



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
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Gender Reassignment Surgery

Policy Number: PG0311
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GUIDELINES

- **This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.**
- **Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.**
- **This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.**

SCOPE

- Professional
- Facility

DESCRIPTION

Transgender is a broad term that can be used to describe people whose gender identity is different from the gender they were thought to be when they were born. Gender dysphoria (GD) or gender identity disorder is defined as evidence of a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is of the other gender. Persons with this disorder experience a sense of discomfort and inappropriateness regarding their anatomic or genetic sexual characteristics. Individuals with GD have persistent feelings of gender discomfort and inappropriateness of their anatomical sex, strong and ongoing cross-gender identification, and a desire to live and be accepted as a member of the opposite sex.

Gender Dysphoria (GD) is defined by the Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition, DSM-5™ as a condition characterized by the "distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender" also known as "natal gender", which is the individual's sex determined at birth. Individuals with gender dysphoria 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.

DSM 5 Criteria for Gender Dysphoria in Adults and Adolescents:

- A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by two or more of the following:
- 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)
- 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)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- 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)

- The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The therapeutic approach to gender dysphoria, as outlined by the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Version 7 from the World Professional Association for Transgender Health (WPATH), may consist of several interventions with the type and sequence of interventions differing from person to person. These include psychological and social interventions, social transition consistent with the affirmed gender identity, treatment with hormones and surgery to change the genitalia and other sex characteristics to that of the identity-congruent gender. Not all individuals with GD elect all of these approaches. Some individuals with GD may elect to use hormones but not elect surgery.

Gender reassignment surgery includes the surgical procedures by which the physical appearance and function of a person's existing sexual characteristics are changed to affirm a person's gender identity in an effort to resolve or minimize GD and improve quality of life. Gender reassignment surgery may involve any of a number of procedures including, but not limited to: reduction mammoplasty, castration, orchidectomy, penectomy, vaginoplasty, hysterectomy, salpingectomy, vaginectomy, oophorectomy, and phalloplasty.

This policy is not intended to address the treatment of infants and children with ambiguous genitalia.

POLICY

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Prior Authorization is required for ALL surgical procedures for treatment of Gender Dysphoria related to Gender Reassignment Surgery

When all of the below criteria are met for gender reassignment surgery, the following genital surgeries may be considered for transwomen (male to female):

- **Orchiectomy - removal of testicles**
- **Penectomy - removal of penis**
- **Vaginoplasty - creation of vagina**
- **Clitoroplasty - creation of clitoris**
- **Labioplasty - creation of labia**
- **Mammoplasty - breast augmentation**
- **Prostatectomy -removal of prostate**
- **Urethroplasty - creation of urethra**

When all of the below criteria are met for gender reassignment surgery, the following genital/breast surgeries may be considered for transmen (female to male):

- **Breast reconstruction (e.g., breast reduction) - removal of breast**
- **Hysterectomy - removal of uterus**
- **Salpingo-oophorectomy - removal of fallopian tubes and ovaries**
- **Vaginectomy - removal of vagina**
- **Vulvectomy - removal of vulva**
- **Metoidioplasty - creation of micro-penis, using 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**

Cryopreservation, storage, and thawing of reproductive tissue is non-covered. Refer to PG0098 Infertility and Reproductive Services.

Cosmetic procedures are non-covered as listed below. Additionally refer to PG0104 Cosmetic and Reconstructive Surgery.

In addition to the Coverage Criteria documented below, a provider must refer to the Paramount prior authorization list and specific medical policy in reference to specific procedures (this list may not be all-inclusive):

- **PG0007 Blepharoplasty, Reconstructive Eyelid Surgery, and Brow Lift**
- **PG0009 Rhinoplasty**
- **PG0012 Breast Implant Removal**
- **PG0054 Reduction Mammoplasty**
- **PG0091 Treatment of Spider Veins**
- **PG0105 Benign Skin Lesion Removal**
- **PG0144 Breast Reconstructive Services**
- **PG0162 Excimer Laser**
- **PG0163 Bariatric Services**
- **PG0199 Keratoprosthesis**
- **PG0221 Mastectomy for Gynecomastia**
- **PG0226 Orthognathic Surgery**
- **PG0251 Prophylactic Mastectomy**
- **PG0256 Penile Implant Surgical Services and Prosthesis**
- **PG0289 Refractive Surgery**
- **PG0299 Abdominoplasty, Panniculectomy and Liposuction**
- **PG0308 Pulsed Dye Laser Therapy for Cutaneous Vascular Lesions**
- **PG0348 Acne Treatments**
- **PG0376 Otoplasty**

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Gender reassignment surgery (including, but not limited to, related services such as medical counseling, psychological clearance for surgery in the absence of a need for behavioral health therapeutic services, and pre and post-surgical hormonal therapy) is specifically excluded under many health benefit plans. In addition, procedures associated with gender reassignment surgery that are performed solely for the purpose of improving or altering appearance or self-esteem, or to treat psychological symptomatology or psychosocial complaints related to one's appearance are considered cosmetic in nature and not medically necessary and are not covered under many benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

When Benefit Coverage allows:

Psychotherapy and/or sexual identification counseling for treatment of gender dysphoria are covered when all of the following criteria are met:

- Services are provided by a qualified mental health professional
- The member undergoes an initial assessment of gender identity and dysphoria, the historical development of gender dysphoric feelings, and severity of resulting stress caused by the condition
- The mental health professional documents goals to assess, diagnose, and discuss treatment options (if needed) for gender dysphoria and any coexisting mental health concerns prior to initiations of hormone therapy or surgical procedures (if applicable).

Paramount may authorize the coverage of transgender surgery procedures listed in this guideline for members who have the gender reassignment benefit included in their plan document. Treatment of gender dysphoria may be considered **MEDICALLY NECESSARY AND APPROPRIATE** when **ALL** of the following diagnostic criteria are met in addition to criteria for specific procedures listed below:

1. Definitive, well-documented persistent *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) diagnosis of gender dysphoria by a qualified licensed mental health professional; and
2. Single letter of referral from a qualified mental health professional and must be written within 12 months of the pre-service determination request; and
3. Capacity to make a fully informed decision and to consent for treatment; and
4. Member is age 18 or older or for members less than 18 years of age, completion of one year of hormone treatment; and
5. The member must complete 12 months of successful continuous full time real life experience in the desired gender (e.g., family events, holidays, vacations, season-specific work or school experiences), including notification to partners, family, friends, and community members (e.g., at school, work, other settings) of their identified gender.
6. The treatment plan must conform to identifiable external sources including the World Professional Association for Transgender Health Association (WPATH) standards, and/or evidence-based professional society guidance.
7. The member has received continuous hormone therapy for 12 months or more under the supervision of a physician. Exceptions: The member has a medical contraindication that is attested to by the treating endocrinologist; or when the request is breast reduction only for top gender affirmation surgery. In consultation with the patient's physician, this should be determined on a case-by-case basis through the process.
8. If significant medical or mental health concerns are present, they must be controlled or resolved to the point where they do not pose a significant risk of post-transition harm. And the members condition is not due to another biological, chromosomal or associated psychiatric disorder, such as schizophrenia;

Note: a trial of hormone therapy is not a pre-requisite to qualifying for a breast reduction in adults

Additional Criteria:

- A. Requirement for Breast Augmentation (breast reduction);
 - Single letter of referral from a qualified mental health professional; and
 - Assessment performed by a qualified mental health professional results in a diagnosis of gender dysphoria meeting DSM-5 criteria; and
 - Capacity to make a fully informed decision and to consent for treatment; and
 - Member 18 years or age or older; or
 - For members less than 18 years of age,
 - completion of one year of hormone sex reassignment therapy, (unless the member has a medical contraindication or is otherwise medically unable to take hormones); (Note that a trial of hormone therapy is not a pre-requisite to qualify for a breast reduction in adults); and
 - completion of 12 continuous months of full-time living in a gender role that is congruent with the member's gender identity; and
 - If significant medical or mental health concerns are present, they must be reasonably well controlled.
- Hormone therapy is not a prerequisite for breast reduction for female-to-male members. The Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People Version 7 from the WPATH state the following: "Chest surgery in FtM (female-to-male) patients could be carried out (before age of majority) preferably after ample time of living in the affirmed gender identity and after one year of testosterone treatment. The intent of this suggested sequence is to give adolescents sufficient opportunity to experience and socially adjust in a more masculine gender identity, before undergoing irreversible surgery. However, different approaches may be more suitable, depending on an adolescent's specific clinical situation and goals for gender identity expression."
- Hormone therapy is not a prerequisite for breast augmentation for male-to-female members. The Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People Version 7 from the WPATH state the following: "Although not an explicit criterion, it is recommended that MtF (male-to-female)

patients undergo feminizing hormone therapy (minimum 12 months) prior to breast augmentation surgery. The purpose is to maximize breast growth in order to obtain better surgical (aesthetic) results."

- The CPT codes for mastectomy (CPT codes 19303 and 19304) are for breast cancer, and are not appropriate to bill for reduction mammoplasty for female to male (transmasculine) gender affirmation surgery. There are important differences between a mastectomy for breast cancer and a mastectomy for gender reassignment. The former requires careful attention to removal of all breast tissue to reduce the risk of cancer. By contrast, careful removal of all breast tissue is not essential in mastectomy for gender reassignment. In mastectomy for gender reassignment, the nipple areola complex typically can be preserved.
 - The American Medical Association (AMA) and the American Academy of Professional Coders (AAPC) gives guidance on coding reduction mammoplasty/mastectomy for gender affirmation, "when breast tissue is removed for breast-size reduction and not for treatment or prevention of breast cancer, report 19318 (reduction mammoplasty)".
 - The AMA vignette for CPT code 19318 (reduction mammoplasty) clarifies that this CPT code includes the work that is necessary to reposition and reshape the nipple to create an aesthetically pleasing result, as is necessary in female to male breast reduction. The nipple reconstruction as defined by CPT code 19350 describes a much more involved procedure than areola reduction and as such is cosmetic/not medically necessary for transmasculine gender reassignment.
- B. Requirement for gonadectomy (hysterectomy, salpingo-oophorectomy or orchiectomy):
- Two referral letters from qualified mental health professionals one in a purely evaluative role; and
 - Assessment performed by a qualified mental health professional results in a diagnosis of gender dysphoria meeting DSM-5 criteria; and
 - Capacity to make a fully informed decision and to consent for treatment; and
 - Age 18 years of older; and
 - If significant medical or mental health concerns are present, they must be reasonably well controlled; and
 - Twelve months of continuous hormone sex reassignment therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones)
- C. Requirements for genital reconstructive surgery (vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, placement of a testicular prosthesis and erectile prosthesis, penectomy, vaginoplasty, labiaplasty, and clitoroplasty) when ALL of the following criteria are met:
- Two referral letters from qualified mental health professionals one in a purely evaluative role; and
 - Assessment performed by a qualified mental health professional results in a diagnosis of gender dysphoria meeting DSM-5 criteria; and
 - Capacity to make a fully informed decision and to consent for treatment; and
 - Age 18 years of older; and
 - If significant medical or mental health concerns are present, they must be reasonably well controlled; and
 - Twelve months of continuous hormone sex reassignment therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones); and
 - The individual has lived within the desired gender role for at least 12 continuous months, and which includes a wide range of life experiences and events (e.g., family events, holidays, vacations, season-specific work or school experiences), including notification to partners, family, friends, and community members (e.g., at school, work, other settings) of their identified gender.

Limitations: the following component procedures to gender reassignment surgery as cosmetic and not covered services (not an all-inclusive list):

- Body contouring procedures, e.g., abdominoplasty, breast contouring, suction-assisted lipoplasty,
- Blepharoplasty
- Brow lift
- Calf implants
- Cheek/malar implants
- Chin/nose implants
- Collagen injections
- Construction of a clitoral hood
- Drugs for hair loss or growth
- Rhytidectomy - face lifting
- Facial feminization and masculinization surgery (e.g., facial bone augmentation)
- Feminization of torso
- Forehead lift
- Gluteal and hip augmentation
- Jaw reduction (jaw contouring)
- Liposuction, lipofilling
- Cricothyroid approximation: Vocal Cord surgery for voice modification
- Laryngoplasty: reshaping of laryngeal framework (voice modification surgery)
- Voice Training
- Hair removal (e.g., electrolysis, laser hair removal) (Exception: A limited number of electrolysis or laser hair removal sessions are considered medically necessary for skin graft preparation for genital surgery)
- Lip enhancement or reduction
- Masculinization of torso
- Mastopexy: breast lift
- Neck tightening
- Nipple/areola reconstruction (19350) Note: procedure code 19319 includes the extra work that may be necessary to reshape the nipple, as is necessary in female to male breast reduction.
- Nose implants
- Pectoral implants
- Rhinoplasty
- Skin resurfacing (dermabrasion/chemical peel)
- Tracheal shave (reduction thyroid chondroplasty)

Paramount does not cover procedures for the preservation of fertility, including, but not limited to, the procurement, preservation, and storage of sperm, oocytes, or embryo related to gender reassignment.

Paramount does not cover the reversal of any of the procedures related to gender reassignment.

Gender-specific services may be medically necessary for transgender persons appropriate to their anatomy.

Examples include:

- Breast cancer screening may be medically necessary for transmasculine persons who have not undergone chest masculinization surgery.
- Prostate cancer screening may be medically necessary for transfeminine persons who have retained their prostate

Qualified Mental Health Professional:

- Master's degree or equivalent in a clinical behavioral science field granted by an institution accredited by the appropriate national accrediting board. The professional should also have documented credentials from the relevant licensing board or equivalent; and
- Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International

- Classification of Disease for diagnostic purposes; and
- Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria; and
- Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria; and
- Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

Referral Letter Requirements:

In accordance with the recommendations from the World Professional Association for Transgender Health (WPATH), the referral letter must include:

- Assessment of gender identity and gender dysphoria.
- Diagnosis of gender dysphoria based on DSM-5 requirements.
- History and development of gender dysphoric feelings.
- Impact of stigma attached to gender nonconformity on mental health.
- Availability of support from family, friends and peers (e.g., in-person or online contact with other transsexual, transgender or gender nonconforming individuals or groups).
- Psychological readiness for the requested surgeries

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 CPT® 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

CODING/BILLING INFORMATION

The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only.

Codes that are covered may have selection criteria that must be met.

Payment for supplies may be included in payment for other services rendered.

CPT CODES	
Codes requiring Prior Authorization for Gender Reassignment Surgery (not a complete list)	
17380	Electrolysis epilation, each 30 minutes
19318	Breast reduction
19325	Breast augmentation with implant
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)
53405	Urethroplasty; second stage (formulation of urethra), including urinary diversion
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra

53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	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	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
54406	Insertion of testicular prosthesis (separate procedure)
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
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
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55899	Unlisted procedure, male genital system [used for phalloplasty]
55970	Intersex surgery; male to female
55980	Intersex surgery, female to male
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, with removal of paravaginal tissue (radical vaginectomy)
57110	Vaginectomy, complete removal of vaginal wall
57111	Vaginectomy, 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	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)
58275	Vaginal hysterectomy, with total or partial vaginectomy
58280	Vaginal hysterectomy, with repair of enterocele
58285	Vaginal hysterectomy, radical (Schauta type operation)
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)
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 lysis of adhesions (salpingolysis, ovariolysis) (separate procedure): with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58700	Salpingectomy, 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

Non-covered Gender Reassignment Surgery codes:

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
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc or less injectate
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50cc injectate, or part thereof (list separately in addition to code of primary procedure)
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet 25cc or less injectate
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet each additional 25cc injectate, or part thereof (list separately in addition to code for primary procedure)
15775	Punch graft for hair transplant; 1 to 15 punch grafts

15776	Punch graft for hair transplant; more than 15 punch grafts
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
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; derma
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
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)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19316	Mastopexy
19318	Reduction mammoplasty
19325	Mammoplasty, augmentation; with prosthetic implant
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
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
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)
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
31599	Unlisted procedure, larynx [when used for voice modification surgery]
54660	Insertion of testicular prosthesis (separate procedure)
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)

Additional Non-Surgical Procedure Codes (not all-inclusive) No Prior Authorization Required

90832	Psychotherapy, 30 minutes with patient and/or family member
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient and/or family member
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient and/or family member
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

Additional Non-Surgical Procedure Codes – NonCovered (not all-inclusive)

89258	Cryopreservation; embryo(s)
89335	Cryopreservation, reproductive tissue, testicular
89337	Cryopreservation, mature oocyte(s)
89342	Storage (per year); embryo(s)
89344	Storage (per year); reproductive tissue, testicular/ovarian
89346	Storage (per year); oocyte(s)
89352	Thawing of cryopreserved; embryo(s)
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
89398	Unlisted reproductive medicine laboratory procedure

ICD-10-CM CODES

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

Paramount reserves the right to review and revise our policies periodically when necessary. When

there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/services/providers/medical-policies/> .

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 08/22/2014

Date	Explanation & Changes
08/22/14	<ul style="list-style-type: none"> Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
08/20/15	<ul style="list-style-type: none"> Added codes 19303, 19304, 53430, 54660, 55175, 55180, 56625, 57110, 58150, 58260, 58262, 58275, 58290, 58291, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720 for Female-to-Male Gender Reassignment Added codes 54125, 54520, 54690, 56800, 56805, 57291, 57292, 57335 for Male-to-Female Gender Reassignment Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
06/24/16	<ul style="list-style-type: none"> Per CMS A53793 added codes 53420, 53425, 57106, 58180, 58541, 58542, 58543, 58544 for Female-to-Male Gender Reassignment Removed code 58661 for Female-to-Male Gender Reassignment Added codes 19325, 55866, 57295, 57296, 57426 for Male-to-Female Gender Reassignment Added codes 11950, 11951, 11952, 11954, 15775, 15776, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17380, 19316, 19350, 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 30400, 30410, 30420, 30430, 30435, 30450 as non-covered when billed with gender reassignment ICD-10 diagnosis code Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
11/17/16	<ul style="list-style-type: none"> Added effective 01/01/17 new ICD-10 code F64.0 Revised effective 01/01/17 ICD-10 code F64.1 Removed codes 11950, 11951, 11952, 11954, 15775, 15776, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17380, 19316, 19350, 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 30400, 30410, 30420, 30430, 30435, 30450 Policy updated per administrative review/direction
01/27/17	<ul style="list-style-type: none"> Codes 55970 & 55980 are now covered for Advantage per ODM guidelines Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
11/14/17	<ul style="list-style-type: none"> Removed ICD-9 codes Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
12/21/2020	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format
07/01/2021	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence Criteria Coverage maintained the same - Prior Authorization is required for ALL surgical procedures for treatment of Gender Dysphoria related to Gender Reassignment Surgery
05/25/2022	<ul style="list-style-type: none"> Changed the documentation indicating mastectomy to indicate breast reduction Placed procedure codes 19303, 19304 and 19350 from covered procedure codes to noncovered procedure codes Added and clarified procedure code 19318, reduction mammoplasty, is to be used when breast tissue is removed for breast-size reduction and not for treatment or prevention of breast cancer

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| | <ul style="list-style-type: none">• Clarified procedure code 19318 (reduction mammoplasty) includes the work that is necessary to reposition and reshape the nipple to create an aesthetically pleasing result, as is necessary in female to male breast reduction |
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REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

American Psychiatric Association's Diagnostic and Statistical Manual, 5th edition (DSM-V)

The World Professional Association for Transgender Health (WPATH): (formerly Harry Benjamin International Gender Dysphoria Association) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version, 2011, <http://www.wpath.org>

U.S. Preventive Services Task Force, <http://www.uspreventiveservicestaskforce.org/>
Industry Standard Review

Hayes, Inc.

Industry Standard Review