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ACTION:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> New Policy Number | Effective Date: 09/05/2014 |
| <input checked="" type="checkbox"/> Revising Policy Number: <u>CMS07.05</u> | Review Dates: 06/02/17 |
| <input type="checkbox"/> Superseding Policy Number | |
| <input type="checkbox"/> Archiving Policy Number | |
| <input type="checkbox"/> Retiring Policy Number | |

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this operating procedure.

POLICY:

For US Family Health Plan, (USFHP), see TRICARE Policy Manual 6010.57-M, February 1, 2008, Gender Dysphoria: Chapter 7, Section 1.2.

For Advantage MD, see [Medicare Coverage Database:](#)

Local Coverage Determination (LCD) for L34822, Luteinizing Hormone-Releasing Hormone (LHRH) Analogs

Local Coverage Determination (LCD) for A53127, Self-Administered Drug Exclusion List

Local Coverage Determination (LCD) for A54515, Prepackaged Kits


National Coverage Determination (NCD) 230.3, Sterilization

For Priority Partners, (PPMCO), see:

- A. COMAR 10.09.02.05, 10.09.02.05 .06, 10.09.03.06, 10.09.06.06, 10.09.09.05, 10.09.67.26-2 and 10.90.67.27
- B. [Maryland Medical Assistance Program, Managed Care Organizations Transmittal No. 110, March 10, 2016.](#)

When benefits are provided under the member's contract, JHHC will authorize gender reassignment procedures when the diagnostic criteria for Gender Dysphoria and the specific criteria for the requested procedures have been met.

- I. Diagnosis of Gender Dysphoria in Adolescents and Adults.
 - A. The diagnosis of Gender Dysphoria has been established.
 - B. The member must meet the following DSM-5 criteria for Gender Dysphoria:

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1. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least **TWO** of the following:
 - a. 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)
 - b. 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)
 - c. A strong desire for the primary and/or secondary sex characteristics of the other gender
 - d. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
 - e. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
 - f. 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)
2. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

II. Interventions/Procedures


- A. When benefits are provided under the member's contract, JHHC will authorize cross-gender hormone suppression or enhancement therapy when **ALL** the following criteria are met:
 1. The individual or legal guardian has the capacity to make fully informed decisions and consent for treatment, **AND**;
 2. The diagnosis of Gender Dysphoria is made by a licensed psychiatrist, psychologist or social worker*, **AND**;
 3. The psychiatrist, psychologist or social worker rendering the diagnosis of Gender Dysphoria must submit **ALL** of the following documentation*:
 - a. A complete psychiatric/psychosocial history, **AND**;
 - b. A current and complete Mental Status Examination (MSE)

Note ~ for individuals 18 years of age and older, the diagnosis of gender dysphoria may be made by *any* qualified provider, (not exclusively a mental health provider). Cross-gender hormone enhancement may be administered without the consultation of a mental health provider. Items II., 3., A and B above do not apply and are not required to qualify for hormone enhancement therapy in this population.


4. The disorder is not a symptom of another mental disorder, **AND**;

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5. The individual is without medical contraindications for taking cross-gender hormones as determined by a physician, **AND**;
 6. If the individual has significant medical or mental health issues present, they must be sufficiently controlled so as not to constitute a contraindication to take cross-gender hormones, **AND**;
 7. For individuals under the age of 18, screening for the presence of the diagnosis of Gender Dysphoria and for medical and mental health issues must be completed by two qualified health professionals, one of whom must be a physician.
- B. When benefits are provided under the member's contract, JHHC will authorize gender reassignment surgery when **ALL** of the following criteria are met:
1. The individual or legal guardian has the capacity to make fully informed decisions and consent for treatment, **AND**;
 2. The diagnosis of Gender Dysphoria must be made by a licensed psychiatrist, psychologist or social worker, **AND**;
 3. The psychiatrist, psychologist or social worker rendering the diagnosis of Gender Dysphoria must submit **ALL** of the following documentation:
 - a. A complete psychiatric/psychosocial history, **AND**;
 - b. A current and complete Mental Status Examination (MSE)
 4. Without a medical contraindication or otherwise unable or unwilling to take cross-gender hormones, the individual has undergone a minimum of 12 months of continuous cross-gender hormonal therapy as recommended by a mental health professional and provided under the supervision of a physician, **AND**;
 5. While continuously taking the cross-gender hormones, the individual has lived and worked / studied within the desired gender role full-time for at least 12 months (real life experience) without returning to the original gender, **AND**;
 6. Two referrals are received from qualified mental health professionals who have independently assessed the individual. If the first referral is from the individual's therapist, the second referral should be from a professional who has only an evaluative role with the individual, **AND**;
 7. The individual has undergone evaluation by the physician(s) performing reassignment surgery
- III. For members meeting the above criteria, JHHC will authorize the following surgeries when performed as part of gender reassignment surgery:
- A. Female-to-Male
1. Initial mastectomy/breast reduction
 2. Hysterectomy
 3. Salpingo-oophorectomy
 4. Colpectomy/Vaginectomy
 5. Metoidioplasty
 6. Scrotoplasty
 7. Urethroplasty

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8. Phalloplasty
9. Placement of testicular prostheses
- B. Male-to-Female
 1. Augmentation mammoplasty, when **ALL** of the following have been met:
 - a. Breast size measures less than Tanner stage 5 after undergoing 12 months of hormone therapy, **AND**;
 - b. Breast size continues to cause clinically significant distress in social, occupational, or other areas of functioning as documented by a qualified mental health provider as identified in section 1.A.
 2. Orchiectomy
 3. Penectomy
 4. Vaginoplasty
 5. Clitoroplasty
 6. Labiaplasty
 7. Colovaginoplasty
- IV. Unless specific benefits are provided under the members' contract, JHHC will not authorize the following associated gender reassignment procedures, as they are considered cosmetic:
 1. Abdominoplasty
 2. Breast augmentation, (except as outlined in section III. B. 1.)
 3. Blepharoplasty
 4. Brow lift
 5. Calf implants
 6. Cheek/Malar implants
 7. Chin/nose implants
 8. Collagen injections
 9. Electrolysis
 10. Face/forehead lift
 11. Facial feminization surgery
 12. Hair Removal
 13. Hair transplantation
 14. Jaw shortening/sculpturing
 15. Laryngoplasty
 16. Lip Reduction
 17. Liposuction
 18. Mastopexy
 19. Neck tightening
 20. Pectoral implant
 21. Removal of redundant skin
 22. Rhinoplasty
 23. Silicone injections of the breast
 24. Trachea shave

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25. Voice Therapy/Voice Lessons

BACKGROUND:

Gender reassignment procedures are options for medical management of cases of gender dysphoria as defined by the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association.

The determination of the diagnosis of Gender Dysphoria is made by mental health professionals who are experts in the field of gender disorders by completing a comprehensive psychiatric/psychologic evaluation which includes a complete psychosocial history, psychiatric and medical history and a complete mental status examination.

CODING INFORMATION:


CPT Copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.


PRE- AUTHORIZATION REQUIRED
Compliance with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits

Employer Health Programs (EHP) **See Specific Summary Plan Description (SPD)	Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria	US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria	Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria
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CPT ® CODES	DESCRIPTION
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male

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<i>Also combinations of individual procedures billed separately, including but not limited to</i>	
11970	Replacement of tissue expander with permanent prosthesis
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
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
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
55180	Scrotoplasty; complicated
56625	Vulvectomy, simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57110	Vaginectomy, complete removal of vaginal wall
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)
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams with removal of tube(s) and/or ovary(s)

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58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
HCPCS CODES	DESCRIPTION
C1813	Prosthesis, penile, inflatable
J0800	Injection, corticotropin, up to 40 units
J1071	Injection, testosterone cypionate, 1 mg
J1380	Injection, estradiol valerate, up to 10 mg
J1410	Injection, estrogen conjugated, per 25 mg
J1435	Injection, estrone, per 1 mg
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J2675	Injection, progesterone, per 50 mg
J3121	Injection, testosterone enanthate, 1 mg
J3145	Injection, testosterone undecanoate, 1 mg
J3303	Injection, triamcinolone hexacetonide, per 5 mg
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Leuprolide acetate, per 1 mg
S0189	Testosterone Pellet, 75mg

ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY

ICD10PCS CODES	DESCRIPTION
0VTC0ZZ	Resection of Bilateral Testes, Open Approach
0VTC4ZZ	Resection of Bilateral Testes, Percutaneous Endoscopic Approach
0VRC0JZ	Replacement of Bilateral Testes with Synthetic Substitute, Open Approach
0VTS0ZZ	Resection of Penis, Open Approach
0VTS4ZZ	Resection of Penis, Percutaneous Endoscopic Approach
0VTSXZZ	Resection of Penis, External Approach
0VUS07Z	Supplement Penis with Autologous Tissue Substitute, Open Approach
0VUS0JZ	Supplement Penis with Synthetic Substitute, Open Approach
0VUS0KZ	Supplement Penis with Nonautologous Tissue Substitute, Open Approach
0VUS47Z	Supplement Penis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUA4JZ	Supplement Penis with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUS4KZ	Supplement Penis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W4M070	Creation of Vagina in Male Perineum with Autologous Tissue Substitute, Open Approach
0W4M0J0	Creation of Vagina in Male Perineum with Synthetic Substitute, Open Approach

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0W4M0K0	Creation of Vagina in Male Perineum with Nonautologous Tissue Substitute, Open Approach
0W4M0Z0	Creation of Vagina in Male Perineum, Open Approach
0W4N071	Creation of Penis in Female Perineum with Autologous Tissue Substitute, Open Approach
0W4N0J1	Creation of Penis in Female Perineum with Synthetic Substitute, Open Approach
0W4N0K1	Creation of Penis in Female Perineum with Nonautologous Tissue Substitute, Open Approach
0W4N0Z1	Creation of Penis in Female Perineum, Open Approach
0UT20ZZ	Resection of Bilateral Ovaries, Open Approach
0UT27ZZ	Resection of Bilateral Ovaries, Via Natural or Artificial Opening
0UT28ZZ	Resection of Bilateral Ovaries, Via Natural or Artificial Opening Endoscopic
0UT2FZZ	Resection of Bilateral Ovaries, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
0UT70ZZ	Resection of Bilateral Fallopian Tubes, Open Approach
0UT77ZZ	Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening
0UT78ZZ	Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic
0UT7FZZ	Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
0UT24ZZ	Resection of Bilateral Ovaries, Percutaneous Endoscopic Approach
0UT74ZZ	Resection of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
0UT94ZZ	Resection of Uterus, Percutaneous Endoscopic Approach
0UTC4ZZ	Resection of Cervix, Percutaneous Endoscopic Approach
0UT90ZZ	Resection of Uterus, Open Approach
0UT94ZZ	Resection of Uterus, Percutaneous Endoscopic Approach
0UT97ZZ	Resection of Uterus, Via Natural or Artificial Opening
0UT98ZZ	Resection of Uterus, Via Natural or Artificial Opening Endoscopic
0UTC0ZZ	Resection of Cervix, Open Approach
0UTC4ZZ	Resection of Cervix, Percutaneous Endoscopic Approach
0UTC7ZZ	Resection of Cervix, Via Natural or Artificial Opening
0UTC8ZZ	Resection of Cervix, Via Natural or Artificial Opening Endoscopic
0UT9FZZ	Resection of Uterus, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
0UTC4ZZ	Resection of Cervix, Percutaneous Endoscopic Approach
0UT97ZZ	Resection of Uterus, Via Natural or Artificial Opening
0UT98ZZ	Resection of Uterus, Via Natural or Artificial Opening Endoscopic
0UTC7ZZ	Resection of Cervix, Via natural or Artificial Opening
0UTC8ZZ	Resection of Cervix, Via natural or Artificial Opening Endoscopic
0UTG0ZZ	Resection of Vagina, Open Approach
0UTG4ZZ	Resection of Vagina, Percutaneous Endoscopic Approach

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0UTG7ZZ	Resection of Vagina, Via natural or Artificial Opening
0UTG8ZZ	Resection of Vagina, Via natural or Artificial Opening Endoscopic
0UQG0ZZ	Repair, Vagina, Open Approach
0UTJ0ZZ	Resection of Clitoris, Open Approach
0UTJXZZ	Resection of Clitoris, External Approach
0UTM0ZZ	Resection of Vulva, Open Approach
0UTMXZZ	Resection of Vulva, External Approach

ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY

ICD-10 CM Codes	DESCRIPTION
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.2	Gender identity disorder in childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment
REVENUE CODES	DESCRIPTION
0360	Operating Room Services-General ;Outpatient hospital

REFERENCE STATEMENT:


Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this operating procedure. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

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