Medical Coverage Policy

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Gender Dysphoria Treatment

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan

document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This Coverage Policy addresses treatment of gender dysphoria. Gender dysphoria is a condition commonly described as a marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics. It has been described by the American Psychiatric Association as "psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity".

The terms gender reassignment, gender confirming, and gender affirming are commonly used interchangeably to describe the processes that an individual may undergo to transition to the desired gender identity.

Coverage Policy

Coverage for treatment of gender dysphoria varies across plans. Coverage of drugs for hormonal therapy, as well as whether the drug is covered as a medical or a pharmacy benefit, varies across plans. Refer to the customer's benefit plan document for coverage details. In addition, coverage for treatment of gender dysphoria, including gender reassignment surgery and related services, may be governed by state and/or federal mandates.[1] [2]

Some states require coverage of health services specific to treatment of gender dysphoria which may be more or less restrictive than this coverage policy. Please access

[1] New York regulated benefit plans do not include exclusions or plan language that limit coverage.
[2] Washington State regulated benefit plans are subject to mandated coverage criteria.

applicable STATE SPECIFIC GUIDELINES prior to consideration of coverage for services related to treatment of gender dysphoria.

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

Medically necessary treatment for an individual with gender dysphoria, including nonbinary individuals diagnosed with gender dysphoria, may include ANY of the following services:

- Behavioral health services, including but not limited to, counseling for gender dysphoria and related psychiatric conditions (e.g., anxiety, depression).
- Hormonal therapy, including but not limited to androgens, anti-androgens, GnRH analogues*, estrogens, and progestins (Prior authorization requirements may apply).
  ***Note:** If used in adolescents, individual should have reached Tanner stage 2 of puberty prior to receiving GnRH agonist therapy.
- Laboratory testing to monitor prescribed hormonal therapy.
- Age-related, gender-specific services, including but not limited to preventive health, as appropriate to the individual's biological anatomy (e.g., cancer screening [e.g., cervical, breast, prostate], treatment of a prostate medical condition).
- Gender reassignment and related surgery (see below).

Gender Reassignment Surgery

Gender reassignment surgery, also known as gender affirmation surgery or gender confirmation surgery, is considered medically necessary for the treatment of gender dysphoria when the following criteria are met.

Notes:
- **For New York regulated benefit plans (e.g., insured): A case-by-case review by a medical director for individuals under the age of 18 years of age will be given.**
- **Fully insured plans in the following states are not subject to utilization management for gender dysphoria treatment:**
  - California (effective 10/25/2023)
  - Oregon (effective 1/31/2025)

- **For reconstructive chest surgery ANY of the following criteria:**

  - For initial mastectomy* for an individual **≥ age 17 years** one letter of support from a qualified mental health professional, who has evaluated the individual for gender dysphoria and gives unequivocal support for the procedure being proposed.
  - For initial mastectomy* for an individual **age 15 years to < age 17 years** BOTH of the following:
    - Parental/guardian consent, when applicable
    - Two separate letters of support, each from an independent mental health provider experienced in adolescent mental health and the diagnosis and treatment of childhood gender dysphoria. Each mental health evaluation must confirm a diagnosis of gender dysphoria, confirm it is marked and sustained over time (e.g., two years), address any mental health comorbidities, and document the individual's emotional and cognitive maturity necessary to provide informed consent.

Note: Initial mastectomy as part of gender reassignment surgery for an individual < age 15 years is considered not medically necessary.

- Breast augmentation for an individual age 18 years and older one letter of support from a qualified mental health professional, who has evaluated the individual for gender dysphoria and gives unequivocal support for the procedure being proposed.

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

- **For hysterectomy, salpingo-oophorectomy, orchiectomy for an individual age 18 years or older:**

  - recommendation for sex reassignment surgery (i.e., genital surgery) by a qualified mental health professional who has evaluated the individual for gender dysphoria and gives unequivocal clearance for the procedure being proposed.

- **For reconstructive genital surgery for an individual age 18 years or older:**

  - recommendation for sex reassignment surgery (i.e., genital surgery) by a qualified mental health professional who has evaluated the individual for gender dysphoria and gives unequivocal clearance for the procedure being proposed.

Table 1: Gender Reassignment Surgery: Covered Under Standard Benefit Plan Language

The procedures listed below are considered medically necessary under standard benefit plan language when the above listed criteria for gender reassignment surgery have been met, unless specifically excluded in the benefit plan language.

Procedure	CPT/HCPCS codes (This list may not be all inclusive)
Female to Male reconstructive genital surgery: Intersex surgery, female to male (may involve staged procedures to form a penis and scrotum using pedicle flaps and free-skin graft, insertion of prostheses and closure of the vagina)	55980
Vaginectomy/colpectomy	57110
Vulvectomy	56625
Metoidioplasty	58999
Phalloplasty (may include nerve transposition of medial or lateral antebrachial nerve)	58999, 64856
Hair removal by electrolysis of donor site tissue to be used for phalloplasty, limited to eight 30-minute timed units per day	17380
Penile prosthesis (noninflatable/inflatable), including surgical correction of malfunctioning pump, cylinders, or reservoir	54400, 54401, 54405, C1813, C2622
Urethroplasty/urethromeatoplasty	53410, 53430, 53450

Procedure	CPT/HCPCS codes (This list may not be all inclusive)
Hysterectomy and salpingo-oophorectomy	58150, 58260, 58262, 58291, 58552, 58554, 58571, 58573, 58661
Scrotoplasty	55175, 55180
Insertion of testicular prosthesis	54660
Replacement of tissue expander with permanent prosthesis testicular insertion	11970
Testicular expanders, including replacement with prosthesis, testicular prosthesis	11960, 11970, 11971, 54660
Flaps, grafts, and/or tissue transfer directly related to a genital reconstructive procedure	14041, 14301, 14302, 15100, 15101, 15738, 15757
Female to Male reconstructive chest surgery:	
Initial mastectomy	19303
Nipple-areola reconstruction (related to mastectomy or post mastectomy reconstruction)	19350*
Free full thickness graft (for nipple)	15200, 15201
Breast reduction	19318
Pectoral implants	L8600, 17999
Male to Female reconstructive genital surgery:	55970
Intersex surgery, male to female (may involve staged procedures to remove portions of male genitalia and form female external genitals such as penectomy, orchiectomy, vaginoplasty, clitoroplasty, urethroplasty, creation of a vagina)	
Vaginoplasty, (e.g., construction of vagina with/without graft, colovaginoplasty, penile inversion)	15240, 15241, 57291, 57292, 57335
Hair removal by electrolysis of donor site tissue to be used to line the vaginal canal for vaginoplasty, limited to eight 30-minute timed units per day	17380
Penectomy	54125
Vulvoplasty (e.g., labiaplasty, clitoroplasty, penile skin inversion)	56620, 56805
Urethroplasty	53430
Repair of introitus	56800
Coloproctostomy	44145, 55899
Orchiectomy	54520, 54690
Flaps, grafts, and/or tissue transfer directly related to a genital reconstructive procedure	14301, 14302, 15750
Male to Female reconstructive chest surgery:	
Initial breast reconstruction including augmentation with implants	15771-15772 (when specific to breast), 19325, 19340, 19342, 19357, C1789
Fat grafting (alone, or with implant based feminization)	15771, 15772

***Note:** CPT 19318 (breast reduction) includes the work necessary to reposition and reshape the nipple and areola. Therefore, CPT 19350 (nipple and areola reconstruction) is considered integral to CPT 19318. Thus, these two codes cannot be billed together for

"mastectomy" for the purpose of gender reassignment. However, 19350 would be covered if requested along with 19303 as per the federal mandate.

Table 2: Gender Reassignment Surgery: Other Procedures

Head and/or neck feminization/masculinization procedures listed below are considered not medically necessary under standard benefit plan language. However, some benefit plans may expressly cover some or all of the procedures listed below for gender dysphoria treatment.

In addition, please access applicable STATE SPECIFIC GUIDELINES prior to consideration of coverage for services listed in Table 2 related to treatment of gender dysphoria.

Head and/or Neck Feminization/Masculinization Procedures	CPT/HCPCS Code
Blepharoplasty	15820, 15821, 15822, 15823
Brow lift	67900
Cheek/malar implants	17999
Chin/nose implants, chin recontouring	21210, 21270, 30400, 30410, 30420, 30430 30435, 30450
Collagen injections, limited to facial	11950, 11951, 11952, 11954
Face lift	15824, 15825, 15826, 15828, 15829
Forehead reduction and contouring	21137, 21138, 21139, 21172, 21179, 21180
Facial bone reduction (osteoplasty)	21188, 21208, 21209
Jaw reduction, contouring, augmentation	21025, 21120, 21121, 21122, 21123, 21125, 21127, 21193
Laryngoplasty	31599
Lip lift and lip filling	40799
Rhinoplasty	21210, 21270, 30400, 30410, 30420, 30430, 30435, 30450
Skin resurfacing (e.g., dermabrasion, chemical peels) limited to facial	15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793
Thyroid reduction chondroplasty	31750
Neck tightening	15825
Electrolysis other than when performed pre-vaginoplasty as outlined above (i.e., face, neck) and limited to eight 30 minute timed units per day	17380
Removal of excess fat (i.e., head, neck)/ Suction assisted lipoplasty, lipofilling, and/or liposuction (i.e., head, neck)	15839, 15876
Voice therapy/voice lessons	92507
Voice modification surgery	31599, 31899

Table 3: Services Not Covered for Gender Reassignment

Not Covered Procedures	CPT/HCPCS Code
Abdominoplasty	15847
Calf implants	17999

Not Covered Procedures	CPT/HCPCS Code
Hair transplantation	15775, 15776
Suction assisted lipoplasty, lipofilling, liposuction and/or removal of excess fat (i.e., body contouring of waist, panniculectomy, thigh, leg, hip, buttock, arm)	15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15877, 15878, 15879
Removal of redundant skin	15830, 15832, 15833, 15834, 15835, 15836 15837, 15838
Neck tightening, when not part of a covered facial feminization procedure	15825
Lip enhancement, when not part of a covered facial feminization procedure	40799
Buttock lift/gluteal augmentation	17999
Hair removal (e.g., electrolysis), other than as noted above and/or greater than eight 30-minute timed units	17380
Laser hair removal, for any indication	17999

Health Equity Considerations

Health equity is the highest level of health for all people; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which people are born, grow, live, work, and age.

Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include safe housing, transportation, and neighborhoods; racism, discrimination and violence; education, job opportunities and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Healthcare inequities and poorer outcomes have been reported among transgender individuals, and accessing healthcare can be challenging in many instances. Furthermore, mental health and substance use disparities exist, as well as increased rates of human immunodeficiency virus (HIV), which have been reported in the medical literature among this population. The American College of Obstetricians and Gynecologists (ACOG) reported in a Committee Opinion titled "Healthcare for Transgender and Gender Diverse Individuals" (2024) that an estimated 150,000 youth (aged 13–17 years) and 1.4 million adults (aged 18 years and older) living in the United States identify as transgender. Similarly, in June 2022 the Williams Institute evaluated how many adults and youth identify as transgender in the U.S. and reported that over 1.6 million adults (ages 18 and older) and youth (ages 13 to 17) identify as transgender in the United States, or 0.6% of those ages 13 and older (Herman, et. al., 2022). Additionally, according to the Williams Institute (2022) an analysis of data collected by the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System found differences between racial/ethnic groups are not statistically significant, but their findings do reflect prior research with population-based samples that have found that Latinx individuals, American Indian or Alaska Native, and biracial/multiracial groups appear more likely than white individuals to identify as transgender. The authors note the estimates are based on a modelling strategy and are comparable to weighted and unadjusted estimates, and that the racial and ethnic distribution of adults and youth appear generally similar to the racial/ethnic distribution of the U.S. population. However, youth and adults who identify as

transgender appear more likely to report being Latinx and less likely to report being white, as compared the U.S. populations, consistent with prior research (Herman, et al., 2022).

General Background

Gender Dysphoria
Gender dysphoria is described by the American Psychiatric Association (2022) as psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity. Gender identity refers to one's psychological sense of their gender, whereas gender expression refers to the outward manner in which one presents their gender. The causes of gender dysphoria and the developmental factors associated with them are not well-understood. Treatment of individuals with gender dysphoria varies, with some treatments involving a change in gender expression or body modification.

Gender binary refers to two categories of gender: male and female. Transgender is a term that describes an individual whose gender identity does not align with the gender assigned at birth but may also refer to an individual whose sense of gender identity is binary and not traditionally associated with that assigned at birth (APA, 2022). Nonbinary is an umbrella term that describes individuals who experience gender outside the gender binary of male or female, these individuals may or may not consider themselves as transgender (Coleman, et al., 2022). The term "transsexual" refers to an individual whose gender identity is not congruent with their genetic and/or assigned sex and usually seeks hormone replacement therapy (HRT) and possibly gender-affirmation surgery to feminize or masculinize the body and who may live full-time in the cross gender role. Differential diagnoses include, but are not limited to, body dysmorphic disorder and transvestic disorder. Individuals who are transgender or gender nonconforming (i.e., gender identity differs from the cultural norm) may experience gender dysphoria. Cisgender refers to one whose gender assigned at birth aligns with their gender identity (ACOG, 2024).

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

Behavioral Health Services
Mental health professionals play a strong role in working with individuals with gender dysphoria as they need to diagnose the gender disorder and any co-morbid psychiatric conditions accurately, counsel the individual regarding treatment options, and provide psychotherapy (as needed) and assess eligibility and readiness for hormone and surgical therapy. For children and adolescents, the mental health professional should also be trained in child and adolescent developmental psychopathology.

Licensing requirements and scope of practice vary by state for healthcare professionals. The recommended minimum credentials for a mental health professional to be qualified to evaluate or treat adult individuals with gender dysphoria has been defined in the literature. There is some consensus that in addition to general licensing requirements, a minimum of a Master's or more advanced degree from an accredited institution, an ability to recognize and diagnose coexisting mental health concerns, and an ability to distinguish such conditions from gender dysphoria is required.

Once the individual is evaluated, the mental health professional provides documentation and formal recommendations to medical and surgical specialists. Documentation for hormonal and/or surgery should be comprehensive and include the extent to which eligibility criteria have been met

(e.g., confirmed gender dysphoria, capacity to make a fully informed decision, and other significant medical or behavioral health concerns are well-controlled), in addition to the following:

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

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

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

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

Adults: Prior to and following gender reassignment surgery, individuals may undergo hormone replacement therapy. Biological males (i.e., assigned male at birth) are treated with estrogens and anti-androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease testicular size and erections. Biological females (i.e., assigned female at birth) are treated with androgens such as testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. For some individuals, hormone replacement therapy (HRT) may be effective in reducing the adverse psychologic impact of gender dysphoria. Hormone therapy is usually initiated upon referral from a qualified mental health professional or a health professional competent in behavioral health and gender dysphoria treatment specifically.

Adolescents: Adolescence is generally defined as the time between puberty and reaching the age of majority (Coleman, et al., 2022), an individual age 10 to 19 years (World Health Organization) or until reaching age 21 years (American Academy of Pediatrics [AAP]). For some adolescents the onset of puberty may worsen gender dysphoria. For these individuals, puberty-suppressing hormones (e.g., GnRH analogues) may be provided to individuals who have reached at least Tanner stage 2 of sexual development (Coleman, et al., 2022; Hembree, et al., 2017). Consistent with adult hormone therapy, treatment of adolescents involves a multidisciplinary team, however when treating an adolescent, a pediatric endocrinologist should be included as a part of the team. Pre-pubertal hormone suppression differs from hormone therapy used in adults and may not be without consequence; some pharmaceutical agents may cause negative physical side effects (e.g., height, bone growth).

Gender Reassignment Surgery

The term "gender reassignment surgery," also known as gender affirmation surgery, sexual reassignment surgery, or gender confirming surgery may be part of a treatment plan for gender dysphoria. The terms may be used to refer to either the reconstruction of male or female genitalia specifically, or the reshaping by any surgical procedure of a male body into a body with female appearance, or vice versa for an individual to function socially in the role to which they identify. Such procedures that tend to display outward appearance generally include facial procedures, chest reconstructive procedures as well as some genital reconstructive procedures (e.g., phalloplasty).

Performing gender reassignment surgery prior to age 18, or the legal age to give consent, is generally not recommended by most professional societies American Psychiatric Association [APA], 2012; Endocrine Society, 2017). Mastectomy may be considered in adolescents when clinically and developmentally appropriate, as determined by the multidisciplinary team. For adolescents aged 15 to 17, support from two independent mental health providers confirming a marked and sustained diagnosis of gender dysphoria is recommended, due to potential variability in the persistence of an incongruous gender identity between childhood and adulthood (Katz-Wise, et al., 2024; Coleman, et al., 2022; Drummond, et al., 2008; Korte, et al., 2008). Gender reassignment surgery is intended to be a permanent change (i.e., non-reversible), establishing congruency between an individual's gender identity and physical appearance. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history; gynecological, endocrine, and urological examination; and a clinical psychiatric/psychological examination.

At least six months of continuous hormone therapy is often prescribed prior to irreversible genital surgery. Contraindications to hormonal therapy include but are not limited to hypercoagulability conditions, known coronary artery disease, liver disease, and venous thromboembolism. Individuals who choose to undergo gender reassignment surgery must be fully informed regarding treatment options with confirmation from the mental health professional that the individual is considered a candidate for surgical treatment.

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

- for female individuals transitioning to male (e.g., who have not undergone a mastectomy), breast cancer screening
- for male individuals transitioning to female but who have retained the prostate gland, cancer screening or treatment of a prostate condition.

Reversal of Gender Reassignment: Although infrequent, surgery to reverse a partially or fully completed gender reassignment (reversal of surgery to revise secondary sex characteristics), may be necessary. For the purposes of this coverage policy, conditions of coverage are applicable irrespective of past history of transition (i.e., "detransition" surgery/reversal of gender reassignment surgery is considered gender dysphoria treatment).

Masculinization/Feminization Procedures: Various other surgical procedures may be performed as part of gender reassignment surgery, for example masculinization or feminization procedures. When performed as part of gender reassignment surgery some procedures are performed to assist with improving culturally appropriate male or female appearance characteristics and may be considered not medically necessary. Please refer to the applicable

benefit plan document for terms, conditions, and limitations of coverage in addition to the applicable Cigna Medical Coverage Policy for conditions of coverage.

Professional Societies/Organizations
American College of Obstetricians and Gynecologists (ACOG): ACOG published a Committee Opinion in 2017 (reaffirmed in 2024) for the care of transgender and gender diverse individuals. The recommendations included the following:

- Fertility and parenting desires should be discussed early in the process of transition, prior to the initiation of hormone therapy or gender affirmation surgery.
- Hysterectomy (with or without bilateral salpingo-oophorectomy) is medically necessary for patients with gender dysphoria who desire this procedure.
- To guide preventive medical care, any anatomical structure present that warrants screening should be screened, regardless of gender identity (ACOG, 2024).

American Psychiatric Association (APA): In 2012 the APA published a task force report on treatment of gender identity disorder. Within this document, regarding adolescents specifically, the authors state the evidence is inadequate to develop a guideline regarding the timing of sex reassignment surgery. However, the task force acknowledges the Endocrine Society guidelines (Hembree, et al., 2017) and that given the irreversible nature of surgery, for adolescents most clinicians advise waiting until the individual has attained the age of legal consent and a degree of independence (APA, 2012).

Endocrine Society: Updated guidelines by the Endocrine Society for endocrine treatment of transsexual persons were published in 2017 (Hembree, et al., 2017). As part of this guideline, the endocrine society recommends that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable; that surgery be recommended only after completion of at least one year of consistent and compliant hormone treatment; and that the physician responsible for endocrine treatment medically clear the individual for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.

World Professional Association for Transgender Health (WPATH): The World Professional Association for Transgender Health (WPATH) promotes standards of health care for individuals through the articulation of "Standards of Care for the Health of Transgender, and Gender Diverse People" (Version 8; Coleman, et al., 2022). WPATH standards of care are based on scientific evidence and expert consensus and are commonly utilized as a clinical guide for individuals seeking treatment of gender disorders.

Medicare Coverage Determinations

	Contractor	Determination Name/Number	Revision Effective Date
NCD	National	Gender Dysphoria and Gender Reassignment Surgery (140.9)	8/30/2016
LCD		No Determination found	

Note: Please review the current Medicare Policy for the most up-to-date information.
(NCD = National Coverage Determination; LCD = Local Coverage Determination)

Coding Information

Notes:

1. This list of codes may not be all-inclusive since the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) code updates may occur more frequently than policy updates.
2. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Table 1: Gender Reassignment Surgery: Covered Under Standard Benefit Plan Language

Intersex Surgery: Female to Male

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

CPT®* Codes	Description
55980	Intersex surgery, female to male
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent implant
11971	Removal of tissue expander without insertion of implant
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
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 (List separately in addition to code for primary procedure)
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15757	Free skin flap with microvascular anastomosis
17380†	Electrolysis epilation, each 30 minutes
17999††	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19303†††	Mastectomy, simple, complete
19318†††	Breast reduction
19350††††	Nipple/areola reconstruction
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53430	Urethroplasty, reconstruction of female urethra
53450	Urethromeatoplasty, with mucosal advancement
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54660	Insertion of testicular prosthesis (separate procedure)
55175	Scrotoplasty; simple

CPT®* Codes	Description
55180	Scrotoplasty; complicated
56625	Vulvectomy simple; complete
57110	Vaginectomy, complete removal of vaginal wall
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58999††††††	Unlisted procedure, female genital system (nonobstetrical)
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition

†Note: Considered medically necessary when performed as electrolysis of donor site tissue to be used for phalloplasty and limited to eight 30 minute timed units per day.

††Note: Considered medically necessary when used to represent pectoral implants.

†††Note: Considered medically necessary for an individual ≥ age 15 years when criteria in the applicable policy statements above are met.

††††Note: Considered medically necessary when performed as part of a mastectomy or breast reconstruction procedure following a mastectomy. Considered integral and/or not covered when performed with reduction mammoplasty.

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

HCPCS Codes	Description
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable
L8600	Implantable breast prosthesis, silicone or equal

Intersex Surgery: Male to Female

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

CPT®* Codes	Description
55970	Intersex surgery; male to female
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 (List separately in addition to code for primary procedure)
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
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15750	Flap; neurovascular pedicle
15771†	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772†	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
17380††	Electrolysis epilation, each 30 minutes
19325	Breast augmentation with implant
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	Laparoscopy, surgical; orchiectomy
55899†††	Unlisted procedure, male genital system
56620	Vulvectomy simple; partial
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57335	Vaginoplasty for intersex state

HCPCS Codes	Description
C1789	Prosthesis, breast (implantable)

†Note: Considered medically necessary when used to report liposuction techniques specific to breast augmentation.

††Note: Considered medically necessary when performed as electrolysis of donor site tissue to be used to line the vaginal canal for vaginoplasty and limited to eight 30 minute timed units per day.

†††Note: Considered medically necessary when used to report coloproctostomy.

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

Table 2: Gender Reassignment Surgery: Other Procedures

Generally considered not medically necessary when performed as a component of gender dysphoria treatment unless subject to a coverage mandate or specifically listed as available in the applicable benefit plan document.

Note: For New York regulated benefit plans (e.g., insured): Subject to case by case review by a medical director.

CPT®* Codes	Description
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy, forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15839†	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15876	Suction assisted lipectomy; head and neck
17380††	Electrolysis epilation, each 30 minutes
17999†††	Unlisted procedure, skin, mucous membrane and subcutaneous tissue

CPT®* Codes	Description
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21270	Malar augmentation, prosthetic material
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
31599††††	Unlisted procedure, larynx
31750	Tracheoplasty; cervical
31899†††††	Unlisted procedure, trachea, bronchi
40799††††††	Unlisted procedure, lips
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

†Note: Generally not medically necessary unless limited to face and neck, specified in the applicable benefit plan document.

††Note: Generally not medically necessary unless limited to face and neck, specified in the applicable benefit plan document and limited to eight 30 minute timed units per day.

†††**Note: Generally not medically necessary when used to report cheek and malar implants or fat transfers performed in conjunction with gender reassignment surgery, unless specified in the applicable benefit plan document.**

††††**Note: Generally not medically necessary when used to report laryngoplasty and/or voice modification surgery performed in conjunction with gender reassignment surgery, unless specified in the applicable benefit plan document.**

†††††**Note: Generally not medically necessary when used to report voice modification surgery performed in conjunction with gender reassignment surgery, unless specified in the applicable benefit plan document.**

††††††**Note: Generally not medically necessary when used to report lip reduction/enhancement performed in conjunction with gender reassignment surgery, unless specified in the applicable benefit plan document.**

Table 3: Services Not Covered for Gender Reassignment

Considered Not Covered even if benefits are available for gender dysphoria treatment:

CPT®* Codes	**Description**
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839†	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17380††	Electrolysis epilation, each 30 minutes
17999†††	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
40799††††	Unlisted procedure, lips

†Note: Not covered when used to report removal of excess skin and fat for other than the head or neck.

††Note: Not covered when used to report electrolysis epilation when not part of a covered facial feminization or genital reconstructive procedure.

†††Note: Not covered when used to report buttock lift/gluteal augmentation or calf implants or laser hair removal for any indication.

††††Note: Not covered when used to report lip reduction/enhancement when not part of a covered facial feminization procedure.

References

1. American Academy of Pediatrics (AAP). Ensuring Comprehensive care and support for transgender and gender diverse children and adolescents. Policy statement. Oct 2018. Reaffirmed 2023. Accessed Dec 9, 2024. Available at URL address: https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for

2. American College of Obstetricians and Gynecologists (ACOG). Committee on Gynecologic Practice and Committee on Health Care for Underserved Women. Health Care for Transgender and Gender Diverse Individuals: ACOG Committee Opinion, Number 823. Jan 2017. Reaffirmed 2024. Accessed Dec 9, 2024. Available at URL address: https://www.acog.org/clinical/clinical-guidance/committee-opinion

3. American Psychiatric Association (APA). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Washington: American Psychiatric Association, 2022.

4. American Psychiatric Association (APA). Position Statement on Treatment of Transgender (Trans) and Gender Diverse Youth. 2020. Accessed Dec 9, 2024. Available at URL address: https://www.psychiatry.org/about-apa/policy-finder

5. American Psychiatric Association (APA). Report of the APA task force on treatment of gender identity disorder. Am J Psychiatry 169:8, Aug 2012.

6. American Psychiatric Association (APA). What is gender dysphoria. Aug 2022. Accessed Dec 9, 2024. Available at URL address: https://www.psychiatry.org/

7. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determinations (LCDs) alphabetical index. Accessed Dec 5, 2024. Available at URL address: https://www.cms.gov/medicare-coverage-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all

8. Centers for Medicare & Medicaid Services (CMS). National Coverage Determinations (NCDs) alphabetical index. Accessed Dec 5, 2024. Available at URL address: https://www.cms.gov/medicare-coverage-database/reports/national-coverage-ncd-report.aspx?chapter=all&sortBy=title

9. Centers for Medicare and Medicaid Services (CMS). Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N). Jun 2, 2016. Accessed Dec 5, 2024. Available at URL address: https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=Y&NCAId=282

10. Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. International Journal of Transgender Health 2022, Vol. 23, No. S1, S1–S258.

11. Drummond KD, Bradley SJ, Peterson-Badali M, Zucker KJ. A follow-up study of girls with gender identity disorder. Dev Psychol. 2008 Jan;44(1):34-45.

12. Flores, A.R., Brown, T.N.T., Herman, J.L. (2016). Race and Ethnicity of Adults who Identify as Transgender in the United States. Los Angeles, CA: The Williams Institute.

13. Hembree WC, Cohen-Kettenis PT, Gooren L, Hannema SE, Meyer WJ, Murad MH, Rosenthal SM, Safer JD, Tangpricha V, T'Sjoen GG. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. Endocr Pract. 2017 Dec;23(12):1437.

14. Herman, J.L., Flores, A.R., Brown, T.N.T., Wilson, B.D.M., & Conron, K.J. (2017). Age of Individuals who Identify as Transgender in the United States. Los Angeles, CA: The Williams Institute.

15. Herman JL, Flores AR, O'Neill KK. How many adults and youth identify as transgender in the United States. Jun 2022. UCLA School of Law. Williams Institute. Accessed Dec 9, 2024. Available at URL address: https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/

16. Katz-Wise SL, Ranker LR, Kraus AD, Wang YC, Xuan Z, Green JG, Holt M. Fluidity in Gender Identity and Sexual Orientation Identity in Transgender and Nonbinary Youth. J Sex Res. 2024 Nov-Dec;61(9):1367-1376.

17. Korte A, Lehmkuhl U, Goecker D, Beier KM, Krude H, Grüters-Kieslich A. Gender identity disorders in childhood and adolescence: currently debated concepts and treatment strategies. Dtsch Arztebl Int. 2008 Nov;105(48):834-41.

18. Maharaj NR, Dhai A, Wiersma R, Moodley J. Intersex conditions in children and adolescents: surgical, ethical, and legal considerations. J Pediatr Adolesc Gynecol. 2005 Dec;18(6):399-402.

19. Milrod C, Karasic DH. Age Is Just a Number: WPATH-Affiliated Surgeons' Experiences and Attitudes Toward Vaginoplasty in Transgender Females Under 18 Years of Age in the United States. J Sex Med. 2017 Apr;14(4):624-634.

20. Moore E, Wisniewski A, Dobs A. Endocrine treatment of transsexual people: a review of treatment regimens, outcomes, and adverse effects. J Clin Endocrinol Metab. 2003 Aug;88(8):3467-73.

21. Smith YL, van Goozen SH, Cohen-Kettenis PT. Adolescents with gender identity disorder who were accepted or rejected for sex reassignment surgery: a prospective follow-up study. J Am Acad Child Adolesc Psychiatry. 2001 Apr;40(4):472-81.

22. Sutcliffe PA, Dixon S, Akehurst RL, Wilkinson A, Shippam A, White S, Richards R, Caddy CM. Evaluation of surgical procedures for sex reassignment: a systematic review. J Plast Reconstr Aesthet Surg. 2009 Mar;62(3):294-306; discussion 306-8.

23. The Women's Health and Cancer Rights Act of 1998 (WHCRA), 29 U.S. Code § 1185b - Required coverage for reconstructive surgery following mastectomies.

24. World Professional Association for Transgender Health (WPATH). WPATH Position on "Rapid-Onset Gender Dysphoria (ROGD)". Sep 4, 2018. Accessed Dec 9, 2024. Available at URL Address: https://www.wpath.org/policies

25. Zucker KJ. Intersexuality and gender identity disorder. J Pediatr Adolesc Gynecol. 2002 Feb;15(1):3-13.

Revision Details

Type of Revision	Summary of Changes	Date
Focused Review	• No clinical policy statement changes.	7/1/2025
Focused Review	• Updated Note regarding Oregon insured plans.	1/31/2025
Annual Review	• No clinical policy statement changes.	1/15/2025
Focused Review	• No clinical policy statement changes.	10/15/2024