

**NOTE: This policy has been revised. The revised policy will be effective October 1, 2019. To view the revised policy, [click here](#).**

Medicare Advantage Policy Manual

Policy ID: M-MED153

## ***Gender Affirming Interventions for Gender Dysphoria***

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### **IMPORTANT REMINDER**

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.*

*The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.*

## **DESCRIPTION**

“Gender dysphoria (previously known as gender identity disorder) is a classification used to describe persons who experience significant discontent with their biological sex and/or gender assigned at birth.”<sup>[1]</sup> Gender affirming interventions generally include psychotherapy, hormone therapy, and for some individuals, surgical procedures. Psychotherapy followed by hormone therapy is usually the first medical treatment. Not all transgender individuals choose surgical options.

## **MEDICARE ADVANTAGE POLICY CRITERIA**

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**NOTE:** Some surgical procedures may have separate criteria found in other Medicare Advantage medical policies (e.g., breast reconstruction, blepharoplasty, rhinoplasty, abdominoplasty, etc.). See Cross References for other applicable policies.

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**CMS Coverage Manuals\*** None

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**National Coverage Determinations (NCDs)\*** None

According to the NCD for *Gender Dysphoria and Gender Reassignment Surgery (140.9)*, CMS determined no national coverage determination (NCD) is appropriate for gender reassignment surgery for Medicare beneficiaries.

The Medicare Decision Memo from August 2016 adds, “In the absence of a NCD, coverage determinations for gender reassignment surgery... will continue to be made by the local MACs on a case-by-case basis... *For Medicare beneficiaries enrolled in Medicare Advantage (MA) plans, the initial determination of whether or not surgery is reasonable and necessary will be made by the MA plans.*” (Italics added for emphasis.)

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**Noridian Healthcare** None

**Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)\***

Noridian does not have an active, current LCD or LCA in place for transgender services for their jurisdiction F (J-F) service area. The *LCD for Plastic Surgery (L37020)* states, “This policy does not address coverage for procedures associated with transgender surgery. All coverage determinations for transgender surgery are currently handled by individual consideration on a case by case review with particular consideration of the World Professional Association for Transgender Health (WPATH) Standards of Care as interpreted through the various Medicare statutes, rules, regulations, and Manual instructions.”

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**Medical Policy Manual**

*Medicare coverage guidance is not available for gender affirming interventions. Therefore, the health plan’s medical policy is applicable.*

**Note:** The WPATH is a multidisciplinary professional society representing the specialties of medicine, psychology, social sciences and law. This organization has published clinical guidelines regarding health services for patients with gender disorders, and these guidelines are used in the health plan’s medical policy.

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Gender Affirming Interventions for Gender Dysphoria,  
Medicine, [Policy No. 153](#) (see “NOTE” below)

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**NOTE:** According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan’s evidence-assessment process (see Cross References).

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## POLICY GUIDELINES

### REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- For hormone therapy treatment of gender dysphoria:
  - Clinical records must include the following:
    - a diagnosis of gender dysphoria, as defined by the DSM-5 criteria; and,
    - Documentation to support the patient has the ability to make fully informed decisions and consent for treatment; and,
    - For 3 or more months prior to the initiation of hormone therapy, documentation of the beneficiary living as the desired gender and/or psychotherapy with a licensed mental health professional.
- For surgical treatments that may be considered medically necessary for gender dysphoria:
  - Clinical records must include all of the following:
    - Age of patient (must be at least 18 years of age);
    - Documentation to support the patient has the ability to make fully informed decisions and consent for treatment;
    - Documentation of hormonal therapy (including length of time administered) and outcomes;
    - Documented treatment plan including if planned procedures are reversals
    - Diagnosis of gender dysphoria by at least two (2) licensed mental health professionals; and
    - Documentation of the beneficiary living as the desired gender.
  - In addition to the above, for endometrial ablation:
    - Endometrial histopathological report
    - Hysteroscopy, sonohysterography (SIS), or pelvic ultrasound report

## CROSS REFERENCES

[Investigational \(Experimental\) Services and New and Emerging Medical Technologies and Procedures](#), Medicine, Policy No. M-149

[Endometrial Ablation](#), Surgery, Policy No. M-01

[Cosmetic and Reconstructive Procedures](#), Surgery, Policy No. M-12

[Reconstructive Breast Surgery, Mastopexy, and Management of Breast Implants](#), Surgery, Policy No. M-40

[Reduction Mammoplasty \(Mammoplasty\)](#), Surgery, Policy No. M-60

[Adipose-derived Stem Cell Enrichment in Autologous Fat Grafting to the Breast](#), Surgery, Policy No. M-182

[Medication Policy Manual](#); NOTE: Do a find (Ctrl+F) and enter drug name in the find bar to locate the appropriate policy.

## REFERENCES

1. Medicare August 30, 2016 Decision Memo for *Gender Dysphoria and Gender Reassignment Surgery* ([CAG-00446N](#))
2. MLN Matters® Number MM9981 for [Gender Dysphoria and Gender Reassignment Surgery](#)

## CODING

### NOTES:

- Code 17999 should be reported for laser hair removal.
- CPT codes 31552, 31554, 31580, 31584, 31587, or 31591 are not appropriate to use to represent voice modification. Unlisted code 31599 should be reported instead.
- CPT codes 55970 and 55980 are non-specific. The specific CPT procedure(s) code(s) must be requested in place of the non-specific codes.

Codes	Number	Description
CPT	11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
	11951	; 1.1 to 5.0 cc
	11952	; 5.1 to 10.0 cc
	11954	; over 10 cc
	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
	15820	Blepharoplasty, lower eyelid
	15821	Blepharoplasty with extensive herniated fat pad
	15822	Blepharoplasty, upper eyelid
	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
	15824	Rhytidectomy; forehead
	15825	; neck with platysmal tightening (platysmal flap, P-flap)
	15826	; glabellar frown lines
	15828	; cheek, chin, and neck
	15829	; superficial musculoaponeurotic system (SMAS) flap

15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	; thigh
15833	; leg
15834	; hip
15835	; buttock
15836	; arm
15837	; forearm or hand
15838	; submental fat pad
15839	; 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	; trunk
15878	; upper extremity
15879	; 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
19350	Nipple/areola reconstruction
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	; sliding osteotomy, single piece
21122	; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21209	Osteoplasty, facial bones; reduction
21270	Malar augmentation, prosthetic material
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	; including major septal repair
30430	Rhinoplasty secondary; minor revision (small amount of nasal tip work)
30435	; intermediate revision (bony work with osteotomies)
30450	; major revision (nasal tip work and osteotomies)
31599	Unlisted procedure, larynx
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)

53405	; second stage (formation of urethra), including urinary diversion
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	; second stage
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete (Penectomy)
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	; complicated
55899	Unlisted procedure, male genital system
	<b>Note:</b> This code may be used to report for phallic reconstruction/phalloplasty
55970	Intersex surgery; male to female
55980	; female to male
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57106	Vaginectomy, partial removal of vaginal wall;
57110	Vaginectomy, complete removal of vaginal wall;
57291	Construction of artificial vagina; without graft
57292	; with graft
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	; open abdominal approach
57335	Vaginoplasty for intersex state
	<b>Note:</b> For this procedure, a physician uses various plastic surgery techniques to correct a small, underdeveloped vagina due to the overproduction of male hormones.
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)
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	; with removal of tube(s), and/or ovary(s)
58270	; with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy;

58290	Vaginal hysterectomy, for uterus greater than 250 g;
58291	; with removal of tube(s) and/or ovary(s)
58353	Endometrial ablation, without hysteroscopic guidance
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	; with removal of tube(s) and/or ovary(s)
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554	; with removal of tube(s) and/or ovary(s)
58563	Hysteroscopy, surgical, with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	; with removal of tube(s) and/or ovary(s)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	; (tarso) levator resection or advancement, internal approach
67904	; (tarso) levator resection or advancement, external approach
67906	; superior rectus technique with fascial sling (includes obtaining fascia)
67908	; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
<b>HCPCS</b> C1813	Prosthesis, penile, inflatable
L8039	Breast prosthesis, not otherwise specified
L8600	Implantable breast prosthesis, silicone or equal

**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.