



**BlueCross BlueShield
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

**Corporate Medical Policy
Gender Reassignment Surgery for Gender Identity Disorder
UVM Group Specific only**

File name: Gender Reassignment Surgery for Gender Identity Disorder

File Code: UM.SURG.05

Origination: 5/30/2011

Last Review: 05/2013

Next Review: 05/2014

Effective Date: 07/01/2013

Document Precedence

BCBSVT Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with all terms, conditions and limitations of the subscriber contract. Benefit determinations are based in all cases on the applicable contract language. To the extent that there may be any conflict between Medical Policy and contract language, the contract language takes precedence.

Description

GENDER IDENTITY DISORDER (GID)

Gender Identity disorder (GID) is a condition characterized by strong and persistent cross-gender identification accompanied by persistent gender dysphoria (*Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition, Text Revision [DSM-IV-TR, 2000]*). Individuals with gender identity disorder experience confusion in their biological gender during their childhood, adolescence, or adulthood. These individuals demonstrate clinically significant distress or impairment in social, occupational, or other important areas of functioning. GID is characterized by the desire to have the anatomy of the other sex, and the desire to be regarded by others as a member of the other sex. Individuals with GID may develop social isolation, emotional distress, poor self-image, depression, and anxiety. The diagnosis of gender identity disorder is not made if the individual has a congruent physical intersex condition such as congenital adrenal hyperplasia.

GENDER REASSIGNMENT THERAPY

GID cannot be treated by re-education or solely through medical intervention. There are therapeutic approaches to treat this disorder, including psychological interventions and gender reassignment therapy. Gender reassignment therapy, either as male-to-female transsexuals (transwomen) or as female-to-male transsexuals (transmen),

consists of medical and surgical treatment that changes primary or secondary sex characteristics. Initially, the individual may go through the real-life experience in the desired role, followed by hormonal therapy and surgery to change the genitalia and other sex characteristics. The difference between hormone therapy and gender reassignment surgery is that the surgery is considered an irreversible physical intervention.

The gender reassignment surgeries that may be performed for transwomen (male to female) include:

- Orchiectomy: removal of testicles
- Penectomy: removal of penis
- Vaginoplasty: creation of vagina
- Clitoroplasty: creation of clitoris
- Labiaplasty: creation of labia

The gender reassignment surgeries that may be performed for transmen (female to male) include:

- Mastectomy: removal of the breast
- Reduction mammoplasty: reduction of breast size
- Hysterectomy: removal of uterus
- Salpingo-oophorectomy: removal of fallopian tubes and ovaries
- Vaginectomy: removal of vagina
- Metoidioplasty: creation of micro-penis, using the clitoris
- Phalloplasty: creation of penis, with or without urethra
- Urethroplasty: creation of urethra within the penis
- Scrotoplasty: creation of scrotum
- Testicular prostheses: implantation of artificial testes

Additionally, some surgeries that are proposed to improve gender-appropriate appearance include:

- Liposuction: removal of fat
- Rhinoplasty: reshaping of nose
- Rhytidectomy: face lift
- Blepharoplasty: removal of redundant skin of the upper and/or lower eyelids and protruding periorbital fat
- Hair removal/hair transplantation
- Facial feminizing (e.g., facial bone reduction)
- Chin augmentation: reshaping or enhancing the size of the chin
- Lip reduction/enhancement: decreasing/enlarging lip size
- Cricothyroid approximation: voice modification that raises the vocal pitch by simulating contractions of the cricothyroid muscle with sutures
- Trachea shave/reduction thyroid chondroplasty: reduction of the thyroid cartilage
- Laryngoplasty: reshaping of laryngeal framework (voice modification surgery)

Cosmetic services are provided to improve an individual's physical appearance, from which no significant improvement in physiologic function can be expected. Emotional and/or psychological improvement alone does not constitute improvement in physiologic function. An individual's sexual satisfaction after the surgery can vary depending on the success of the surgical reassignment technique and on the psychological stability of the individual.

Hormonal interventions and surgical procedures are not without risk for complications; therefore, individuals should undergo an extensive evaluation to explore psychological, family, and social issues prior to and post surgery. Readiness criteria for gender reassignment surgery includes the individual demonstrating progress in consolidating gender identity, and demonstrating progress in dealing with work, family, and interpersonal issues resulting in an improved state of mental health. In order to check the eligibility and readiness criteria for gender reassignment surgery, it is important for the individual to discuss the matter with a professional provider who is well-versed in the relevant medical and psychological aspects of GID. The mental health and medical professional providers responsible for the individual's treatment should work together in making a decision about the use of hormones during the months before the gender reassignment surgery. Transsexual individuals should regularly participate in psychotherapy in order to have smooth transitions and adjustments to the new social and physical outcomes.

TRANS-SPECIFIC CANCER SCREENING

Professional organizations such as American Cancer Society (ASC), American College of Obstetricians and Gynecologists (ACOG), and the US Preventive Services Task Force (USPSTF) provide recommended cancer screening guidelines to facilitate clinical decision-making by professional providers. Some cancer screening protocols are sex/gender-specific based on assumptions about the genitalia for a particular gender. There is little data on cancer risk specifically in transsexual individuals. There is difficulty in recommending sex/gender-specific screenings (e.g., breast, cervix, ovaries, penis, prostate, testicles, and uterus) for transsexual individuals because of their physiologic changes. For example, transmen who have not undergone a mastectomy have the same risks for breast cancer as non-transwomen. In transwomen, the prostate typically is not removed as part of genital surgery, so individuals who do not take feminizing hormones may be at the same risk for prostate cancer as non-transmen. Therefore, cancer screenings (e.g., mammograms, prostate screenings) may be indicated based on the individual's original gender.

Policy

Any procedure or treatment designed to alter physical characteristics of the member to those of the opposite sex, and any other treatment or study related to sex transformation, is a standard benefit contract exclusion for all products of the Plan and, therefore, is not eligible for reimbursement consideration, with the exception of the members covered under plans where gender reassignment surgery is included within the members Certificate of Coverage. The benefit for gender reassignment

surgery is covered and eligible for reimbursement consideration by the Plan according to the criteria specified in the group benefit contract. If the group benefit contract does not provide specific criteria for the coverage of gender reassignment surgery it is covered when ALL of the following criteria are met:

- The individual is at least 18 years of age.
- The individual has a documented *Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition, Text Revision (DSM-IV-TR)* diagnosis of GID including ALL of the following:
 - The individual has a desire to live and be accepted as a member of the opposite sex, usually accompanied by the desire to make his or her body as congruent as possible with the preferred sex through hormone therapy and gender reassignment surgery.
 - The individual's transsexual identity has been present persistently for at least two years.
 - The disorder is not a symptom of another mental disorder (e.g., schizophrenia) or a chromosomal abnormality.
- The individual, unless medically contraindicated, has used hormones of the desired gender continuously and responsibly (e.g., screenings and follow-ups with the professional provider), while having a successful, continuous full-time, real-life experience (i.e., the act of fully adopting a new or evolving gender role or gender presentation in everyday life) for a 12-month period, including one or more of the following:
 - 1. Maintain part- or full-time employment; or
 - 2. Function as a student in an academic setting; or
 - 3. Function in a community -based volunteer activity.
- The individual, if required by the mental health professional provider, has regularly participated in psychotherapy throughout the real-life experience at a frequency determined jointly by the individual and the mental health professional provider.
- The individual has knowledge of all practical aspects (e.g., cost, required lengths of hospitalizations, likely complications, and post-surgical rehabilitation) of the gender reassignment surgery.

SURGICAL TREATMENTS FOR GENDER REASSIGNMENT

When all of the above criteria are met **AND** a benefit for gender reassignment surgery exists, the following genital surgeries are covered for transwomen (male to female):

- Orchiectomy
- Penectomy
- Vaginoplasty
- Clitoroplasty
- Labiaplasty

When all of the above criteria are met **AND** a benefit for gender reassignment surgery

exists, the following genital/breast surgeries are covered for transmen (female to male):

- Breast reconstruction (e.g., mastectomy, reduction mammoplasty)
- Hysterectomy
- Salpingo-oophorectomy
- Vaginectomy
- Metoidioplasty
- Phalloplasty
- Urethroplasty
- Scrotoplasty
- Testicular prostheses implantation

COSMETIC

Services that are cosmetic are contract exclusions for all products of the Plan. For those members eligible for coverage under Certificates of Coverage which include gender reassignment surgery, cosmetic procedures and supplies that are not Reconstructive are not eligible for reimbursement with the exception of those covered as part of your approved treatment plan for Gender Reassignment Therapy according to the provisions of your Certificate of Coverage. These services are not generally covered; even in the presence of a benefit for gender reassignment surgery (this list may not be all-inclusive):

- Liposuction
- Rhinoplasty
- Rhytidectomy
- Blepharoplasty
- Hair removal/hair transplantation
- Facial feminizing (e.g., facial bone reduction)
- Chin augmentation
- Lip reduction/enhancement
- Cricothyroid approximation
- Trachea shave/reduction thyroid chondroplasty
- Laryngoplasty

TRANS-SPECIFIC CANCER SCREENING

Subject to the terms and conditions of the applicable benefit contract, cancer screenings (e.g., mammogram, routine gynecological examination, pap smear, and prostate specific antigen [PSA]) are covered under the medical benefits of the Plan's products.

When service or procedure is covered

This service or procedure(s) may be covered when medical necessity and documentation requirements outlined within this policy are met. Coverage is

only available to members enrolled in plans where gender reassignment surgery is a covered benefit within the certificate of coverage. All services require prior approval through BCBSVT and must be included in a gender reassignment treatment plan which is created specific to an individual member and reviewed by a BCBSVT case manager. Travel for the purposes of gender reassignment surgery is a covered benefit under plans which include gender reassignment benefits in the certificate of coverage.

Benefit Application

Gender reassignment surgery is not covered by the Plan and is a contract exclusion for all of the Plans products with the exception of those plans which include gender reassignment surgery in the certificate of coverage. It is only eligible for reimbursement consideration when purchased as a group benefit and appears in the certificate of coverage for that group. Gender reassignment surgery in those circumstances is covered under the medical benefits of the Plan's products when the criteria listed in this medical policy are met. Individual benefits must be verified against those specified in the member's certificate of coverage. Prescription drugs and mental health and substance abuse benefits are provided by other sections of the member's Certificate of Coverage.

Services related to Gender Reassignment Surgery and Gender Reassignment Therapy received from a Network or Non-Network provider are subject to coinsurance, deductibles and co-payments.

Subject to the terms and conditions of the applicable benefit contract, cancer screenings (e.g., mammogram, routine gynecological examination, pap smear, and prostate specific antigen [PSA]) are covered under the medical benefits of the Plan's products.

When service or procedure may not be covered

This service or procedure(s) may not be covered when medical necessity and documentation requirements outlined within this policy are not met.

Billing and Coding/Physician Documentation Information

The individual's medical record must reflect the medical necessity for the care provided. These medical records may include, but are not limited to: records from the professional provider's office, hospital, nursing home, home health agencies, therapies, and test reports.

BILLING GUIDELINES

When reporting procedure code 55970 (Intersex surgery; male to female), the following staged procedures to remove portions of the male genitalia and form female external genitals are included:

- The penis is dissected, and portions are removed with care to preserve vital nerves and vessels in order to fashion a clitoris-like structure.
- The urethral opening is moved to a position similar to that of a female.
- A vagina is made by dissecting and opening the perineum. This opening is lined using pedicle or split- thickness grafts.
- Labia are created out of skin from the scrotum and adjacent tissue.
- A stent or obturator is usually left in place in the newly created vagina for three weeks or longer.

When reporting procedure code 55980 (Intersex surgery; female to male), the following staged procedures to form a penis and scrotum using pedicle flap grafts and free skin grafts are included:

- Portions of the clitoris are used, as well as the adjacent skin.
- Prostheses are often placed in the penis to create a sexually functional organ.
- Prosthetic testicles are implanted in the scrotum.
- The vagina is closed or removed.

Eligible Providers

- Medical Doctors- MD
- Doctors of Osteopathy-DO

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Policy Implementation/Update information

New Policy 5/30/2011

Revised 9/2012- Minor format changes. No coding changes. Medical/Clinical Coder reviewed 10/2012 RLJ.

Revised 5/2013- Removal of dollar limitation. Medical/Coder reviewed-RLJ.

Scientific Background and Reference Resources

American College of Obstetricians and Gynecologists (ACOG). Health care for

transgendered individuals. 2005. [ACOG Web site]. Available at: <http://www.acog.org/publications/specialissuesinwomenshealth/siwh-21.pdf>. [Via subscription only]. Accessed October 11, 2010.

American Psychiatric Association. Sexual and gender identity disorders. In: First MB, ed. *Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition - Text Revision (DSM-IV-TR)*. 4th ed. Arlington, VA: American Psychiatric Publishing, Inc.; 2000: 535-582.

American Psychological Association (APA) Task Force on Gender Identity and Gender Variance. 2008. *Report of the Task Force on Gender Identity and Gender Variance*. Washington, DC: American Psychological Association. Also available on the American Urological Association, Inc. Web site at: <http://www.apa.org/pi/lgbt/resources/policy/gender-identity-report.pdf>. Accessed August 25, 2010.

Ashbee O, Goldberg J. Trans people and cancer. [Vancouver Coastal Health Web site]. 02/2006 2. Available at: <http://transhealth.vch.ca/resources/library/tcpdocs/consumer/medical-cancer.pdf>. Accessed August 25, 2010.

Benet A and Melman A. Management of patients with gender dysphoria. In: Hellstrom W, eds. *Male infertility and sexual dysfunction*. New York, NY: Springer-Verlag New York, Inc; 1997: 563-571.

Bowman C, Goldberg J. Care of the patient undergoing sex reassignment surgery (SRS). [Vancouver Coastal Health Web site]. 01/2006. Available at: <http://transhealth.vch.ca/resources/library/tcpdocs/guidelines-surgery.pdf>. Accessed August 25, 2010.

ECRI Institute. Sexual reassignment for gender identity disorders. [ECRI Institute Web site]. 12/30/2009. Available at: <https://members2.ecri.org/Components/Hotline/Pages/7310.aspx>. [via subscription only]. Accessed August 25, 2010.

Gender Identity Research and Education Society (GIRES). A guide to lower surgery for trans men. [GIRES website]. Available at: <http://www.gires.org.uk/assets/Support-Assets/lower-surgery.pdf>. Accessed August 24, 2010.

Gibson B. Care of the child with the desire to change genders-part II: female-to-male transition. *Pediatric Nursing*. 2010; 36(2):112-118. Also available on the Medscape Web site at: <http://www.medscape.com/viewarticle/722004>. Accessed August 25, 2010.

Gibson B & Catlin AJ. Care of the child with the desire to change gender - Part I. *Pediatric Nursing*. 2010; 36(1): 53-59.

Hembree W, Cohen-Kettenis P, Delemarre-van de Waal H, et al. Endocrine treatment of transsexual persons: An endocrine society clinical practice guidelines. *J Clin Endocrinol Metab*. 2009; 94(9):3132-3154.

Medical treatment options for gender variant adults. [Gender Identity Research and Education Society Web site]. 2010. Available at: <http://www.gires.org.uk/vmedtreatment.php>. Accessed August 25, 2010.

Meyer W, Bockting W, Cohen-Kettenis P, et al. The Harry Benjamin international gender dysphoria association's standards of care for gender identity disorders, sixth version. [The World Professional Association For Transgender Health Web site]. 02/2001. Available at: <http://www.wpath.org/Documents2/socv6.pdf>. Accessed August 25, 2010.

The world professional association for transgender health, Inc. (WPATH). Clarification on medical necessity of treatment, sex reassignment, and insurance coverage in the U.S.A. *WPATH*. 2008; 1-4. Also available on the WPATH Web site at: <http://www.tgender.net/taw/WPATHMedNecofSRS.pdf>. Accessed August 25, 2010.

Vesely J. Gender transformation. [Cosmetic Plastic Surgery Web site]. 03/28/2007. Available at: <http://www.cosmetic-plastic-surgery.info/procedures/treatment-of-transsexualism>. Accessed August 25, 2010.

Zderic S. Sexual identity shifting paradigms for the management of ambiguous genitalia. *AUA*. 2002; 21:162-167. Also available on the American Urological Association, Inc. Web site at: <http://www.auanet.org/eforms/elearning/core/topics%5Cpediatrics%5Canomalies%5Cassets%5CUpdateSeries2002-Vol21-Lesson21.pdf>. Accessed August 25, 2010.

Approved by BCBSVT Medical Policy Committee

Date Approved

Spencer Borden MD
Chief, Medical Policy Committee

Robert Wheeler, MD (BCBSVT)
Chief Medical Officer