



Clinical Guideline

Subject: Medi-Cal Managed Care (Medi-Cal) Surgical Services for Transgender Beneficiaries

Status: Annual review

Current Effective Date: January 1, 2019

Last Review Date: August 25, 2022

Definition

California Medi-Cal managed health care plans (MCPs) must provide medically necessary covered services to all Medi-Cal beneficiaries, including transgender beneficiaries. Medically necessary covered services are those services “which are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis and treatment of disease, illness or injury” (Title 22 California Code of Regulations § 51303).

The California Department of Health Care Services (DHCS) recognizes the Affordable Care Act (ACA) and the implementing regulations as prohibiting discrimination against transgender beneficiaries. MCPs are required to treat beneficiaries consistent with their gender identity (Title 42 United States Code § 18116; 45 Code of Federal Regulations (CFR) §§ 92.206, 92.207; see also 45 CFR § 156.125 (b)). Federal regulations prohibit MCPs from denying or limiting coverage of any healthcare services that are ordinarily or exclusively available to beneficiaries of one gender, to a transgender beneficiary based on the fact that a beneficiary’s gender assigned at birth, gender identity, or gender otherwise recorded is different from the one to which such services are ordinarily or exclusively available (45 CFR §§ 92.206, 92.207(b)(3)). DHCS indicates that Federal regulations further prohibit MCPs from categorically excluding or limiting coverage for healthcare services related to gender transition (45 CFR § 92.207(b)(4)).

The ACA requires that MCPs provide all members with a common core set of benefits, known as Essential Health Benefits (EHB). Health insurers covering EHBs are prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, gender identity, or sexual orientation.

The insurance Gender Nondiscrimination Act (IGNA) prohibits MCPs from discriminating against individuals based on gender, including gender identity or gender expression (Health and Safety Code Section (§)1365.5). The IGNA requires that MCPs provide transgender beneficiaries with the same level of healthcare benefits available to non-transgender beneficiaries.

Federal and State law, as well as contract language, and Medical Policy take precedence over Clinical UM Guidelines.

MCPs must provide medically necessary surgery to all Medi-Cal beneficiaries, including transgender beneficiaries. State law (Title 42 USC 1396d(r)(5)) defines “medically necessary” as follows:

(a) For individuals 21 years of age or older, a service is “medically necessary” or a “medical necessity”

<https://providers.anthem.com/ca>

when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

(b) For individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” if the service corrects or ameliorates defects and physical and mental illnesses and conditions.

MCPs must also provide reconstructive surgery to all members, including transgender members. The analysis of whether or not a surgery is considered reconstructive surgery is separate and distinct from a medical necessity determination. State law defines reconstructive surgery as “surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease...to create a normal appearance to the extent possible” (Health and Safety Code § 1367.63(c)(1)(B)). In the case of transgender members, gender dysphoria is treated as a “developmental abnormality” for purposes of the reconstructive statute and “normal” appearance is to be determined by referencing the gender with which the member identifies (target gender).

MCPs are not required to cover cosmetic surgery. Cosmetic surgery is “surgery that is performed to alter or reshape normal structures of the body in order to improve appearance” (Health and Safety Code § 1367.63(d)). In the case of transgender members, gender dysphoria is treated as a “developmental abnormality” for purposes of the reconstructive statute and “normal” appearance is to be determined by referencing the gender with which the member identifies (target gender).

MCPs must analyze transgender service requests first under the applicable medical necessity standard for services to treat gender dysphoria and then secondly, if found not medically necessary, under the statutory criteria for reconstructive surgery. A finding of either “medically necessary to treat gender dysphoria” or “meets the statutory criteria of reconstructive surgery” serves as a separate basis for approving the request.

If the MCP determines that the service is medically necessary to treat the member’s gender dysphoria, the MCP must approve the requested service. If the MCP first determines the service is not medically necessary to treat gender dysphoria (or if there is insufficient information to establish medical necessity), the MCP must still consider whether the requested service meets the criteria for reconstructive surgery, taking into consideration the gender with which the member identifies.

The request for transgender services should be supported by evidence of either medical necessity or evidence supporting the criteria for reconstructive surgery. Supporting documentation should be submitted, as appropriate, by the member’s primary care provider, licensed mental health professional, and/or surgeon. These providers should be qualified and have experience in transgender healthcare.

This document addresses sex reassignment surgery (also known as gender reassignment surgery and gender confirmation surgery) as a treatment option for transgender Medi-Cal beneficiaries. Gender dysphoria (defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5) is treated with the following core services:

- Behavioral health services
- Psychotherapy
- Hormone therapy
- Surgical procedures that bring primary and secondary gender characteristics into conformity with the individual’s identified gender

A source of clinical guidance for the treatment of gender dysphoria is provided by the World Professional Association for Transgender Health (WPATH) entitled “Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People”. The medical appropriateness of service requested by a

transgender beneficiary must be made by a qualified and licensed mental health professional and the treating surgeon, in collaboration with the beneficiary's primary care provider. The medical necessity and determination of a surgical procedure as reconstructive will be made by the Managed Care Plan. The DHCS All Plan Letter 20-018 Ensuring Access to Transgender Services was also used.

Clinical Indications

MCPs must analyze transgender service requests first under the applicable medical necessity standard for services to treat gender dysphoria and then secondly, if found not medically necessary, under the statutory criteria for reconstructive surgery. A finding of either "medically necessary to treat gender dysphoria" or "meets the statutory criteria of reconstructive surgery" serves as a separate basis for approving the request.

Chest Surgery

For individuals undergoing sex reassignment surgery, bilateral mastectomy (sometimes referred to as "top" surgery) is considered **medically necessary** when *all* of the following criteria have been met:

- A. The physician requesting authorization for the surgery must provide documentation of *all* of the following (1 through 6):
 1. The individual's psychiatric profile is such that the candidate is able to understand, tolerate and comply with all phases of care and is committed to long-term follow-up requirements; and
 2. The candidate's post-operative expectations have been addressed; and
 3. The individual has undergone a preoperative medical consultation within 3 months of the requested surgical date and is felt to be an acceptable surgical candidate; and
 4. The individual has undergone a preoperative mental health assessment and is felt to be an acceptable candidate; and
 5. The individual has received a thorough explanation of the risks, benefits, and uncertainties of the procedure; and
 6. Substance use is well-controlled for at least 6 months prior to requested surgical date
- B. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
 - I. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; **and**
 - II. The transgender identity has been present persistently for at least two years; and
 - III. The disorder is not a symptom of another mental disorder; **and**
 - IV. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; **and**
- B. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
 1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; **and**
 2. The transgender identity has been present persistently for at least two years; and
 3. The disorder is not a symptom of another mental disorder; **and**
 4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; **and**
- C. For individuals without a medical contraindication, the individual has undergone a minimum of 12

months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**

- D. Documentation that the individual has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, across a wide range of life experiences and events that may occur throughout the year (for example, family events, holidays, vacations, season-specific work or school experiences). This includes coming out to partners, family, friends, and community members (for example, at school, work, and other settings); **and**
- E. Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner; **and**
- F. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**
- G. A Letter of referral from a qualified mental health professional* who has independently assessed the individual.

*At least one of the professionals submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field (for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating co-morbid psychiatric conditions.

Mastoplasty (Breast Augmentation)

For individuals undergoing sex reassignment surgery, bilateral mammoplasty (breast implants, breast augmentation) is considered medically necessary when ALL of the following criteria have been met:

- A. The individual is at least 18 years of age; **and**
- B. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- C. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
 - 1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; **and**
 - 2. The transsexual identity has been present persistently for at least two years; **and**
 - 3. The disorder is not a symptom of another mental disorder; **and**
 - 4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; **and**
- D. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**
- E. The individual is a male transitioning gender to become a female; **and**
- F. Documentation that 12 continuous months of estrogen therapy has failed to result in breast tissue growth of at least Tanner Stage 5 when hormonal therapy has no medical contraindication. Photographs are needed for this documentation.
- G. A Letter of referral from a qualified mental health professional* who has independently assessed the individual.

Pelvic Surgery

For individuals undergoing sex reassignment surgery, consisting of any combination of the following: metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty, or placement of testicular prostheses (sometimes referred to as “bottom” surgery), it is considered **medically necessary** when all of the following criteria are met:

- A. The physician requesting authorization for the surgery must provide documentation of **ALL** of the following (1 through 6):
 1. The individual's psychiatric profile is such that the candidate is able to understand, tolerate and comply with all phases of care and is committed to long-term follow-up requirements; **and**
 2. The candidate's post-operative expectations have been addressed; **and**
 3. The individual has undergone a preoperative medical consultation within 3 months of the requested surgical date and is felt to be an acceptable surgical candidate; **and**
 4. The individual has undergone a preoperative mental health assessment and is felt to be an acceptable candidate; **and**
 5. The individual has received a thorough explanation of the risks, benefits, and uncertainties of the procedure; **and**
 6. Substance use is well-controlled for at least 6 months prior to requested surgical date
- B. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
 1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; **and**
 2. The transgender identity has been present persistently for at least two years; and
 3. The disorder is not a symptom of another mental disorder; **and**
 4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; **and**
- C. For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional **and** provided under the supervision of a physician; **and**
- D. Documentation that the individual has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, across a wide range of life experiences and events that may occur throughout the year (for example, family events, holidays, vacations, season-specific work or school experiences). This includes coming out to partners, family, friends, and community members (for example, at school, work, and other settings); **and**
- E. Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner; **and**
- F. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**
- G. Two referrals from qualified mental health professionals* who have independently assessed the individual. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter (s) must have been signed within 12 months of the request submission.

* At least one of the professionals submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field (for

example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating co-morbid psychiatric conditions. One letter is sufficient if signed by two providers.

Verification via communication with individuals who have related to the individual in an identity-congruent gender role, or requesting documentation of a legal name change, may be reasonable in some cases.

Other Procedures (such as facial feminization, body contouring, voice modification)

For individuals undergoing sex reassignment surgery, other procedures are considered medically necessary when ALL of the following criteria have been met:

- A. The physician requesting authorization for the surgery must provide documentation of ALL of the following (1 through 6):
 1. The individual's psychiatric profile is such that the candidate is able to understand, tolerate and comply with all phases of care and is committed to long-term follow-up requirements; and
 2. The candidate's post-operative expectations have been addressed; and
 3. The individual has undergone a preoperative medical consultation within 3 months of the requested surgical date and is felt to be an acceptable surgical candidate; and
 4. The individual has undergone a preoperative mental health assessment and is felt to be an acceptable candidate; and
 5. The individual has received a thorough explanation of the risks, benefits, and uncertainties of the procedure; and
 6. Substance use is well-controlled for at least 6 months prior to requested surgical date
- B. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
 1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
 2. The transgender identity has been present persistently for at least two years; and
 3. The disorder is not a symptom of another mental disorder; and
 4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
- C. For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; and
- D. Documentation that the individual has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, across a wide range of life experiences and events that may occur throughout the year (for example, family events, holidays, vacations, season-specific work or school experiences). This includes coming out to partners, family, friends, and community members (for example, at school, work, and other settings); and
- E. Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner; and
- F. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; and

G. A Letter of referral from a qualified mental health professional* who has independently assessed the individual.

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

Hair removal

The use of hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure is considered **medically necessary**.

Sex reassignment surgery that does not meet the criteria listed above is considered not **medically necessary** when the criteria are not met.

RECONSTRUCTIVE

MCPs must analyze transgender service requests first under the applicable medical necessity standard for services to treat gender dysphoria and then secondly, if found not medically necessary, under the statutory criteria for reconstructive surgery. A finding of either “medically necessary to treat gender dysphoria” or “meets the statutory criteria of reconstructive surgery” serves as a separate basis for approving the request.

Chest Surgery

Gender affirming chest surgery (*augmentation, mastectomy, or reduction*) is considered **reconstructive** when *all* of the following criteria have been met:

- A. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- B. The individual has been diagnosed with gender dysphoria; **and**
- C. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**
- D. *For gender affirming breast augmentation procedures only:* for individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician, and insufficient breast development has occurred; **and**
- E. One letter, signed by the referring qualified mental health professional* who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission.

Nipple reconstruction, including tattooing, following a gender affirming mastectomy that meets the reconstructive criteria above is considered **reconstructive**.

Pelvic Surgery

Gender affirming pelvic surgery is considered **reconstructive** when *all* of the following criteria have been met:

- A. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- A. The individual has been diagnosed with gender dysphoria; **and**
- B. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**
- C. One letter, signed by the referring qualified mental health professional* who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission.

Other Procedures (such as facial feminization, body contouring, voice modification)

Gender affirming facial surgery, including hair removal, is considered **reconstructive** when *all* of the following criteria have been met:

- A. The individual is at least 18 years of age; **and**
- B. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- C. The individual has been diagnosed with gender dysphoria; **and**
- D. For individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
- E. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**
- F. One letter, signed by the referring qualified mental health professional* who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission.

Gender affirming voice modification surgery is considered **reconstructive** when *all* of the following criteria have been met:

- A. The individual is at least 18 years of age; **and**
- B. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- C. The individual has been diagnosed with gender dysphoria; **and**
- D. *For gender masculinization only:* for individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
- E. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**
- F. Existing vocal presentation demonstrates significant variation from normal for the experienced gender; **and**
- G. One letter, signed by the referring qualified mental health professional* who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request.

submission.

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

ADDITIONAL PROCEDURES

MCPs must analyze transgender service requests first under the applicable medical necessity standard for services to treat gender dysphoria and then secondly, if found not medically necessary, under the statutory criteria for reconstructive surgery. A finding of either “medically necessary to treat gender dysphoria” or “meets the statutory criteria of reconstructive surgery” serves as a separate basis for approving the request.

The following procedures, when requested for treatment of Gender Dysphoria, are considered not medically necessary when the procedure does not meet criteria defined in the “Clinical Indications for Medical Necessity” section above.

The following procedures, when requested for treatment of Gender Dysphoria, are considered not reconstructive when the procedure does not meet the criteria defined in the “Reconstructive” section above.

- A. Abdominoplasty
- B. Blepharoplasty
- C. Breast augmentation
- D. Brow lift
- E. Calf implants
- F. Electrolysis
- G. Face lift
- H. Facial bone reconstruction
- I. Facial implants
- J. Gluteal augmentation
- K. Hair removal/hairplasty, when the criteria above have not been met
- L. Jaw reduction (jaw contouring)
- M. Lip reduction/enhancement
- N. Lipofilling/collagen injections
- O. Liposuction
- P. Nose implants
- Q. Pectoral implants
- R. Rhinoplasty
- S. Thyroid cartilage reduction (chondroplasty)
- T. Voice modification surgery
- U. Voice therapy
- V. Otoplasty

Coding

MCPs must analyze transgender service request codes first under the applicable medical necessity standard for services to treat gender dysphoria and then secondly, if found not medically necessary, under the statutory criteria for reconstructive surgery. A finding of either “medically necessary to treat gender dysphoria” or “meets the statutory criteria of reconstructive surgery” serves as a separate basis for approving the request.

CPT® codes:

- 55970 Intersex surgery; male to female
- 55980 Intersex surgery; female to male

Also, combinations of individual procedures billed separately, including but not limited to:

- 17380 Electrolysis epilation, each 30 minutes
- 17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue (when specified as permanent hair removal by laser)
- 19303 Mastectomy, simple, complete
- 19300 or 19318 Mastectomy, subcutaneous
- 19325 Mammoplasty, augmentation; with prosthetic implant
- 54125 Amputation of penis; complete
- 54520 Orchiectomy, simple (including subscapular), with or without testicular prosthesis, scrotal or inguinal approach
- 54660 Insertion of testicular prosthesis
- 54690 Laparoscopy, surgical; orchiectomy
- 55180 Scrotoplasty; complicated
- 56625 Vulvectomy, simple; complete
- 56800 Plastic repair of introitus
- 56805 Clitoroplasty for intersex state
- 57110 Vaginectomy, complete removal of vaginal wall
- 57291 Construction of artificial vagina; without graft
- 57292 Construction of artificial vagina; with graft
- 57295 Revision (including removal) of prosthetic vaginal graft; vaginal approach
- 57296 Revision (including removal) of prosthetic vaginal graft; open abdominal approach
- 57426 Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
- 58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s).
- 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)
- 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)
- 54400 Semi rigid penile implant placement

- 54405 Inflatable penile implant placement - X indicator but on Crane MOU

Codes for Vaginoplasty

- 15115 Epidermal autograft (first 100sq cm or less)
- 53430 Urethroplasty
- 14301 Adjacent tissue transfer (30.1 sq. cm to 60 sq. cm)
- 14302 x2 Adjacent tissue transfer (additional 30 sq. cm)

Codes for Phalloplasty

- 13121 Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
- 15757 Free skin flap microvasc
- 64874 Suture of nerve
- 64856 Suture peripheral nerves
- 53410 Urethroplasty
- 15750 Neurovascular island pedicle
- 15100 Split thickness graph autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
- 15101 Spit thickness graph autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof
- 15002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
- 13122 Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less
- 14301 Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
- 14302 Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof
- 51102 Aspiration of bladder
- 97606 Negative pressure wound therapy (For example: vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 squarecentimeters
- 15115 Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
- 14041 Adjacent tissue transfer (10.1 sq. cm to 30 sq. cm)
- 54416 Removal and replacement of Non-inflatable or inflatable penile prosthesis at the same operative session

Dog ear removal

- 13132 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
- 11406 Excision, benign lesion including margins, except skin tag, trunk, arms or legs; excised Diameter > 4.0

Testosterone Pellets

- 11980 Implant hormone pellet(s)
- S0189 Testosterone pellet, 75 mg

Speech Therapy

- 92507 Speech therapy language evaluation
- 99205 Visit-Office/Other Outpt: New patient comprehensive history problem(s) – Moderate to High severity, average 60 minutes
- 31579 Laryngoscopy, flexible or rigid telescopic, with stroboscopy
- 92524 Behavioral and qualitative analysis of voice and resonance

Facial Feminization

- 14021 Hairline Reduction; adj tissue transfer 10-30 sq. cm
- 14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears, and/or lips; defect 10 sq cm or less
- 15770 Autologous fat transfer to face
- 15783 Dermabrasion, superficial
- 15820-50 Blepharoplasty, lower eyelid, bilateral
- 15822-50 Blepharoplasty, upper eyelid, bilateral
- 15828 Rhytidectomy; cheek, chin, and neck (facelift)
- 21121 Genioplasty; sliding osteotomy, single piece 21139 Change description to - Reduction forehead; contouring and setback of anterior frontal sinus wall
- 21137 Brow Bone Reduction; contouring only
- 21139 Reduction forehead; contouring and setback of anterior frontal
- 21198 Osteotomy, mandible, segmental
- 30140 Rhinoplasty; primary complete
- 30420 Rhinoplasty; primary; including major septal repair
- 31899 Tracheal Shave
- 67900 Brow Lift
- 40799 Upper Lip Enhancement (Unlisted procedure, lips)
- 54416 Removal and replacement of Non-inflatable or inflatable penile prosthesis at the same operative session

For Mastectomy

- 19350 Nipple/areola reconstruction
- 15200 Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less

Second Stage Phalloplasty

- 15877 Suction assisted lipectomy; trunk (phallus)
- 14041 x2 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
- 53410 x1 Urethroplasty, 1-stage reconstruction of male anterior urethra
- 52000 x1 Cystourethroscopy (separate procedure) 51703 x1 description should be - Insertion of temporary indwelling bladder catheter; complicated (For example: altered anatomy, fractured catheter/balloon)
- 51703 x1 Insertion of temporary indwelling bladder catheter; complicated
- 15839 Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area

Vaginoplasty Repair

- 15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
- 11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp,

neck, hands, feet, genitalia; excised diameter 0.5 cm or less

- 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

Additional Urological Procedures Used for Phalloplasty and Vaginoplasty Repairs

- 20926 Tissue grafts; other (fat grafting)
- 51040 Cystostomy, cystotomy with drainage
- 51102 Aspiration of bladder; with insertion of suprapubic catheter
- 51610 Injection procedure for retrograde urethrocytography
- 51703 Insertion of temporary indwelling bladder catheter; complicated (For example: altered anatomy, fractured catheter/balloon)
- 52000 Cystourethroscopy
- 52281 Cystourethroscopy, with dilation of urethral stricture, with or without meatotomy, with or without injection procedure for cystography, male or female
- 53010 Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
- 53400 Urethroplasty; first stage, for fistula/stricture (Johannsen type)
- 53405 Urethroplasty; second stage for fistula/stricture, including urinary diversion (formation of urethra)
- 53410 Urethroplasty, 1 stage reconstruction of male anterior urethra (rolling of urethra)
- 53430 Urethroplasty, reconstruction of female urethra
- 53520 Closure of urethrostomy or urethrocutaneous fistula, male

ICD-10 Procedure

- 0HBV0ZZ-0HBVXZZ Excision of breast, bilateral [by approach; includes codes 0HBV0ZZ, 0HBV3ZZ, 0HBV7ZZ, 0HBV8ZZ, 0HBVXZZ]
- 0HDSXZZ Extraction of hair, external approach
- 0UQG0ZZ Repair vagina, open approach
- 0UQJ0ZZ-0UQJXZZ Repair clitoris [by approach; includes codes 0UQJ0ZZ, 0UQJXZZ]
- 0UT20ZZ-0UT2FZZ Resection of bilateral ovaries [by approach; includes codes 0UT20ZZ, 0UT24ZZ, 0UT27ZZ, 0UT28ZZ, 0UT2FZZ]
- 0UT70ZZ-0UT7FZZ Resection of bilateral fallopian tubes [by approach; includes codes 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ]
- 0UT90ZZ-0UT9FZZ Resection of uterus [by approach; includes codes 0UT90ZZ, 0UT94ZZ, 0UT97ZZ, 0UT98ZZ, 0UT9FZZ]
- 0UTC0ZZ-0UTC8ZZ Resection of cervix [by approach; includes codes 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ]
- 0UTG0ZZ-0UTG8ZZ Resection of vagina [by approach; includes codes 0UTG0ZZ, 0UTG4ZZ, 0UTG7ZZ, 0UTG8ZZ]
- 0UTJ0ZZ-0UTJXZZ Resection of clitoris [by approach; includes codes 0UTJ0ZZ, 0UTJXZZ]
- 0UTM0ZZ-0UTMXZZ Resection of vulva [by approach; includes codes 0UTM0ZZ, 0UTMXZZ]
- 0VRC0JZ Replacement of bilateral testes with synthetic substitute, open approach
- 0VTC0ZZ-0VTC4ZZ Resection of bilateral testes [by approach; includes codes 0VTC0ZZ, 0VTC4ZZ]
- 0VTS0ZZ-0VTSXZZ Resection of penis [by approach; includes codes 0VTS0ZZ, 0VTS4ZZ, 0VTSXZZ]
- 0VUS07Z-0VUSX7Z Supplement penis with autologous tissue substitute [by approach, includes codes 0VUS07Z, 0VUS47Z, 0VUSX7Z]

- 0VUS0JZ-0VUSXJZ Supplement penis with synthetic substitute [by approach; includes codes 0VUS0JZ, 0VUS4JZ, 0VUSXJZ]
- 0VUS0KZ-0VUSXKZ Supplement penis with nonautologous tissue substitute [by approach; includes codes 0VUS0KZ, 0VUS4KZ, 0VUSXKZ]
- 0W4M070 Creation of vagina in male perineum with autologous tissue substitute, open approach
- 0W4M0J0 Creation of vagina in male perineum with synthetic substitute, open approach
- 0W4M0K0 Creation of vagina in male perineum with nonautologous tissue substitute, open approach
- 0W4M0Z0 Creation of vagina in male perineum, open approach
- 0W4N071 Creation of penis in female perineum with autologous tissue substitute, open approach
- 0W4N0J1 Creation of penis in female perineum with synthetic substitute, open approach
- 0W4N0K1 Creation of penis in female perineum with nonautologous tissue substitute, open approach
- 0W4N0Z1 Creation of penis in female perineum, open approach

ICD-10 Diagnosis

- F64.0-F64.9 Gender identity disorders

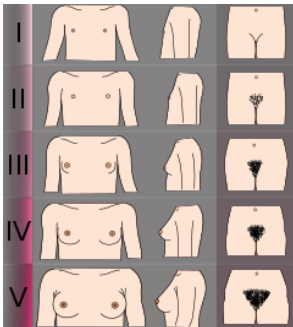
Discussion/General Information

This guideline was created to support guidance provided by the state of California DHCS All Plan Letter 20-018, dated 10-26-2020 (which supersedes All Plan Letter 16-013, dated 10-6-16 and clarification provided on 2-7-17). In addition to use of WPATH guidance, the Care of Transgender Adolescents developed by The American College of Obstetrics and Gynecology (ACOG), and Endocrine Treatment of Gender-Dysphoric Gender-Incongruent Persons were used. The Endocrine Society Clinical Practice Guideline were also consulted.

Definitions

Breasts (female)

Illustration of the Tanner scale for females:



Tanner I

No glandular tissue: areola follows the skin contours of the chest (prepubertal) (typically age 10 and younger)

Tanner II

Breast bud forms, with small area of surrounding glandular tissue; areola begins to widen (10–11.5)

Tanner III

Breast begins to become more elevated, and extends beyond the borders of the areola, which continues to widen but remains in contour with surrounding breast (11.5–13)

Tanner IV

Increased breast size and elevation; areola and papilla form a secondary mound projecting from the contour of the surrounding breast (13–15)

Tanner V

Breast reaches final adult size; areola returns to contour of the surrounding breast, with a projecting central papilla. (15+)

Cosmetic: In this document, procedures are considered cosmetic when intended to improve a physical appearance that would be considered within normal human anatomic variation. Cosmetic services are often described as those which are primarily intended to preserve or improve appearance.

Gender Dysphoria: DSM 5 defines gender dysphoria as the distress that may accompany incongruence between one's experienced or expressed gender and one's assigned gender.

Gender dysphoria in Children

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

Gender dysphoria in Adolescents and Adults

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

secondary sex characteristics (on in young adolescents, the anticipated secondary sex characteristics).

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

Specify if:

With a disorder of sex development (For example: a congenital adrenogenital disorder such as 255.2[E25.0] congenital adrenal hyperplasia or 259.0 [E34.50] androgen insensitivity syndrome)

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

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

Reconstructive: In this document, procedures are considered reconstructive when intended to address a significant variation from normal related to accidental injury, disease, and trauma, treatment of a disease or congenital defect. Reconstructive surgery is "surgery performed to corrector repair abnormal structures of the body . . . to create a normal appearance to the extent possible" (Health and Safety Code § 1367.63(c)(1)(B)).

The **Tanner scale** (also known as the **Tanner stages**) is a scale of physical development in children, adolescents and adults. The scale defines physical measurements of development based on external primary and secondary sex characteristics, such as the size of the breasts, genitals, testicular volume and development of pubic hair. This scale was first identified by James Tanner, a British pediatrician, and thus bears his name.

Anthem Blue Cross must timely provide all medically necessary services and/or reconstructive surgery that are otherwise available to non-transgender beneficiaries. Medical necessity and/or reconstructive surgery determinations must be made on a case-by-case basis.

References

Government Agency, Medical Society and Other Authoritative Publications:

1. **Affordable Care Act**, May 2010. Accessed on September 18, 2017.
2. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Arlington, VA. 2013. Available at: <http://dsm.psychiatryonline.org/book.aspx?bookid=556>. Accessed on September 18, 2017.
3. Hembree WC, Cohen-Kettenis PT, Gooren L et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab* 2017; 102:1-35. <https://doi.org/10.1210/jc.2017-01658>. Accessed on September 18, 2017.
4. Kellen Baker & Andrew Cray, Ensuring Benefits Parity and Gender Identify Nondiscrimination in Essential Health Benefits, Center for American Progression (Nov. 15, 2012). Accessed on September 18, 2017.
5. Marshall WA, Tanner JM (June 1969). "*Variations in pattern of pubertal changes in girls*". *Arch. Dis. Child.* **44**, (235): 291–303. *PMC 2020314. PMID 5785179. doi:10.1136/adc.44.235.291*. Accessed on September 18, 2017.
6. State of California-Health and Human Services Agency Department of Health Care Services: **Ensuring Access to Medi-Cal Services for Transgender Beneficiaries**. Accessed on September 12, 2022.
7. World Professional Association for Transgender Health (WPATH). Standards of care for the health of transsexual, transgender, and gender nonconforming people. 7th version. 2012. Available at: <https://wpath.org/publications/soc> Accessed on September 12, 2022.

Websites for Additional Information

<https://wpath.org/publications/soc>

History		
Draft	September 18, 2017	New
Annual Review	January 3, 2019	MOC Approval Received
Annual Review	February 27, 2020	MOC Approval Received
Annual Review	August 25, 2022	MOC Approval Received