, 57292, 57335               |
| Penectomy   | 54125                             |
| Vulvoplasty, (e.g., labiaplasty, clitoroplasty, penile skin inversion)  | 56620, 56805                      |
| Repair of introitus   | 56800                             |
| Coloproctostomy   | 44145, 55899                      |

**\*Note:** Please reference the Cigna Medical Coverage Policy 0152 Reduction Mammoplasty for conditions of coverage related to breast reduction.

**\*\*Note:** For individuals considering hysterectomy/salpingo-oophorectomy, orchiectomy, vaginectomy or vaginoplasty procedures a total of 12 months continuous hormonal sex reassignment therapy is required. An additional 12 months of hormone therapy is not required for vaginectomy or vaginoplasty procedures.

#### **NOT MEDICALLY NECESSARY SERVICES**

Gender reassignment surgery is considered not medically necessary when the applicable medical necessity criteria for the procedure(s) has not been met.

Each of the following is excluded under many benefit plans and/or considered not medically necessary as part of gender reassignment for preservation of fertility (see Table 2):

**Table: 2 Excluded and/or Not Medically Necessary- Fertility Preservation**

| Procedure                                  | CPT/HCPCS Code                    |
|--|-----------------------------------|
| Cryopreservation of embryo, sperm, oocytes | 89258, 89259, 89337               |
| Procurement of embryo, sperm, oocytes      | S4030, S4031                      |
| Storage of embryo, sperm, oocytes          | 89342, 89343, 89346, S4027, S4040 |

#### **EXPERIMENTAL /INVESTIGATIONAL/UNPROVEN SERVICES**

Each of the following is considered experimental, investigational or unproven as part of gender reassignment for the preservation of fertility (see Table 3):

**Table:3 Experimental, Investigational or Unproven - Fertility Preservation**

| Procedure  | CPT/HCPCS Code |
|--|----------------|
| Cryopreservation of immature oocytes                                       | 0357T          |
| Cryopreservation of reproductive tissue (i.e., ovaries, testicular tissue) | 89335, 0058T   |

|   |       |
|---|-------|
| Storage of reproductive tissue (i.e., ovaries, testicular tissue) | 89344 |
| Thawing of reproductive tissue (i.e., ovaries, testicular tissue) | 89354 |

### **COSMETIC SERVICES**

Each of the following services (see Table 4) is considered cosmetic and/or not medically necessary for the purpose of improving or altering appearance or self-esteem related to one's appearance, including gender specific appearance for an individual with gender dysphoria:

**Table 4: Cosmetic and/or Not Medically Necessary**

| <b>Procedure</b>   | <b>CPT/HCPCS Code</b>  |
|--|--|
| Abdominoplasty   | 15847  |
| Blepharoplasty   | 15820, 15821, 15822, 15823   |
| Breast augmentation with implants  | 19324, 19325, 19340, 19342, C1789  |
| Calf implants  | 17999  |
| Cheek/malar implants   | 17999  |
| Chin/nose implants   | 21210, 21270, 30400, 30410, 30420, 30430<br>30435, 30450                                     |
| Collagen injections  | 11950, 11951, 11952, 11954   |
| Electrolysis   | 17380  |
| Face/forehead lift   | 15824, 21137, 15825, 15826, 15828, 15829   |
| Facial bone reduction (osteoplasty)  | 21209  |
| Hair removal/hair transplantation  | 15775, 15776, 17380  |
| Insertion of testicular prosthesis   | 54660  |
| Jaw reduction  | 21120, 21121, 21122, 21223, 21125, 21127   |
| Laryngoplasty  | 31599  |
| Mastopexy  | 19316  |
| Neck tightening  | 15825  |
| Nipple/areola reconstruction (unrelated to mastectomy or post mastectomy reconstruction) | 19350  |
| Pectoral Implants  | L8600, 17999   |
| Removal of redundant skin  | 15830, 15832, 15833, 15834, 15835, 15836<br>15837, 15838, 15839                              |
| Replacement of tissue expander with permanent prosthesis testicular insertion            | 11970  |
| Rhinoplasty  | 21210, 21270, 30400, 30410, 30420, 30430,<br>30435, 30450                                    |
| Scrotoplasty   | 55175, 55180   |
| Skin resurfacing (e.g., dermabrasion, chemical peels)                                    | 15780, 15781, 15782, 15783, 15786, 15787,<br>15788, 15789, 15792, 15793                      |
| Suction assisted lipoplasty, lipofilling, and/or liposuction                             | 15830, 15832, 15833, 15834, 15835, 15836,<br>15837, 15838, 15839, 15876, 15877, 15878, 15879 |
| Testicular expanders, including replacement with prosthesis, testicular prosthesis       | 11960, 11970, 11971, 54660   |
| Thyroid reduction chondroplasty  | 31750  |
| Voice modification surgery   | 31599, 31899   |
| Voice therapy/voice lessons  | 92507  |

## Overview

This Coverage Policy addresses treatment of gender dysphoria. Gender dysphoria is defined as discomfort or distress that is caused by a discrepancy between a person's gender identity and the person's assigned sex at birth (World Professional Association for Transgender Health, [WPATH], 2012).

## General Background

The causes of gender dysphoria and the developmental factors associated with them are not well-understood. Treatment of individuals with gender dysphoria varies, with some treatments involving a change in gender expression or body modifications. The term "transsexual" refers to an individual whose gender identity is not congruent with their genetic and/or assigned sex and usually seeks hormone replacement therapy (HRT) and possibly gender-affirmation surgery to feminize or masculinize the body and who may live full-time in the crossgender role. Transsexualism is a form of gender dysphoria. Other differential diagnoses include, but are not limited to, partial or temporary disorders as seen in adolescent crisis, transvestitism, refusal to accept a homosexual orientation, psychotic misjudgments of gender identity and severe personality disorders (Becker, et al., 1998). Individuals that are transsexual, transgender, or gender nonconforming (i.e., gender identity differs from the cultural norm) may experience gender dysphoria.

Treatment of gender dysphoria is unique to each individual and may or may not involve body modifications. Some individuals require only psychotherapy, some require a change in gender roles/expression, and others require hormone therapy and/or surgery to facilitate a gender transition.

### **Behavioral Health Services**

Licensing requirements and scope of practice vary by state for healthcare professionals. WPATH has defined recommended minimum credentials for a mental health professional to be qualified to evaluate or treat adult individuals with gender dysphoria. In addition to general licensing requirements, WPATH includes a minimum of a Master's or more advanced degree from an accredited institution, an ability to recognize and diagnose coexisting mental health concerns, and an ability to distinguish such conditions from gender dysphoria. Mental health professionals play a strong role in working with individuals with gender dysphoria as they need to diagnose the gender disorder and any co-morbid psychiatric conditions accurately, counsel the individual regarding treatment options, and provide psychotherapy (as needed) and assess eligibility and readiness for hormone and surgical therapy. For children and adolescents, the mental health professional should also be trained in child and adolescent developmental psychopathology.

Once the individual is evaluated, the mental health professional provides documentation and formal recommendations to medical and surgical specialists. Documentation for hormonal and/or surgery should be comprehensive and include the extent to which eligibility criteria have been met (i.e., confirmed gender dysphoria, capacity to make a fully informed decision, age  $\geq$  18 years or age of majority, and other significant medical or behavioral health concerns are well-controlled), in addition to the following:

- individual's general identifying characteristics
- the initial and evolving gender, sexual and psychiatric diagnoses
- details regarding the type and duration of psychotherapy or evaluation the individual received
- the mental health professional's rationale for hormone therapy or surgery
- the degree to which the individual has followed the standards of care and likelihood of continued compliance
- whether or not the mental health professional is a part of a gender team

For breast surgery WPATH Standards of Care Version 7 require one referral from a qualified mental health professional, as defined above. For genital surgery WPATH requires two referrals from qualified mental health professionals indicating criteria for surgery has been met. In contrast, the Endocrine Society Clinical Practice Guidelines (Hembree, et al., 2009) recommend both an endocrinologist responsible for endocrine transition therapy and a mental health professional certify the individual is eligible and meets WPATH criteria for gender reassignment surgery.

Psychiatric care may need to continue for several years after gender reassignment surgery, as major psychological adjustments may continue to be necessary. Other providers of care may include a family physician or internist, endocrinologist, urologist, plastic surgeon, general surgeon and gynecologist. The overall success of the surgery is highly dependent on psychological adjustment and continued support.

After diagnosis, the therapeutic approach is individualized but generally includes three elements: sex hormone therapy of the identified gender, real life experience in the desired role, and surgery to change the genitalia and other sex characteristics.

### **Hormonal Therapy**

For both adults and adolescents, hormonal treatment for gender dysphoria must be administered and monitored by a qualified healthcare practitioner as therapy requires ongoing medical management, including physical examination and laboratory evaluation studies to manage dosage, side effects, etc. Lifelong maintenance is usually required.

**Adults:** Prior to and following gender reassignment surgery, individuals undergo hormone replacement therapy, unless medically contraindicated. Biological males are treated with estrogens and anti-androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease testicular size and erections. Biological females are treated with androgens such as testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. In both sexes hormone replacement therapy (HRT) may be effective in reducing the adverse psychologic impact of gender dysphoria. Hormone therapy is usually initiated upon referral from a qualified mental health professional or a health professional competent in behavioral health and gender dysphoria treatment specifically. Twelve months of continuous hormone therapy (gender appropriate) is required prior to hysterectomy and salpingo-oophorectomy and orchiectomy.

**Adolescents:** Puberty-suppressing hormones (e.g., GnRH analogues) for adolescents may be provided to individuals who have reached at least Tanner stage 2 of sexual development. The Endocrine Society supports puberty suppression and has developed criteria for a subset of individuals who fulfill and meet eligibility readiness for gender reassignment (Hembree, et al., 2009). WPATH clinical recommendations also support puberty suppression (WPATH, 2012) for a similar subset of individuals. Consistent with adult hormone therapy, treatment of adolescents involves a multidisciplinary team, however when treating an adolescent a pediatric endocrinologist should be included as a part of the team. Pre-pubertal hormone suppression differs from hormone therapy used in adults and may not be without consequence; some pharmaceutical agents may cause negative physical side effects (e.g., height, bone growth).

### **Gender Reassignment Surgery**

The term "gender reassignment surgery," also known as sexual reassignment surgery, gender confirming surgery or gender affirmation surgery, may be part of a treatment plan for gender dysphoria. The terms may be used to refer to either the reconstruction of male or female genitalia specifically, or the reshaping by any surgical procedure of a male body into a body with female appearance, or vice versa.

Performing gender reassignment surgery prior to age 18, or the legal age to give consent, is not recommended. Gender reassignment surgery is intended to be a permanent change (non-reversible), establishing congruency between an individual's gender identity and physical appearance. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history; gynecological, endocrine and urological examination, and a clinical psychiatric/psychological examination.

Twelve months of continuous hormone therapy is required prior to irreversible genital surgery. In addition, prior to surgery the individual identified with gender dysphoria must undergo a "real life experience," in which he/she adopts the new or evolving gender role and lives in that role for at least 12 continuous months as part of the transition pathway. This process assists in confirming the person's desire for gender role change, ability to function in this role long-term, as well as the adequacy of his/her support system. During this time, a person

would be expected to maintain their baseline functional lifestyle, participate in community activities, and provide an indication that others are aware of the change in gender role.

#### **Other Associated Surgical Procedures**

**Services Otherwise Medically Necessary:** Age appropriate gender-specific services that would otherwise be considered medically necessary remain medically necessary services for transgender individuals, as appropriate to their biological anatomy. Examples include (but are not limited to):

- for female to male transgender individuals who have not undergone a mastectomy, breast cancer and cervical cancer screening
- for male to female transgender individuals who have retained their prostate cancer screening or treatment of a prostate condition.

**Reversal of Gender Reassignment:** Gender reassignment surgery is considered an irreversible intervention (WPATH, 2012). Although infrequent, surgery to reverse a partially or fully completed gender reassignment (reversal of surgery to revise secondary sex characteristics), may be necessary as a result of a complication (i.e., infection) or other medical condition necessitating surgical intervention.

**Fertility Preservation:** Both hormone therapy and gender reassignment surgery limits fertility, and individuals should be informed of sperm preservation options and other cryopreservation services prior to starting hormone therapy. Reproductive options should also be discussed prior to surgery for individuals who are of child-bearing age. However, procedures aimed at preservation of fertility (e.g., procurement, cryopreservation, and storage of sperm, oocytes and/or embryos) performed prior to gender reassignment surgery are considered not medically necessary. Please refer to the applicable benefit plan document for terms, conditions, and limitations, and applicable Cigna Medical Coverage Policy for conditions of coverage.

**Cosmetic Procedures:** Various other surgical procedures may be performed as part of gender reassignment surgery. Although WPATH does not define medical necessity criteria for masculinization and feminization procedures, referral by a qualified mental health professional is recommended. When performed as part of gender reassignment surgery such procedures, aimed primarily at improving personal appearance (i.e., masculinization, feminization), are performed to assist with improving culturally appropriate male or female appearance characteristics and are therefore considered cosmetic and are not medically necessary. Please refer to the applicable benefit plan document for terms, conditions, and limitations, and applicable Cigna Medical Coverage Policy for conditions of coverage.

#### **Professional Society/Organization**

**WPATH Clinical Guidelines:** The World Professional Association for Transgender Health (WPATH) promotes standards of health care for individuals through the articulation of "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People" (WPATH, 2012, Version 7). WPATH standards of care are based on scientific evidence and expert consensus and are commonly utilized as clinical recommendations for individuals seeking treatment of gender disorders.

**Endocrine Society Guidelines:** In 2009 the Endocrine Society published a clinical practice guideline for endocrine treatment of transsexual persons (Hembree, et al., 2009). As part of this guideline, the endocrine society recommends that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable; that surgery be recommended only after completion of at least one year of consistent and compliant hormone treatment; and that the physician responsible for endocrine treatment medically clear the individual for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.

**Use Outside of the US:** Several other countries including the United Kingdom offer treatment options for individuals with gender dysphoria. Treatments are similar to those offered in the United States.

### **Coding/Billing Information**

**Note:** 1) This list of codes may not be all-inclusive.

- 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

**Intersex Surgery: Male to Female**

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT®* Codes | Description  |
|-------------|--|
| 55970†      | Intersex surgery; male to female   |
|             | <b>†Includes only the following procedures:</b>  |
| 44145       | Colectomy, partial; with coloproctostomy (low pelvic anastomosis)  |
| 54125       | Amputation of penis; complete  |
| 54520       | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach |
| 54690       | Laparoscopy, surgical; orchiectomy   |
| 55899††     | Unlisted procedure, male genital system  |
| 56620       | Vulvectomy simple; partial   |
| 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  |

††**Note:** Considered medically necessary when used to report Coloproctostomy.

**Intersex Surgery: Female to Male**

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT®* Codes | Description   |
|-------------|---|
| 55980†      | Intersex surgery, female to male  |
|             | <b>†Includes only the following procedures:</b>   |
| 19303       | Mastectomy, simple, complete  |
| 19304       | Mastectomy, subcutaneous  |
| 19350††     | Nipple/areola reconstruction  |
| 53430       | Urethroplasty, reconstruction of female urethra   |
| 54400       | Insertion of penile prosthesis; non-inflatable (semi-rigid)   |
| 54401       | Insertion of penile prosthesis; inflatable (self-contained)   |
| 54405       | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir         |
| 56625       | Vulvectomy simple; complete   |
| 57110       | Vaginectomy, complete removal of vaginal wall   |
| 58150       | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s) |
| 58260       | Vaginal hysterectomy, for uterus 250 g or less  |
| 58262       | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)                                  |
| 58291       | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)                              |
| 58552       | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)       |
| 58554       | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal                             |

|          |  |
|----------|--|
|          | of tube(s) and/or ovary(s)   |
| 58571    | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)      |
| 58573    | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| 58661    | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)         |
| 58999††† | Unlisted procedure, female genital system (nonobstetrical)   |

††**Note:** Considered medically necessary when performed as part of a mastectomy or breast reconstruction procedure following a mastectomy.

†††**Note:** Considered medically necessary when used to report metoidioplasty with phalloplasty.

| ICD-10-CM Diagnosis Codes | Description                           |
|---------------------------|---------------------------------------|
| F64.0                     | Trans-sexualism                       |
| F64.1                     | Dual role transvestism                |
| F64.2                     | Gender identity disorder of childhood |
| F64.8                     | Other gender identity disorders       |
| F64.9                     | Gender identity disorder, unspecified |
| Z87.890                   | Personal history of sex reassignment  |

**Generally Excluded/Not Medically Necessary:**

| CPT®* Codes | Description   |
|-------------|---|
| 89258       | Cryopreservation; embryo(s)                                       |
| 89259       | Cryopreservation; sperm   |
| 89337       | Cryopreservation, mature oocyte(s)                                |
| 89342       | Storage (per year); embryo(s)                                     |
| 89343       | Storage (per year); sperm/semen                                   |
| 89346       | Storage (per year); oocyte(s)                                     |
| S4027       | Storage of previously frozen embryos                              |
| S4030       | Sperm procurement and cryopreservation services; initial visit    |
| S4031       | Sperm procurement and cryopreservation services; subsequent visit |
| S4040       | Monitoring and storage of cryopreserved embryos, per 30 days      |

**Considered Experimental/Investigational/Unproven:**

| CPT®* Codes | Description   |
|-------------|---|
| 89335       | Cryopreservation, reproductive tissue, testicular                 |
| 89344       | Storage (per year); reproductive tissue, testicular/ovarian       |
| 89354       | Thawing of cryopreserved; reproductive tissue, testicular/ovarian |
| 0058T       | Cryopreservation; reproductive tissue, ovarian                    |
| 0357T       | Cryopreservation; immature oocyte(s)                              |

**Considered Cosmetic and/or not medically necessary when performed as a component of gender reassignment, even when coverage for gender reassignment surgery exists unless subject to a coverage mandate:**

| CPT®* Codes | Description  |
|-------------|--|
| 11950       | Subcutaneous injection of filling material (eg, collagen); 1 cc or less  |
| 11951       | Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc   |
| 11952       | Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc  |
| 11954       | Subcutaneous injection of filling material (eg, collagen); over 10.0 cc  |
| 11960       | Insertion of tissue expander(s) for other than breast, including subsequent expansion  |
| 11970       | Replacement of tissue expander with permanent prosthesis   |
| 11971       | Removal of tissue expander(s) without insertion of prosthesis  |
| 15775       | Punch graft for hair transplant; 1 to 15 punch grafts  |
| 15776       | Punch graft for hair transplant; more than 15 punch grafts   |
| 15780       | Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)   |
| 15781       | Dermabrasion; segmental, face  |
| 15782       | Dermabrasion; regional, other than face  |
| 15783       | Dermabrasion; superficial, any site (eg, tattoo removal)   |
| 15786       | Abrasion; single lesion (eg, keratosis, scar)  |
| 15787       | Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)  |
| 15788       | Chemical peel, facial; epidermal   |
| 15789       | Chemical peel, facial; dermal  |
| 15792       | Chemical peel, nonfacial; epidermal  |
| 15793       | Chemical peel, nonfacial; dermal   |
| 15820       | Blepharoplasty, lower eyelid   |
| 15821       | Blepharoplasty, lower eyelid with extensive herniated fat pad  |
| 15822       | Blepharoplasty, upper eyelid   |
| 15823       | Blepharoplasty, upper eyelid; with excessive skin weighting down lid   |
| 15824       | Rhytidectomy, forehead   |
| 15825       | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)  |
| 15826       | Rhytidectomy; glabellar frown lines  |
| 15828       | Rhytidectomy; cheek, chin, and neck  |
| 15829       | Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap  |
| 15830       | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy  |
| 15832       | Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh   |
| 15833       | Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg   |
| 15834       | Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip   |
| 15835       | Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock   |
| 15836       | Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm   |
| 15837       | Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand   |
| 15838       | Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad   |
| 15839       | Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area  |
| 15847       | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure) |
| 15876       | Suction assisted lipectomy; head and neck  |
| 15877       | Suction assisted lipectomy; trunk  |
| 15878       | Suction assisted lipectomy; upper extremity  |
| 15879       | Suction assisted lipectomy; lower extremity  |
| 17380       | Electrolysis epilation, each 30 minutes  |
| 17999†      | Unlisted procedure, skin, mucous membrane and subcutaneous tissue  |
| 19316       | Mastopexy  |
| 19324       | Mammoplasty, augmentation; without prosthetic implant  |

|                       |   |
|-----------------------|---|
| 19325                 | Mammoplasty, augmentation; with prosthetic implant  |
| 19340                 | Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction                                     |
| 19342                 | Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction                                       |
| 19350 <sup>††</sup>   | Nipple/areola reconstruction  |
| 21120                 | Genioplasty; augmentation (autograft, allograft, prosthetic material)   |
| 21121                 | Genioplasty; sliding osteotomy, single piece  |
| 21122                 | Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)         |
| 21123                 | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)                               |
| 21125                 | Augmentation, mandibular body or angle; prosthetic material   |
| 21127                 | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)                  |
| 21137                 | Reduction forehead; contouring only   |
| 21209                 | Osteoplasty, facial bones; reduction  |
| 21210                 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)   |
| 21270                 | Malar augmentation, prosthetic material   |
| 30400                 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip   |
| 30410                 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip |
| 30420                 | Rhinoplasty, primary; including major septal repair   |
| 30430                 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work)   |
| 30435                 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)  |
| 30450                 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)   |
| 31599 <sup>†††</sup>  | Unlisted procedure, larynx  |
| 31750                 | Tracheoplasty; cervical   |
| 31899 <sup>†††</sup>  | Unlisted procedure, trachea, bronchi  |
| 40799 <sup>††††</sup> | Unlisted procedure, lips  |
| 54660                 | Insertion of testicular prosthesis (separate procedure)   |
| 55175                 | Scrotoplasty; simple  |
| 55180                 | Scrotoplasty; complicated   |
| 92507                 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual                              |

| HCPCS Codes | Description                                      |
|-------------|--|
| C1789       | Prosthesis, breast (implantable)                 |
| C1813       | Prosthesis, penile, inflatable                   |
| C2622       | Prosthesis, penile, non-inflatable               |
| L8600       | Implantable breast prosthesis, silicone or equal |

**†Note:** Cosmetic and/or not medically necessary when used to report calf, cheek, malar or pectoral implants or fat transfers performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.

**††Note:** Cosmetic and/or not medically necessary when not performed as part of a mastectomy or breast reconstructive procedure.

**†††Note:** Cosmetic and/or not medically necessary when used to report laryngoplasty performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.

++++**Note: Cosmetic and/or not medically necessary when used to report voice modification surgery performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.**

++++**Note: Cosmetic and/or not medically necessary when used to report lip reduction/enhancement performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.**

\*Current Procedural Terminology (CPT®) ©2017 American Medical Association: Chicago, IL.

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**EXHIBIT F  
TO COMPLAINT**



## GENDER DYSPHORIA TREATMENT

**Policy Number:** CS145.D

**Effective Date:** November 1, 2018

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### INSTRUCTIONS FOR USE

This Medical Policy provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced. The terms of the federal, state or contractual requirements for benefit plan coverage may differ greatly from the standard benefit plan upon which this Medical Policy is based. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage supersede this Medical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the contractual requirements for benefit plan coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

### BENEFIT CONSIDERATIONS

Before using this policy, please check the federal, state or contractual requirements for benefit coverage.

#### **Coverage Information**

Unless otherwise specified, if a plan covers treatment for gender dysphoria, coverage includes psychotherapy, cross-sex hormone therapy, puberty suppressing medications and laboratory testing to monitor the safety of hormone therapy. This benefit also includes certain surgical treatments listed in the [Coverage Rationale](#) section below. See the Medical Benefit Drug Policy titled [Gonadotropin Releasing Hormone Analogs](#).

#### **Limitations and Exclusions**

Certain treatments and services are not covered. Examples include, but are not limited to:

- Treatment received outside of the United States.
- Reproduction services, including, but not limited to, sperm preservation in advance of hormone treatment or gender dysphoria surgery, cryopreservation of fertilized embryos, oocyte preservation, surrogate parenting, donor eggs, donor sperm and host uterus (please check the federal, state or contractual requirements for benefit coverage).
- Transportation, meals, lodging or similar expenses.
- Cosmetic procedures (see Coverage Determination Guideline titled [Cosmetic and Reconstructive Procedures](#) and the [Coverage Rationale](#) section below).
- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics.

Benefits are limited to one sex transformation reassignment per lifetime which may include several staged procedures. Coverage does not apply to members who do not meet the indications listed in the [Coverage Rationale](#) section below.

#### COVERAGE RATIONALE

**Note:** This Medical Policy does not apply to individuals with ambiguous genitalia or disorders of sexual development.

**Gender reassignment surgery may be indicated for individuals who provide the following documentation:**

- A written psychological assessment from at least one qualified behavioral health provider experienced in treating [Gender Dysphoria](#) is needed for breast surgery. The assessment must document that an individual meets **all** of the following criteria:
  - Persistent, well-documented Gender Dysphoria
  - Capacity to make a fully informed decision and to consent for treatment
  - Must be at least 18 years of age (age of majority)
  - If significant medical or mental health concerns are present, they must be reasonably well controlled
- A written psychological assessment from at least two qualified behavioral health providers experienced in treating [Gender Dysphoria](#), who have independently assessed the individual, are required for genital surgery. The assessment must document that an individual meets **all** of the following criteria:
  - Persistent, well-documented Gender Dysphoria
  - Capacity to make a fully informed decision and to consent for treatment
  - Must be at least 18 years of age (age of majority)
  - If significant medical or mental health concerns are present, they must be reasonably well controlled
  - Complete at least 12 months of successful continuous full-time real-life experience in the desired gender
  - Complete 12 months of continuous cross-sex hormone therapy appropriate for the desired gender (unless medically contraindicated)
- Treatment plan that includes ongoing follow-up and care by a qualified behavioral health provider experienced in treating Gender Dysphoria.

**When the above criteria are met, the following gender reassignment surgical procedures are medically necessary and covered as a proven benefit:**

- Male-to-Female (MtF):
  - Clitoroplasty (creation of clitoris)
  - Labiaplasty (creation of labia)
  - Orchiectomy (removal of testicles)
  - Penectomy (removal of penis)
  - Urethroplasty (reconstruction of female urethra)
  - Vaginoplasty (creation of vagina)
- Female-to-Male (FtM):
  - Bilateral mastectomy or breast reduction\*
  - Hysterectomy (removal of uterus)
  - Metoidioplasty (creation of penis, using clitoris)
  - Penile prosthesis
  - Phalloplasty (creation of penis)
  - Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
  - Scrotoplasty (creation of scrotum)
  - Testicular prostheses
  - Urethroplasty (reconstruction of male urethra)
  - Vaginectomy (removal of vagina)
  - Vulvectomy (removal of vulva)

\*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.

**Certain ancillary procedures, including but not limited to the following, are considered cosmetic and not medically necessary when performed as part of gender reassignment:**

- Abdominoplasty (also see the Coverage Determination Guideline titled [Panniculectomy and Body Contouring Procedures](#))
- Blepharoplasty (also see the Coverage Determination Guideline titled [Blepharoplasty, Blepharoptosis and Brow Ptosis Repair](#))

- Body contouring (e.g., fat transfer, lipoplasty, panniculectomy) (also see the Coverage Determination Guideline titled Panniculectomy and Body Contouring Procedures)
- Breast enlargement, including augmentation mammoplasty and breast implants
- Brow lift
- Calf implants
- Cheek, chin and nose implants
- Face/forehead lift and/or neck tightening
- Facial bone remodeling for facial feminization
- Hair removal (e.g., electrolysis or laser)
- Hair transplantation
- Injection of fillers or neurotoxins (also see the Medical Benefit Drug Policy titled Botulinum Toxins A and B)
- Lip augmentation
- Lip reduction
- Liposuction (suction-assisted lipectomy) (also see the Coverage Determination Guideline titled Panniculectomy and Body Contouring Procedures)
- Mastopexy
- Pectoral implants for chest masculinization
- Rhinoplasty (also see the Coverage Determination Guideline titled Rhinoplasty and Other Nasal Surgeries)
- Skin resurfacing (e.g., dermabrasion, chemical peels, laser)
- Thyroid cartilage reduction/reduction thyroid chondroplasty/trachea shave (removal or reduction of the Adam's apple)
- Voice modification surgery (e.g., laryngoplasty, glottoplasty or shortening of the vocal cords)
- Voice lessons and voice therapy

## DEFINITIONS

**Gender Dysphoria in Adolescents and Adults:** A disorder characterized by the following diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders, 5th edition [DSM-5]):

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by **at least two** of the following:
  1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
  2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
  3. A strong desire for the primary and/or secondary sex characteristics of the other gender
  4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
  5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
  6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)
- B. The condition is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning.

**Gender Dysphoria in Children:** A disorder characterized by the following diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders, 5th edition [DSM-5]):

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by **at least six** of the following (**one of which must be criterion A1**):
  1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender)
  2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing
  3. A strong preference for cross-gender roles in make-believe play or fantasy play
  4. A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender
  5. A strong preference for playmates of the other gender
  6. In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games and activities
  7. A strong dislike of one's sexual anatomy
  8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender
- B. The condition is associated with clinically significant distress or impairment in social, school or other important areas of functioning.

**APPLICABLE CODES**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

| CPT Code | Description  |
|----------|--|
| 11950    | Subcutaneous injection of filling material (e.g., collagen); 1 cc or less  |
| 11951    | Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc   |
| 11952    | Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc  |
| 11954    | Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc  |
| 14000    | Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less  |
| 14001    | Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm  |
| 14041    | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm |
| 15734    | Muscle, myocutaneous, or fasciocutaneous flap; trunk   |
| 15738    | Muscle, myocutaneous, or fasciocutaneous flap; lower extremity   |
| 15750    | Flap; neurovascular pedicle  |
| 15757    | Free skin flap with microvascular anastomosis  |
| 15758    | Free fascial flap with microvascular anastomosis   |
| 15775    | Punch graft for hair transplant; 1 to 15 punch grafts  |
| 15776    | Punch graft for hair transplant; more than 15 punch grafts   |
| 15780    | Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)   |
| 15781    | Dermabrasion; segmental, face  |
| 15782    | Dermabrasion; regional, other than face  |
| 15783    | Dermabrasion; superficial, any site (e.g., tattoo removal)   |
| 15788    | Chemical peel, facial; epidermal   |
| 15789    | Chemical peel, facial; dermal  |
| 15792    | Chemical peel, nonfacial; epidermal  |
| 15793    | Chemical peel, nonfacial; dermal   |
| 15819    | Cervicoplasty  |
| 15820    | Blepharoplasty, lower eyelid   |
| 15821    | Blepharoplasty, lower eyelid; with extensive herniated fat pad   |
| 15822    | Blepharoplasty, upper eyelid   |
| 15823    | Blepharoplasty, upper eyelid; with excessive skin weighting down lid   |
| 15824    | Rhytidectomy; forehead   |
| 15825    | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)  |
| 15826    | Rhytidectomy; glabellar frown lines  |
| 15828    | Rhytidectomy; cheek, chin, and neck  |
| 15829    | Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap  |
| 15830    | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy  |
| 15832    | Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh   |
| 15833    | Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg   |
| 15834    | Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip   |
| 15835    | Excision, excessive skin and subcutaneous tissue (Includes lipectomy); buttock   |

| CPT Code | Description  |
|----------|--|
| 15836    | Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm   |
| 15837    | Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand   |
| 15838    | Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad   |
| 15839    | Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area  |
| 15847    | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure) |
| 15876    | Suction assisted lipectomy; head and neck  |
| 15877    | Suction assisted lipectomy; trunk  |
| 15878    | Suction assisted lipectomy; upper extremity  |
| 15879    | Suction assisted lipectomy; lower extremity  |
| 17380    | Electrolysis epilation, each 30 minutes  |
| 17999    | Unlisted procedure, skin, mucous membrane and subcutaneous tissue  |
| 19303    | Mastectomy, simple, complete   |
| 19304    | Mastectomy, subcutaneous   |
| 19316    | Mastopexy  |
| 19318    | Reduction mammoplasty  |
| 19324    | Mammoplasty, augmentation; without prosthetic implant  |
| 19325    | Mammoplasty, augmentation; with prosthetic implant   |
| 19340    | Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction  |
| 19342    | Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction  |
| 19350    | Nipple/areola reconstruction   |
| 20926    | Tissue grafts, other (e.g., paratenon, fat, dermis)  |
| 21120    | Genioplasty; augmentation (autograft, allograft, prosthetic material)  |
| 21121    | Genioplasty; sliding osteotomy, single piece   |
| 21122    | Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)  |
| 21123    | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)  |
| 21125    | Augmentation, mandibular body or angle; prosthetic material  |
| 21127    | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)   |
| 21137    | Reduction forehead; contouring only  |
| 21138    | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)   |
| 21139    | Reduction forehead; contouring and setback of anterior frontal sinus wall  |
| 21172    | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (Includes obtaining autografts)  |
| 21175    | Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)        |
| 21179    | Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)  |
| 21180    | Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)  |
| 21208    | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)  |
| 21209    | Osteoplasty, facial bones; reduction   |

| CPT Code | Description  |
|----------|--|
| 21210    | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)  |
| 21270    | Malar augmentation, prosthetic material  |
| 21899    | Unlisted procedure, neck or thorax   |
| 30400    | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip  |
| 30410    | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip  |
| 30420    | Rhinoplasty, primary; including major septal repair  |
| 30430    | Rhinoplasty, secondary; minor revision (small amount of nasal tip work)  |
| 30435    | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)   |
| 30450    | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)  |
| 31599    | Unlisted procedure, larynx   |
| 31899    | Unlisted procedure, trachea, bronchi   |
| 53410    | Urethroplasty, 1-stage reconstruction of male anterior urethra   |
| 53430    | Urethroplasty, reconstruction of female urethra  |
| 54125    | Amputation of penis; complete  |
| 54400    | Insertion of penile prosthesis; non-inflatable (semi-rigid)  |
| 54401    | Insertion of penile prosthesis; inflatable (self-contained)  |
| 54405    | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir  |
| 54406    | Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis   |
| 54408    | Repair of component(s) of a multi-component, inflatable penile prosthesis  |
| 54410    | Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session   |
| 54411    | Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue             |
| 54415    | Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis   |
| 54416    | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session  |
| 54417    | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue |
| 54520    | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach   |
| 54660    | Insertion of testicular prosthesis (separate procedure)  |
| 54690    | Laparoscopy, surgical; orchiectomy   |
| 55175    | Scrotoplasty; simple   |
| 55180    | Scrotoplasty; complicated  |
| 55970    | Intersex surgery; male to female   |
| 55980    | Intersex surgery; female to male   |
| 56625    | Vulvectomy simple; complete  |
| 56800    | Plastic repair of introitus  |
| 56805    | Clitoroplasty for intersex state   |
| 57110    | Vaginectomy, complete removal of vaginal wall  |
| 57335    | Vaginoplasty for intersex state  |
| 58150    | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)  |

| CPT Code | Description   |
|----------|---|
| 58180    | Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s) |
| 58260    | Vaginal hysterectomy, for uterus 250 g or less  |
| 58262    | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)  |
| 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 g 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 g; 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)                |
| 58661    | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)                        |
| 58720    | Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)  |
| 58940    | Oophorectomy, partial or total, unilateral or bilateral;  |
| 64856    | Suture of major peripheral nerve, arm or leg, except sciatic; including transposition   |
| 64892    | Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length  |
| 64896    | Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length                                 |
| 67900    | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)  |
| 92507    | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual                                  |
| 92508    | Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals                |

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| ICD-10 Diagnosis Code | Description                           |
|-----------------------|---------------------------------------|
| F64.0                 | Transsexualism                        |
| F64.1                 | Dual role transvestism                |
| F64.2                 | Gender identity disorder of childhood |
| F64.8                 | Other gender identity disorders       |
| F64.9                 | Gender identity disorder, unspecified |
| Z87.890               | Personal history of sex reassignment  |

**DESCRIPTION OF SERVICES**

Gender Dysphoria is a condition in which there is a marked incongruence between an individual's experienced/expressed gender and assigned gender (DSM-5). Treatment options include behavioral therapy, psychotherapy, hormone therapy and surgery for gender reassignment, which can involve genital reconstruction surgery and breast/chest surgery. For the FtM patient, surgical procedures may include mastectomy, hysterectomy, salpingo-oophorectomy, vaginectomy, vulvectomy, scrotoplasty, urethroplasty, placement of testicular and/or penile prostheses and phalloplasty or metoidioplasty (alternative to phalloplasty). For the MtF patient, surgical procedures may include penectomy, vaginoplasty, clitoroplasty, labiaplasty, orchiectomy and urethroplasty.

Other terms used to describe surgery for Gender Dysphoria include sex transformation surgery, sex change, sex reversal, gender change, transsexual surgery, transgender surgery and sex reassignment.

**CLINICAL EVIDENCE**

An ECRI special report systematically reviewed the clinical literature to assess the efficacy of treatments for gender dysphoria. The authors identified limited evidence from mostly low-quality retrospective studies. Evidence on gender reassignment surgery was mostly limited to evaluations of MtF individuals undergoing vaginoplasty, facial feminization surgery and breast augmentation. Outcomes included mortality, patient satisfaction, physical well-being, psychological-related outcomes, quality of life, sexual-related outcomes, suicide and adverse events. Concluding remarks included the need for standardized protocols and prospective studies using standardized measures for correct interpretation and comparability of data (ECRI, 2016).

A Hayes report concluded that, overall, the quality of the evidence on gender reassignment surgery for gender dysphoria was very low (Hayes, 2014a; updated 2018). The evidence suggests positive benefits, but because of serious limitations, permits only weak conclusions. Limitations include small sample sizes, retrospective data, lack of randomization and control and a lack of objective and validated outcome measures.

- Patients who underwent chest/breast or genital surgery were generally pleased with the aesthetic results.
- Following gender reassignment surgery, patients reported decreased gender dysphoria, depression and anxiety and increased quality of life.
- The majority of gender reassignment surgery patients were sexually active, but the ability to orgasm varied across studies.
- Complications of surgery following gender reassignment surgery were common and could be serious.
- Rates of regret of surgery and suicide were very low following gender reassignment surgery.
- Data were too sparse to draw conclusions regarding whether gender reassignment surgery conferred additional benefits to hormone therapy alone.
- Data were too sparse to draw conclusions regarding whether outcomes vary according to which surgeries were performed.

A separate Hayes report concluded that, overall, the quality of the evidence on ancillary procedures for the treatment of gender dysphoria was very low (Hayes, 2014b; updated 2018). There is some evidence that transgender patients are satisfied with the results of rhinoplasty and facial feminization surgery, but patient satisfaction with vocal cord surgery and voice training was mixed. The evidence has serious limitations, and the effect of these procedures on overall individual well-being is unknown.

- Patients who had rhinoplasty or facial feminization surgery were generally pleased with the results.
- Vocal cord procedures and voice training had variable outcomes. Although the fundamental frequency was reduced by all treatment methods, patient satisfaction with the outcome was mixed.
- Most of the studies did not report complications; however, there was a low rate of bone nonunion following facial surgery, and moderate rates of dysphagia or throat pain following cricothyroid approximation.

Dreher et al. (2018) conducted a systematic review and meta-analysis to evaluate the epidemiology, presentation, management, and outcomes of neovaginal complications in the MtF transgender reassignment surgery patients. Selected studies reported on 1,684 patients with an overall complication rate of 32.5% and a reoperation rate of 21.7% for non-esthetic reasons. The most common complication was stenosis of the neo-meatus (14.4%). Wound infection was associated with an increased risk of all tissue-healing complications. Use of sacrospinous ligament fixation (SSL) was associated with a significantly decreased risk of prolapse of the neovagina. The authors concluded that gender-affirmation surgery is important in the treatment of gender dysphoric patients, but there is a high complication rate in the reported literature. Variability in technique and complication reporting standards makes it difficult to assess the accurately the current state of MtF gender reassignment surgery. Further research and implementation of standards is necessary to improve patient outcomes.

Manrique et al (2018) conducted a systematic review of retrospective studies on the outcomes of MtF vaginoplasty to minimize surgical complications and improve patient outcomes for transgender patients. Forty-six studies met the

authors eligibility criteria. A total of 3716 cases were analyzed. The results showed the overall incidence of complications as follows: 2% fistula, 14% stenosis and strictures, 1% tissue necrosis, and 4% prolapse. Patient-reported outcomes included a satisfaction rate of 93% with overall results, 87% with functional outcomes, and 90% with esthetic outcomes. Ability to have orgasm was reported in 70% of patients. The regret rate was 1%. The authors concluded that multiple surgical techniques have demonstrated safe and reliable means of MtF vaginoplasty with low overall complication rates and with a significant improvement in the patient's quality of life. Studies using different techniques in a similar population and standardized patient-reported outcomes are required to further analyze outcomes among the different procedures and to establish best-practice guidelines.

Van Damme et al. (2017) conducted a systematic review of the effectiveness of pitch-raising surgery performed in MtF transsexuals. Twenty studies were included: eight using cricothyroid approximation, six using anterior glottal web formation and six using other surgery types or a combination of surgical techniques. A substantial rise in postoperative frequency was identified. The majority of patients seemed satisfied with the outcome. However, none of the studies used a control group and randomization process. Further investigation regarding long-term results using a stronger study design is necessary.

Morrison et al. (2016) conducted a systematic review of the facial feminization surgery literature. Fifteen studies were included, all of which were either retrospective or case series/reports. The studies covered a variety of facial feminization procedures. A total of 1121 patients underwent facial feminization surgery, with seven complications reported, although many studies did not explicitly comment on complications. Satisfaction was high, although most studies did not use validated or quantified approaches to address satisfaction. The authors noted that further studies are needed to better compare different techniques to more robustly establish best practices. Prospective studies and patient-reported outcomes are needed to establish quality of life outcomes for patients.

Frey et al. (2016) conducted a systematic review of metoidioplasty and radial forearm flap phalloplasty (RFFP) in FtM transgender genital reconstruction. Eighteen studies were included: 7 for metoidioplasty and 11 for RFFP. The quality of evidence was low to very low for all included studies. In studies examining metoidioplasty, the average study size and length of follow-up were 54 patients and 4.6 years, respectively (1 study did not report [NR]). Eighty-eight percent underwent a single-stage reconstruction, 87% reported an aesthetic neophallus (3 NR) and 100% reported erogenous sensation (2 NR). Fifty-one percent of patients reported successful intercourse (3 NR) and 89% of patients achieved standing micturition (3 NR). In studies examining RFFP, the average study size and follow-up were 60.4 patients and 6.23 years, respectively (6 NR). No patients underwent single-stage reconstructions (8 NR). Seventy percent of patients reported a satisfactorily aesthetic neophallus (4 NR) and 69% reported erogenous sensation (6 NR). Forty-three percent reported successful penetration of partner during intercourse (6 NR) and 89% achieved standing micturition (6 NR). Compared with RFFP, metoidioplasty was significantly more likely to be completed in a single stage, have an aesthetic result, maintain erogenous sensation, achieve standing micturition and have a lower overall complication rate. The authors reported that, although the current literature suggests that metoidioplasty is more likely to yield an "ideal" neophallus compared with RFFP, any conclusion is severely limited by the low quality of available evidence.

Using a retrospective chart review, Buncamper et al. (2016) assessed surgical outcome after penile inversion vaginoplasty. Outcome measures were intraoperative and postoperative complications, reoperations, secondary surgical procedures and possible risk factors. Of 475 patients who underwent the procedure, 405 did not have additional full-thickness skin grafts while 70 did have grafts. Median follow-up was 7.8 years. The most frequently observed intraoperative complication was rectal injury (2.3 percent). Short-term postoperative bleeding that required transfusion (4.8 percent), reoperation (1.5 percent) or both (0.4 percent) occurred in some cases. Major complications were three (0.6 percent) rectoneovaginal fistulas, which were successfully treated. Revision vaginoplasty was performed in 14 patients (2.9 percent). Comorbid diabetes was associated with a higher risk of local infection, and use of psychotropic medication predisposed to postoperative urinary retention. Successful vaginal construction without the need for secondary functional reoperations was achieved in the majority of patients.

Bouman et al. (2016) prospectively assessed surgical outcomes of primary total laparoscopic sigmoid vaginoplasty in 42 transgender women with penoscrotal hypoplasia. Mean follow-up time was  $3.2 \pm 2.1$  years. The mean operative duration was  $210 \pm 44$  minutes. There were no conversions to laparotomy. One rectal perforation was recognized during surgery and immediately oversewn without long-term consequences. The mean length of hospitalization was  $5.7 \pm 1.1$  days. One patient died as a result of an extended-spectrum beta-lactamase-positive necrotizing fasciitis leading to septic shock, with multiorgan failure. Direct postoperative complications that needed laparoscopic reoperation occurred in three cases (7.1 percent). In seven cases (17.1 percent), long-term complications needed a secondary correction. After 1 year, all patients had a functional neovagina with a mean depth of  $16.3 \pm 1.5$  cm.

Gaither et al. (2017) retrospectively reviewed the records of 330 MtF patients from 2011 to 2015, to assess surgical complications related to primary penile inversion vaginoplasty. Complications included granulation tissue, vaginal pain, wound separation, labial asymmetry, vaginal stenosis, fistula formation, urinary symptoms including spraying stream

or dribbling, infection, vaginal fissure or vaginal bleeding. Median age at surgery was 35 years, and median followup in all patients was 3 months. The results showed that 95 of the patients presented with a postoperative complication with the median time to a complication being 4.4 months. Rectovaginal fistulas developed in 3 patients, and 30 patients required a second operation. Age, body mass index and hormone replacement therapy were not associated with complications. The authors concluded that penile inversion vaginoplasty is a relatively safe procedure. Most complications due to this surgery develop within the first 4 months postoperatively. Age, body mass index and hormone replacement therapy are not associated with complications and, thus, they should not dictate the timing of surgery.

Horbach et al. (2015) conducted a systematic review of vaginoplasty techniques in MtF individuals with gender dysphoria. Twenty-six studies were included (mostly retrospective case series of low to intermediate quality). Outcome of the penile skin inversion technique was reported in 1,461 patients and bowel vaginoplasty in 102 patients. Neovaginal stenosis was the most frequent complication in both techniques. Sexual function and patient satisfaction were overall acceptable, but many different outcome measures were used. Quality of life was only reported in one study. Comparison between techniques was difficult due to the lack of standardization. The authors concluded that the penile skin inversion technique is the most researched surgical procedure. Outcome of bowel vaginoplasty has been reported less frequently but does not seem to be inferior. The available literature is heterogeneous in patient groups, surgical procedure, outcome measurement tools and follow-up. There is a need for prospective studies with standardized surgical procedures, larger patient groups and longer follow-up periods. Uniformity in outcome measurement tools such as validated questionnaires and scores for sexual function and quality of life is mandatory for correct interpretation and comparability of data.

Bouman et al. (2014) conducted a systematic review of surgical techniques and clinical outcomes of intestinal vaginoplasty. Twenty-one studies were included (n=894). All studies had a retrospective design and were of low quality. Prevalence and severity of procedure-related complications were low. The main postoperative complication was introital stenosis, necessitating surgical correction in 4.1% of sigmoid-derived and 1.2% of ileum-derived vaginoplasties. Neither diversion colitis nor cancer was reported. Sexual satisfaction rate was high, but standardized questionnaires were rarely used. Quality of life was not reported. The authors concluded that prospective studies, using standardized measures and questionnaires, are warranted to assess functional outcomes and quality of life.

Murad et al. (2010) conducted a systematic review to evaluate the effects of hormone therapy on patients undergoing gender reassignment surgery. The authors identified 28 eligible studies, all of which were observational and most lacked controls. These studies enrolled 1833 participants with gender dysphoria (1093 MtF; 801 FtM). After gender reassignment surgery, individuals reported improvement in gender dysphoria (80%), psychological symptoms (78%), sexual function (72%) and quality of life (80%). The authors concluded that very low quality evidence suggests that gender reassignment, that includes hormonal interventions, is likely to improve gender dysphoria, psychological functioning and comorbidities, sexual function and overall quality of life.

Sutcliffe et al. (2009) systematically reviewed five individual procedures for MtF gender reassignment surgery: clitoroplasty, labiaplasty, orchiectomy, penectomy and vaginoplasty. Further evaluations were made of eight surgical procedures for FtM gender reassignment surgery: hysterectomy, mastectomy, metoidioplasty, phalloplasty, salpingo-oophorectomy, scrotoplasty/placement of testicular prostheses, urethroplasty and vaginectomy. Eighty-two published studies (38 MtF; 44 FtM) were included in the review. For MtF procedures, the authors found no evidence that met the inclusion criteria concerning labiaplasty, penectomy or orchiectomy. A large amount of evidence was available concerning vaginoplasty and clitoroplasty procedures. The authors reported that the evidence concerning gender reassignment surgery in both MtF and FtM individuals with gender dysphoria has several limitations including lack of controlled studies, lack of prospective data, high loss to follow-up and lack of validated assessment measures. Some satisfactory outcomes were reported, but the magnitude of benefit and harm for individual surgical procedures cannot be estimated accurately using the current available evidence.

Djordjevic et al. (2013) evaluated 207 patients who underwent single-stage metoidioplasty, comparing two different surgical techniques of urethral lengthening. The procedure included lengthening and straightening of the clitoris, urethral reconstruction and scrotoplasty with implantation of testicular prostheses. Buccal mucosa graft was used in all cases for dorsal urethral plate formation and joined with one of the two different flaps: longitudinal dorsal clitoral skin flap (n=49) (group 1) and labia minora flap (n=158) (group 2). The median follow-up was 39 months. The total length of reconstructed urethra ranged from 9.1 to 12.3 cm in group 1 and from 9.4 to 14.2 cm in group 2. Voiding while standing was significantly better in group 2 (93%) than in group 1 (87.82%). Urethral fistula occurred in 16 patients in both groups. Overall satisfaction was noted in 193 patients. The authors concluded that combined buccal mucosa graft and labia minora flap was the method of choice for urethroplasty in metoidioplasty, minimizing postoperative complications.

A single-arm study by Weigert et al. (2013) evaluated patient satisfaction with breasts and psychosocial, sexual and physical well-being after breast augmentation in MtF individuals with gender dysphoria. Thirty-five patients were

asked to complete the BREAST-Q Augmentation module questionnaire before surgery, at 4 months and later after surgery. A prospective cohort study was designed and postoperative scores were compared with baseline scores. Responses indicated significant improvements in satisfaction with surgery (+59 points), psychosocial well-being (+48 points) and sexual well-being (+34 points). No significant changes were reported for physical well-being. This study has several limitations including lack of a control group and subjective measures.

In a non-randomized study, Dhejne et al. (2011) evaluated mortality, morbidity and criminal rates after gender reassignment surgery in 324 individuals (MtF n=191; FtM n=133). Random population controls (10:1) were matched by birth year and birth sex or reassigned final sex. The authors reported substantially higher rates of overall mortality, death from cardiovascular disease and suicide, suicide attempts and psychiatric hospitalizations in sex-reassigned individuals (both MtF/FtM) compared to a healthy control population. FtMs had a higher risk for criminal convictions.

In a case control study, Kuhn et al. (2009) evaluated quality of life and general satisfaction in patients following gender reassignment surgery compared with healthy controls. Fifty-five individuals with gender dysphoria (52 MtF; 3 FtM) participated in the questionnaire-based study. Fifteen years after gender reassignment surgery, quality of life was lower in the domains of general health, role limitation, physical limitation and personal limitation. Overall satisfaction was lower in individuals with gender dysphoria compared with controls.

Kanhai et al. (2000) conducted a retrospective survey evaluating the effects of augmentation mammoplasty on MtF individuals with gender dysphoria. Of 164 questionnaires sent, 107 (65%) were evaluated. Average clinical follow-up was 4.8 years. The average time lapse between mammoplasty and filling out the questionnaire was 5.5 years. Seventeen of the 107 patients had undergone further augmentation mammoplasty, on average 57 months after the initial mammoplasty. Eighty patients (75%) indicated satisfaction with the final outcome of the mammoplasty. The remaining 27 patients (25%) were unhappy with the results of mammoplasty. This study has several limitations including a retrospective design and subjective measures.

### **World Professional Association for Transgender Health (WPATH)**

WPATH, formerly known as the Harry Benjamin International Gender Dysphoria Association, is an advocacy group devoted to transgender health. WPATH guidelines (2012) present eligibility and readiness criteria for transition-related treatment, as well as competencies of health care providers.

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

- Living in the gender role consistent with gender identity
- The use of cross-sex hormone therapy after living in the new gender role for a least three months
- Gender-affirmation surgery after living in the new gender role and using hormonal therapy for at least 12 months

### **Professional Societies**

#### ***American College of Obstetrics and Gynecology (ACOG)***

An ACOG committee opinion (2017) provides guidance on health care for transgender adolescents. The document makes the following recommendations regarding surgery:

- Obstetrician-gynecologists should understand gender identity and be able to treat transgender patients or refer them appropriately for medical and surgical therapeutic options.
- Surgical management for transgender male patients is typically reserved for patients 18 years and older.
- For transgender male patients, phalloplasty may be performed when the patient reaches the age of majority.
- Transgender female patients who choose to undergo surgery for a neovagina may have vaginoplasty after the age of majority.
- Transgender patients should be counseled about fertility and fertility preservation prior to surgical treatment.

A separate ACOG committee opinion (2011) provides guidance on health care for transgender individuals. The document makes the following recommendations regarding surgery:

- Obstetrician-gynecologists should assist or refer transgender individuals for routine treatment and screening as well as hormonal and surgical therapies.
- Hormonal and surgical therapies should be managed in consultation with health care providers with expertise in specialized care and treatment of transgender persons.

#### ***Endocrine Society***

Endocrine Society practice guidelines (Hembree et al., 2017) addressing endocrine treatment of gender-dysphoric/gender-incongruent persons makes the following recommendations regarding surgery for sex reassignment and gender confirmation:

- Suggest that clinicians delay gender-affirming genital surgery involving gonadectomy and/or hysterectomy until the patient is at least 18 years old or legal age of majority in his or her country (Recommendation based on low quality evidence).

- A patient pursue genital gender-affirming surgery only after the mental health practitioner (MHP) and the clinician responsible for endocrine transition therapy both agree that surgery is medically necessary and would benefit the patient's overall health and/or well-being ( Strong recommendation based on low quality evidence).
- Surgery is recommended only after completion of at least one year of consistent and compliant hormone treatment unless hormone therapy is not desired or medically contraindicated (Ungraded Good Practice Statement).
- The physician responsible for endocrine treatment medically clears individual for surgery and collaborates with the surgeon regarding hormone use during and after surgery (Ungraded Good Practice Statement).
- Recommend that clinicians refer hormone treated transgender individuals for genital surgery when (Strong recommendation based on very low quality evidence):
  - The individual has had a satisfactory social role change
  - The individual is satisfied about the hormonal effects
  - The individual desires definitive surgical changes
- Suggest that clinicians determine the timing of breast surgery for transgender males based upon the physical and mental health status of the individual. There is insufficient evidence to recommend a specific age requirement (Recommendation based on very low quality evidence).

#### U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Gender reassignment surgeries are procedures, and therefore, not subject to FDA regulation. However, medical devices, drugs, biologics or tests used as a part of these procedures may be subject to FDA regulation. See the following website to search by product name: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnm.cfm>. (Accessed June 5, 2018)

#### CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Medicare does have a National Coverage Determination (NCD) for Gender Dysphoria and Gender Reassignment Surgery (140.9). Local Coverage Articles (LCAs) also exist; refer to the LCAs for Gender Reassignment Services for Gender Dysphoria. (Accessed June 7, 2018)

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## POLICY HISTORY/REVISION INFORMATION

| Date       | Action/Description   |
|------------|--|
| 11/01/2018 | <ul style="list-style-type: none"> <li>Updated coverage rationale; modified language to clarify certain ancillary procedures, including but not limited to [those listed in the policy], are considered cosmetic <b>and</b> not medically necessary when performed as part of gender reassignment</li> <li>Archived previous policy version CS145.C</li> </ul> |

**EXHIBIT G  
TO COMPLAINT**



An Independent Licensee  
of the Blue Cross and  
Blue Shield Association

August 10, 2018

RUSSELL TOOMEY  
[REDACTED]

Member ID: SYD850959941 01  
Date of Service: October 1, 2018

Dear Russell Toomey:

Dr. Tiffany Woods Karsten has asked Blue Cross Blue Shield of Arizona (BCBSAZ) to approve you for a laparoscopic total hysterectomy with removal of tubes and ovaries surgery (58571) for your health issue of transsexualism and gender identity disorder (F64.0 and F64.9) at Tucson Medical Center. This is called "precertification." Your benefit plan requires you to get precertification for some services. A BCBSAZ Medical Director has reviewed the health care records your provider submitted.

Based upon that review, we cannot approve this request because the laparoscopic total hysterectomy with removal of tubes and ovaries surgery, for your diagnosis of transsexualism and gender identity disorder is considered a gender reassignment surgery, which is a benefit exclusion. This finding is based on your benefit plan booklet on pages 56 & 57 under the heading of "Exclusions and General Limitations" which states:

**10.1 Exclusions and General Limitations**

"In addition to any services and supplies specifically excluded in any other Article of the Plan Description, any services and supplies which are not described as covered are excluded. In addition, the following are specifically excluded Services and Supplies:

- Gender reassignment surgery."

If you choose to get the laparoscopic total hysterectomy with removal of tubes and ovaries surgery, BCBSAZ will not cover the costs of this service.

You have the right to appeal this decision. If you or your doctor chooses to proceed with the appeal process, you may call the appeal line and fax any additional supporting information. Your treating doctor may request an expedited appeal depending on medical urgencies.

Please see the reverse side of this letter for the BCBSAZ appeal and grievance procedures. You may submit your appeal by calling, faxing or mailing your request to:

Medical Appeals and Grievances Department A116  
Blue Cross Blue Shield of Arizona  
P.O. Box 13466  
Phoenix, AZ 85002-3466  
Phone: (602) 544-4938 or (866) 595-5998  
Fax: (602) 544-5601

Russell Toomey  
August 10, 2018  
Page 2

Before appealing, a service determined not to be medically necessary is eligible for a peer to peer (PtoP) discussion. The treating provider may ask for a PtoP discussion. This may be done by calling the Office of the Medical Director at 602-864-4209 within 7 days from the date of this letter. PtoP discussions are not available for benefit exclusions, including, but not limited to:

- Investigational/Experimental decisions
- Out of Network requests for In-Network Level of Benefits
- Medication Doses outside of Federal Drug Administration (FDA) dosing levels

The Clinical Content you are receiving is confidential and proprietary information and is being provided to you solely as it pertains to the claim or the information request at issue. Under copyright law, the Clinical Content may not be copied, distributed, or otherwise reproduced. The Clinical Content is solely for use as a screening guide to assist in determining the medical appropriateness of health care services. All decisions about health care are strictly and solely the obligation and responsibility of a treating health care provider.

You also have the right to reasonable access to the medical records, InterQual medical criteria and any other information BCBSAZ used for this medical necessity benefit determination. BCBSAZ did not rely on any medical records except those furnished by your provider. If you would like a copy of these records or any documentation, please call us at the number above.

Sincerely,



Darren Deering, D.O.  
Senior Medical Director

If you are hearing impaired (TDD), please call (602) 864-4823 or (800) 232-2345 ext.4823.

cc: TIFFANY WOODS KARSTEN MD  
839 W CONGRESS ST  
TUCSON AZ 85745

TUCSON MEDICAL CENTER  
5301 E GRANT RD  
TUCSON AZ 85712

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

