

## Gender Reassignment Surgery

**Last Review Date:** May 21, 2009

**Number:** MG.MM.SU.28b

### Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

### Definitions

**Gender identity:** The sense of being male or female that is usually in accord with, but sometimes opposed to, physical anatomy.

**Gender dysphoria:** A chronic feeling of emotional discontent due to conflicts with one's birth gender.

**Gender identity disorder:** 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.

**Transsexuals:** Individuals who have had or wish to have gender reassignment surgery (GRS), or who receive hormone therapy but do not wish to have GRS (nonoperative transsexuals), and live full-time in their new gender role.

**Hormonal gender reassignment:** The administration of androgens to genotypic and phenotypic females and estrogen or progesterones to genotypic or phenotypic males for the purpose of effecting

somatic changes to more closely approximate the physical appearance of the genotypically other sex.<sup>1</sup>

**Genital surgical gender reassignment:** Genital surgery that alters the morphology to approximate the physical appearance of the genetically other sex. The following surgical procedures (occurring in the absence of any diagnosable birth defect or other medically defined pathology [except gender dysphoria]) are included in this category:

1. Castration.
2. Hysterectomy.
3. Labioplasty.
4. Metoidioplasty.
5. Oophorectomy.
6. Orchiectomy.
7. Penectomy.
8. Phalloplasty.
9. Salpingectomy.
10. Urethrostomy.
11. Vaginectomy.
12. Vaginoplasty.

Genital electrolysis is not considered a surgical procedure but is performed in conjunction with genital surgery.

**Nongenital surgical gender reassignment:** Any other surgical procedures involving nongenital sites (e.g., breasts, skin, nose, throat, chin, cheeks, hips or waist) that may be performed to effect a more masculine appearance in a genetic female or a more feminine appearance in a genetic male.

### Guideline

Members are eligible for GRS coverage when **all** of the following criteria are met:

1. ≥ 18 years of age.
2. Satisfaction of **all** of the following diagnostic criteria for “true” transsexualism:
  - A sense of estrangement from one’s own body, so that any evidence of one’s own biological sex is viewed as repulsive.
  - A stable transsexual orientation, as evidenced by a desire to eradicate one’s genitals and assimilate into society as a member of the opposite sex lasting at least 2 years (not limited to periods of stress).
  - Absence of physical intersex or genetic abnormality.
  - Desire to construct one’s body as congruently as possible with the preferred sex through surgery and hormone treatment.

---

<sup>1</sup> Hormonal gender reassignment does not refer to the administration of hormones for the purpose of medical care or research conducted for the treatment or study of non-gender-dysphoric medical conditions (i.e., aplastic anemia, impotence, cancer).

- Inability to achieve sexual arousal from cross-dressing.
  - Life-long sense of belonging to the opposite sex and of having been born into the incorrect sex (often since childhood).
  - The above must not be attributable to another biological, chromosomal or associated psychiatric disorder, such as schizophrenia.
3. Member has completed a program of gender identity treatment, as evidenced by **all** of the following:
- Successful completion of at least 12 months of living and working within the desired gender role on a full-time basis (real-life experience simulation) without periods of reverting to the original gender.
  - Receipt of at least 12 months of continuous hormonal gender reassignment therapy, as recommended by a mental health professional and carried out by an endocrinologist, unless medically contraindicated (can be simultaneous with the real-life experience).
  - GRS recommendation by a qualified mental health professional who is acquainted with the patient for  $\geq 18$  months (providing the Plan with a comprehensive written evaluation).<sup>2</sup>
  - A 2<sup>nd</sup> concurring recommendation by another qualified mental health professional<sup>3</sup> must be documented as a written expert opinion<sup>4</sup>.
  - Psychotherapy is not an absolute prerequisite for surgery unless the mental health professional's initial assessment leads to a psychotherapy recommendation that specifies treatment goals, frequency estimation and duration throughout the real life experience (usually a 3-month minimum).
  - Urological exam completion to identify and possibly treat any abnormalities of the genitourinary (GU) tract, as genital surgical sex reassignment includes the invasion and alteration of the GU tract.
  - Completion of a presurgical consent form indicating the member's comprehension of the proposed GRS in conjunction with its attendant costs, required length of hospitalization, potential complications and postsurgical rehabilitation requirements.

### Applicable Diagnosis Codes

302.50	Trans-sexualism with unspecified sexual history
302.51	Trans-sexualism with asexual history
302.53	Trans-sexualism with homosexual history
302.85	Gender identity disorder in adolescents or adults

<sup>2</sup> Members should be ruled out for surgery if any of the following are applicable:

1. Active substance abusers within 6 months of surgery.
2. Active suicidal ideation or failed suicide attempt 1 year prior to surgery.
3. Inpatient psychiatric hospitalization 1 year prior to surgery.
4. Positive diagnosis of psychotic disorder (eg., schizophrenia, psychotic disorder not otherwise specified or schizoaffective disorder).

<sup>3</sup> At least one of the two clinical behavioral scientists endorsing the surgical (genital and breast) sex reassignment must possess a doctoral degree (e.g., PhD, EdD, DSc, DSW, PsyD or MD).

<sup>4</sup> Either two separate letters or one letter with two signatures is acceptable.

## Applicable Procedure Codes

19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19316	Mastopexy
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19350	Nipple/areola reconstruction
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
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopy, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56620	Vulvectomy simple; partial
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57106	Vaginectomy, partial removal of vaginal wall
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue
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
57335	Vaginoplasty for intersex state
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with

	repair of enterocele
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58290	Vaginal hysterectomy, for uterus greater than 250 g;
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral

## References

- Becker S, Bosinski HA, Clement U, et al. Standards for treatment and expert opinion on transsexuals. The German Society for Sexual Research, The Academy of Sexual Medicine and the Society for Sexual Science [in German]. *Fortschr Neurol Psychiatr.* 1998;66:164-169.
- Beemer BR. Gender dysphoria update. *J Psychosoc Nurs Ment Health Serv.* 1996;34(4):12-19.
- Bradley SJ, Zucker KJ. Gender identity disorder: a review of the past 10 years. *J Am Acad Child Adolesc Psychiatry.* 1997;36:872-880.
- Breton J, Cordier B. Psychiatric aspects of transsexualism [in French]. *Bull Acad Natl Med.* 1996;180:1389-1394.
- Brown GR. A review of clinical approaches to gender dysphoria. *J Clin Psychiatry.* 1990;51:57-64.
- Cohen-Kettenis PT, Kuiper AJ, Zwaan WA, et al. Transsexualism: II. Diagnosis: the initial, tentative phase. *Ned Tijdschr Geneesk.* 1992;136:1895-1897.

Cole CM, Emory LE, Huang T, et al. Treatment of gender dysphoria (transsexualism). *Tex Med*. 1994;90(5):68-72.

Definitions of Medical Terms and Diagnostic Criteria for Gender Identity Disorder. Vancouver: The Zenith Foundation; 2003.

Eldh J, Berg A, Gustafsson M. Long-term follow up after sex reassignment surgery. *Scand J Plast Reconstr Surg Hand Surg*. 1997;31:39-45.

Gooren LJ. Transsexualism: I. Description, etiology, management. *Ned Tijdschr Geneesk*. 1992;136:1893-1895.

Hage JJ. Medical requirements and consequences of sex reassignment surgery. *Med Sci Law*. 1995;35:17-24.

The Harry Benjamin International Gender Dysphoria Association. Standards Of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons. 6<sup>th</sup> ed. 2001. Available at: <http://www.wpath.org/Documents2/socv6.pdf> Accessed May 27, 2009.

Landen M, Walinder J, Lundstrom B. Clinical characteristics of a total cohort of female and male applicants for sex reassignment: a descriptive study. *Acta Psychiatr Scand*. 1998;97:189-194.

Luton JP, Bremont C. The place of endocrinology in the management of transsexualism [in French]. *Bull Acad Natl Med*. 1996;180:1403-1407.

Mate-Kole C. Sex reassignment surgery. *Br J Hosp Med*. 1989;42:340.

Midence K, Hargreaves I. Psychosocial adjustment in male-to-female transsexuals: an overview of the research evidence. *J Psychol*. 1997;131:602-614.

Monstrey S, Hoebeke P, Dhont M, et al. Surgical therapy in transsexual patients: a multi-disciplinary approach. *Acta Chir Belg*. 2001;101:200-209.

Schlatterer K, von Werder K, Stalla GK. Multistep treatment concept of transsexual patients. *Exp Clin Endocrinol Diabetes*. 1996;104:413-419.

Schlatterer K, Yassouridis A, von Werder K, et al. A follow-up study for estimating the effectiveness of a cross-gender hormone substitution therapy on transsexual patients. *Arch Sex Behav*. 1998;27:475-492.

Smith YL, Cohen L, Cohen-Kettenis PT. Postoperative psychological functioning of adolescent transsexuals: a Rorschach study. *Arch Sex Behav*. 2002;31:255-261.

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;40:472-481.

Snaith RP, Hohberger AD. Transsexualism and gender reassignment. *Br J Psychiatry*. 1994;165:418-419.

Specialty-matched clinical peer review.

Van Kesteren PJ, Asscheman H, Megens JA, et al. Mortality and morbidity in transsexual subjects treated with cross-sex hormones. *Clin Endocrinol (Oxf)*. 1997;47:337-342.