JOHNS HOPKINS MEDICINE

JOHNS HOPKINS HEALTHCARE

Policy Number CMS07.05

Medical Policy: Gender Reassignment Procedures
Department: Health Services
Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

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ACTION:
☒ Revising Policy Number: CMS07.05
☐ Superseding Policy Number
☐ Archiving Policy Number
☐ Retiring Policy Number

Effective Date: 09/05/2014
Review Dates: 06/02/17

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:
      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;
   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
   8. Phalloplasty
   9. Placement of testicular prostheses
B. Male-to-Female
   1. Augmentation mammoplasty, when ALL of the following have been met:
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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
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:

\textit{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.

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<th>CPT ® CODES</th>
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<td>Intersex surgery; male to female</td>
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<tr>
<td>55980</td>
<td>Intersex surgery; female to male</td>
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\textit{Also combinations of individual procedures billed separately, including but not limited to}

<p>| 11970 | Replacement of tissue expander with permanent prosthesis |</p>
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<tr>
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<th>Description</th>
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<td>11980</td>
<td>Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)</td>
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<tr>
<td>19304</td>
<td>Mastectomy, subcutaneous</td>
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<tr>
<td>19324</td>
<td>Mammaplasty, augmentation; without prosthetic implant</td>
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<tr>
<td>19325</td>
<td>Mammaplasty, augmentation; with prosthetic implant</td>
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<tr>
<td>53410</td>
<td>Urethroplasty, 1-stage reconstruction of male anterior urethra</td>
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<tr>
<td>53430</td>
<td>Urethroplasty, reconstruction of female urethra</td>
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<td>54125</td>
<td>Amputation of penis; complete</td>
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<tr>
<td>54400</td>
<td>Insertion of penile prosthesis; non inflatable (semi-rigid)</td>
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<tr>
<td>54401</td>
<td>Insertion of penile prosthesis; inflatable (self-contained)</td>
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<tr>
<td>54405</td>
<td>Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir</td>
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<td>54520</td>
<td>Orchietomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach</td>
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<tr>
<td>54660</td>
<td>Insertion of testicular prosthesis (separate procedure)</td>
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<td>54690</td>
<td>Laparoscopy, surgical; orchietomy</td>
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<tr>
<td>55180</td>
<td>Scrotoplasty; complicated</td>
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<tr>
<td>56625</td>
<td>Vulvectomy, simple; complete</td>
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<tr>
<td>56800</td>
<td>Plastic repair of introitus</td>
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<td>56805</td>
<td>Clitoroplasty for intersex state</td>
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<tr>
<td>57110</td>
<td>Vaginectomy, complete removal of vaginal wall</td>
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<tr>
<td>57291</td>
<td>Construction of artificial vagina; without graft</td>
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<td>57292</td>
<td>Construction of artificial vagina; with graft</td>
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<td>57295</td>
<td>Revision (including removal) of prosthetic vaginal graft; vaginal approach</td>
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<td>57296</td>
<td>Revision (including removal) of prosthetic vaginal graft; open abdominal approach</td>
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<tr>
<td>57335</td>
<td>Vaginoplasty for intersex state</td>
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<tr>
<td>57426</td>
<td>Revision (including removal) of prosthetic vaginal graft, laparoscopic approach</td>
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<td>58150</td>
<td>Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)</td>
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<td>Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)</td>
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<td>Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)</td>
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<td>58573</td>
<td>Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams with removal of tube(s) and/or ovary(s)</td>
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<tr>
<td>58720</td>
<td>Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)</td>
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### Medical Policy: Gender Reassignment Procedures

**Department:** Health Services  
**Lines of Business:** EHP, USFHP, PPMCO, ADVANTAGE MD

#### HCPCS CODES

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<tr>
<td>C1813</td>
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<td>J0800</td>
<td>Injection, corticotropin, up to 40 units</td>
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<td>J1071</td>
<td>Injection, testosterone cypionate, 1 mg</td>
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<tr>
<td>J1380</td>
<td>Injection, estradiol valerate, up to 10 mg</td>
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<td>J1410</td>
<td>Injection, estrogen conjugated, per 25 mg</td>
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<td>J1435</td>
<td>Injection, estrone, per 1 mg</td>
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<td>J1950</td>
<td>Injection, leuprolide acetate (for depot suspension), per 3.75 mg</td>
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<td>J2675</td>
<td>Injection, progesterone, per 50 mg</td>
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<td>J3121</td>
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<td>J3145</td>
<td>Injection, testosterone undecanoate, 1 mg</td>
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<td>J3303</td>
<td>Injection, triamcinolone hexacetonide, per 5 mg</td>
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<td>J9217</td>
<td>Leuprolide acetate (for depot suspension), 7.5 mg</td>
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<td>J9218</td>
<td>Leuprolide acetate, per 1 mg</td>
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<td>S0189</td>
<td>Testosterone Pellet, 75mg</td>
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#### ICD10PCS CODES ARE FOR INFORMATIONAL PURPOSES ONLY

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<td>0VTC4ZZ</td>
<td>Resection of Bilateral Testes, Percutaneous Endoscopic Approach</td>
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<td>0VRC0JZ</td>
<td>Replacement of Bilateral Testes with Synthetic Substitute, Open Approach</td>
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<tr>
<td>0VTS0ZZ</td>
<td>Resection of Penis, Open Approach</td>
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<td>0VTS4ZZ</td>
<td>Resection of Penis, Percutaneous Endoscopic Approach</td>
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<td>0VTSXZZ</td>
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<td>0VUS07Z</td>
<td>Supplement Penis with Autologous Tissue Substitute, Open Approach</td>
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<td>Supplement Penis with Nonautologous Tissue Substitute, Open Approach</td>
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<td>0W4M070</td>
<td>Creation of Vagina in Male Perineum with Autologous Tissue Substitute, Open Approach</td>
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<td>Creation of Vagina in Male Perineum, Open Approach</td>
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### Gender Reassignment Procedures

**Department:** Health Services  
**Lines of Business:** EHP, USFHP, PPMCO, ADVANTAGE MD

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<td>OW4N0Z1</td>
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<td>OUT20ZZ</td>
<td>Resection of Bilateral Ovaries, Open Approach</td>
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<td>OUT27ZZ</td>
<td>Resection of Bilateral Ovaries, Via Natural or Artificial Opening</td>
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<td>OUT2FZZ</td>
<td>Resection of Bilateral Ovaries, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance</td>
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<td>Resection of Bilateral Fallopian Tubes, Open Approach</td>
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**JOHNS HOPKINS HEALTHCARE**

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**Lines of Business:** EHP, USFHP, PPMCO, ADVANTAGE MD  
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<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0UTJ0ZZ</td>
<td>Resection of Clitoris, Open Approach</td>
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<td>Resection of Clitoris, External Approach</td>
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<td>0UTM0ZZ</td>
<td>Resection of Vulva, Open Approach</td>
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<td>0UTMXZZ</td>
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**ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY**

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<th>ICD-10 CM Codes</th>
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<td>F64.0</td>
<td>Transsexualism</td>
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<tr>
<td>F64.1</td>
<td>Dual role transvestism</td>
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<td>F64.2</td>
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<td>F64.8</td>
<td>Other gender identity disorders</td>
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<td>F64.9</td>
<td>Gender identity disorder, unspecified</td>
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<td>Personal history of sex reassignment</td>
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**REVENUE CODES**

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<td>0360</td>
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**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.

**REFERENCES:**


Maryland Medical Assistance Program, Managed Care Organizations Transmittal No. 110, March 10, 2016.


