

**Disclaimer**

*Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.*

*The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.*

## Sex Reassignment Surgery (Gender Affirmation Surgery)

**Summary**

Gender dysphoria is a mental health condition characterized by clinically significant distress when one's gender identity is contrary to the sex which was assigned at birth. Oscar covers sex reassignment surgery (gender affirmation surgery) for members with documented gender dysphoria who meet the criteria laid out in this guideline.

**Definitions**

**"Gender Identity"** is a person's innate, deeply-felt sense of being a man, woman, or neither, which may or may not correspond to the sex listed on person's birth certificate. Despite this, "gender" is often assigned synonymously with "sex" at birth. Furthermore, "gender" can be expressed differently from the "identity" through behaviors, clothing, hairstyles, etc. E.g. someone can identify as male but express their gender as female.

**"Sex"** is a term for a person's biological and physical characteristics and is typically assigned at birth. It differs from gender in that it is an outward, physical characteristic where gender is an inward identity.

**"Sexual Orientation"** refers to a person's preferences of attraction or lack thereof with others

**“Gender Identity Disorder”** is better known as **“Gender Dysphoria”**, which typically refers to a difference between the gender identity and the assigned sex. This diagnosis can also be used when a person has a strong and persistent cross-gender identification (not concurrent with a physical intersex condition or simply a desire for any perceived cultural advantages of the other sex), marked by persistent discomfort with one’s sex, or a sense of inappropriateness in the gender role of that sex, and causing clinically significant distress or impairment in social, occupational or other important areas of functioning.

**“Gender Nonconforming”** describe people whose gender expression is neither masculine, nor feminine, or is different from traditional or stereotypical expectations of how a man or a woman should appear or behave.

**“Non-Binary Gender”** or **“Genderqueer”** describes people whose gender expression is neither masculine, nor feminine, including people who identify with no gender or with more than one gender.

**“Transsexual”** refers to individuals whose sex differs from the sex listed on his/her original birth certificate and has had or wishes to have sex reassignment surgery (SRS), or who receives hormone therapy but does not wish to have SRS (nonoperative **transsexuals**), and lives full-time in his/her new gender role.

**“Hormone Therapy”** is the administration of exogenous endocrine agents to induce feminizing or masculinizing bodily changes, such that a person can more closely approximate the physical appearance of the genotypically other sex.

**“Sex Reassignment Surgery”** or **“Gender Affirmation Surgery”** refers to surgery that alters the morphology to approximate the physical appearance of the genetically other sex (male-to-female, or female-to-male).

Male-to-Female Surgery includes the following procedures:

- **“Cliteroplasty”** is the surgical creation of a clitoris.
- **“Orchiectomy”** is the surgical removal of one or both testicles.
- **“Penectomy”** is the surgical removal of the penis.
- **“Urethroplasty”** is the surgical alteration and revision of the urethra.
- **“Vaginoplasty”** is the surgical procedure that results in the construction or reconstruction of the vagina.
- **“Vulvoplasty”** is the surgical repair or remodeling of the vulva.

Female-to-Male Surgery includes the following procedures:

- **“Bilateral Salpingo-oophorectomy”** is the removal of both ovaries and fallopian tubes.
- **“Hysterectomy”** is the surgical removal of all or part of the uterus.
- **“Mastectomy”** the surgical removal of the whole breast
- **“Metoidioplasty”** is a female-to-male sex reassignment surgery.
- **“Oophorectomy”** is the surgical removal of one or both ovaries.
- **“Phalloplasty”** is the construction or reconstruction of a penis.
- **“Salpingectomy”** is the surgical removal of one or both fallopian tubes.
- **“Scrotoplasty”** is reparative or plastic surgery of the scrotum.
- **“Vaginectomy”** is a surgical procedure to remove all or part of the vagina.
- **“Vulvectomy”** is a procedure in which the vulva is partly or completely removed.

## Clinical Indications and Coverage

### General Clinical Indications

According to the 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 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); **or**
  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); **or**
  3. A strong desire for the primary and/or secondary sex characteristics of the other gender; **or**
  4. A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender); **or**
  5. A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender); **or**
  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.<sup>1</sup> (emphasis and conjunctions added)

Criteria for a qualified mental health professional:

- Holds a Master's degree or equivalent and is licensed in a clinical behavioral science such as psychotherapy or psychiatry
- Proficiency in using the Diagnostic Statistical Manual of Mental Disorders (DSM-5)
- Experience with or specialized in diagnosing and treating gender dysphoria

### **Gonadectomy and Genital Reconstruction**

Gonadectomy (hysterectomy, oophorectomy, or orchiectomy) and genital reconstruction (cliteroplasty, urethroplasty, vaginoplasty, vulvoplasty, labiaplasty, phalloplasty, scrotoplasty, or metoidioplasty) are covered when **ALL** of the following clinical criteria are met:

1. Age of majority (18 years or older); **and**
2. Capacity to grant fully informed consent for treatment and associated risks; **and**
3. Persistent, well-documented gender dysphoria (per DSM-5 criteria); **and**
4. 2 evaluations from qualified mental health professionals, who have independently assessed the individual. If one referral is from the individual's psychotherapist, the second should be from a person who has had a purely evaluative role; **and**
5. If significant medical or mental health concerns are present, they must be reasonably well controlled; **and**
6. 1 year of continuous hormone therapy, unless contraindicated or refused; **and**
7. 1 year of full-time, continuous living in a gender role that conforms to the member's gender identity.

### **Mastectomy**

Mastectomy (breast/chest surgery) for the treatment of gender dysphoria is covered when **ALL** of the following clinical criteria are met:

1. Age of majority (18 years or older); **and**
2. Capacity to grant fully informed consent for treatment and associated risks; **and**
3. Persistent, well-documented gender dysphoria (per DSM-5 criteria); **and**
4. Evaluation from a qualified mental health professional; **and**
5. If significant medical or mental health concerns are present, they must be reasonably well controlled; **and**
6. 1 year of full-time, continuous living in a gender role that is conforms to the member's gender identity.

Mastectomy may also be considered for adolescents if the member has tried 1 year of continuous hormone therapy.

## **Non-Surgical Services**

Non-surgical services are covered with sex reassignment surgery when the aforementioned criteria are met; covered services include:

1. Psychotherapy to support the member through his/her gender transition
2. Vocal training
3. Continuous hormone replacement therapy when appropriate for the member's gender congruence goals and prescribed by a qualified healthcare professional
4. Laboratory testing to monitor the safety and effectiveness of continuous hormone replacement therapy
5. Breast cancer screening for female to male trans-identified individuals who have not undergone a mastectomy
6. Prostate cancer screening for male to female trans-identified individuals who have retained their prostate
7. Gonadotropin-releasing hormone to suppress puberty in trans-identified adolescents.

## **Coverage Exclusions**

### **Drugs or Services to Treat Sexual Dysfunction**

Drugs or services to treat sexual dysfunction are not considered medically necessary to treat gender dysphoria and are **NOT** covered by Oscar.

### **Elective Reversal of Sex Reassignment Surgery**

Elective reversal of sex reassignment surgery is **NOT** covered by Oscar.

Sex reassignment surgery requires a team of providers and specialists to work with a patient in order to decide whether it is the most appropriate treatment approach and intervention. It requires specific criteria be met, over a period of time to ensure the surgery will meet the specific needs of the patient and have minimal medical and psychological risks. The results of sex reassignment surgery are difficult to reverse, as some of the procedures are irreversible (Djordjevic, 2016). As a result, Oscar does not cover elective reversal of sex reassignment surgery.

### **Cosmetic Services**

Cosmetic services are not considered medically necessary and are **NOT** covered by Oscar, including but not limited to the following:

1. Abdominoplasty
2. Blepharoplasty
3. Body contouring, such as masculinization of the torso and pectoral implants

4. Breast augmentation and implants
5. Brow or forehead lift
6. Calf implants
7. Cheek, chin or nose implants
8. Cryopreservation
9. Facial feminization, including face lifts, jaw and facial bone reduction, and neck tightening
10. Hair removal or transplantation
11. Lip augmentation, enhancement or reduction
12. Liposuction
13. Mastopexy
14. Rhinoplasty
15. Panniculectomy
16. Skin resurfacing or removal of redundant skin
17. Suction-assisted lipectomy (commonly referred to as "liposuction")
18. Thyroid chondroplasty or cartilage reduction (commonly referred to as "trachea shave" of the Adam's apple)
19. Voice modification surgery (e.g., laryngoplasty)

The World Professional Association for Transgender Health (WPATH) has established medical necessity criteria, which are supported by evidence-based peer-reviewed journal publications and are widely accepted as the standard of care for the treatment of gender dysphoria, including sex reassignment surgery (Coleman et al., 2011). However, there is a limit to the surgical procedures that are considered medically necessary as part of this treatment option. "Aesthetic or cosmetic surgery is mostly regarded as not medically necessary and therefore is typically paid for entirely by the patient. In contrast, reconstructive procedures are considered medically necessary – with unquestionable therapeutic results – and thus paid for partially or entirely by national health systems or insurance companies" (Coleman et al., 2011). The procedures listed under "Non-Covered Services" above are examples of those that further support body feminization or masculinization and are generally labeled as "purely aesthetic".

## Applicable Billing Codes

<b>Sex Reassignment Surgery</b>	
<b>CPT/HCPCS Codes covered if criteria are met:</b>	
<i>Code</i>	<i>Description</i>
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
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
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	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty, reconstruction of female urethra

54125	Amputation of penis; complete
54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 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	Laparoscopy, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55899	Phallic reconstruction/Phalloplasty (Unlisted procedure, male genital system)
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56620	Vulvectomy simple; partial
56625	Vulvectomy simple; complete
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106	Vaginectomy, partial removal of vaginal wall
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57110	Vaginectomy, complete removal of vaginal wall
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)



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
57335	Vaginoplasty for intersex state
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554	Hysterectomy
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)
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s)
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
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 tu
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
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
84153	Prostate specific antigen (PSA); total
90785	Interactive complexity (List separately in addition to the code for primary procedure)
90832, 90833, 90834, 90836, 90837, 90838	Psychotherapy
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
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
96327	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
A4280	Adhesive skin support attachment for use with external breast prosthesis, each
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable

J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Leuprolide acetate, per 1 mg
J9219	Leuprolide acetate implant, 65 mg
L8000 - L8032	Breast and nipple prostheses
L8039	Breast prosthesis, not otherwise specified
L8039	Breast prosthesis, not otherwise specified
L8600	Implantable breast prosthesis, silicone or equal
ICD-10 codes covered if criteria are met:	
Code	Description
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.8	Other gender identity disorders

Codes not covered for indications listed in this Guideline:

<b>CPT/HCPCS codes not covered:</b>	
<i>Code</i>	<i>Description</i>
11950 - 11954	Subcutaneous injection of filling material (e.g., collagen)
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
15824 - 15828	Rhytidectomy [face-lifting]
15830 - 15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
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, 15877, 15878, 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
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split 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
31599	Unlisted procedure, larynx [this code is typically used for trachea shave procedures or voice modification surgery]
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
J0585	Botulinum toxin injections
<b>ICD-10 codes not covered for the above listed indications:</b>	
F52.0 - F52.9	Sexual dysfunction not due to a substance or known physiological condition
F64.2	Gender identity disorder of childhood
F64.9	Gender identity disorder, unspecified
Q56.0 - Q56.4	Indeterminate sex and pseudohermaphroditism
Q90.0 - Q99.9	Chromosomal anomalies, not elsewhere classified
R37	Sexual dysfunction, unspecified
Z87.890	Personal history of sex reassignment

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#### Clinical Guideline Revision / History Information

Original: Review/Revise Dates	Approval Signature/ Title
Original Date:	8/1/2017
Reviewed/Revised:	1/18/2018
Signed:	Sean Martin, MD