



TITLE:	TRANSGENDER AFFIRMATION POLICY AND PROCEDURE
POLICY #:	MM-PNP-001
VERSION #:	02
DEPARTMENT:	MEDICAL MANAGEMENT
ORIGINAL EFFECTIVE DATE:	06/13/2022
CURRENT REVISION DATE:	04/30/2023

1. PURPOSE

To ensure consistency and compliance regarding the implementation of the policy, procedure, and training of utilization review staff for Transgender Affirmation surgery.

Curative will follow this Policy and Procedure and will ensure that any delegated entities will also adhere.

2. SCOPE

Describe the department and personnel responsible for performing the policy.

3. DEFINITIONS

3.1. N/A

4. POLICY

This Coverage Policy addresses treatment of gender dysphoria. Gender dysphoria is defined as discomfort or distress that is caused by a discrepancy between a person's gender identity and the person's assigned sex at birth (World Professional Association for Transgender Health, [WPATH], 2012).

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

A Member to qualify for Gender Affirmation Surgery and Treatment:

- Reached physical maturity and
- Is 18 years of age
- Diagnosed with Gender Dysphoria specific to the same gender for 12 months or greater
- Under the care of a Psychiatrist/Psychologist for 12 months or greater
- Has been living as the other gender for 12 months.
- Must have 2 attending physicians affirming the medical necessity of the requested procedure.
- Prior Authorization will be required

For further questions regarding Gender Affirmation Surgery and Treatment coverage, please contact Curative Customer Service

5. PROCEDURE

Gender Affirmation Surgery and Treatment (Prior Authorization Required)

Curative covers medically necessary surgery and treatment, related to the treatment for a Transgender Member who:

- Has reached physical maturity and is 18 years of age and older;
- Has been diagnosed with Gender Dysphoria specific to the same gender for 12 months or greater; and
- Has been under the care of a Psychiatrist/Psychologist for 12 months or greater.
- Has been living as the other gender for 12 months.
- Must have 2 attending physicians affirming the medical necessity of the requested procedure.

Covered services may include, but are not limited to:

- Breast augmentation or removal pertaining only to transgender affirmation surgery.
- Clitoroplasty (creation of clitoris)
- Hormone therapy;
- Hysterectomy (removal of uterus)
- Labiaplasty (creation of labia)
- Laser or electrolysis hair removal in advance of genital reconstruction prescribed by a physician for the treatment of Gender Dysphoria
- Medically indicated prescriptions; and
- Metoidioplasty (creation of penis, using clitoris)
- Orchiectomy (removal of testicles)
- Penectomy (removal of penis)
- Penile prosthesis
- Phalloplasty (creation of penis)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Scrotoplasty (creation of scrotum)
- Testicular prosthesis
- Urethroplasty (reconstruction of female urethra)
- Urethroplasty (reconstruction of male urethra)
- Vaginectomy (removal of vagina)
- Vaginoplasty (creation of vagina)
- Vulvectomy (removal of vulva)

Note: Certain ancillary procedures, including but not limited to the following, are considered cosmetic and not medically necessary when performed as part of surgical treatment for Gender Dysphoria (check the federal, state, or contractual requirements for benefit coverage):

Services that are not covered include, but are not limited to:

- Abdominoplasty
- Blepharoplasty
- Body contouring (e.g., fat transfer, lipoplasty, panniculectomy)

- Breast enlargement, including augmentation mammoplasty and breast implants above and beyond the enlargement produced by the ongoing hormone therapy and with at least 24 months of confirmed continuous hormone treatment. (Primary Care of Transgender Individuals-up to date; June 2022).
- Brow lift
- Calf implants
- Cheek, chin and nose implants
- Face/forehead lift and /or neck tightening
- Facial treatment or reconstruction surgery (facial bone remodeling for facial feminization)
- Hair transplantation
- Injection of fillers or neurotoxins
- Laryngeal prominence modification.
- Laser or electrolysis hair removal not related to genital reconstruction
- Lip augmentation
- Lip reduction
- Liposuction (suction-assisted lipectomy)
- Mastopexy
- Pectoral implants for chest masculinization
- Rhinoplasty
- Skin resurfacing (e.g., dermabrasion, chemical peels, laser)
- Thyroid cartilage reduction/reduction thyroid chondroplasty/trachea shave (removal or reduction of the Adam's apple)
- Voice modification surgery (e.g., laryngoplasty, glottoplasty or shortening of the vocal cords)
- Voice lessons and voice therapy
- 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)
- Tracheal shave (reduction thyroid chondroplasty)

Note: For questions regarding Gender Affirmation Surgery and Treatment coverage, please contact Curative Customer Service.

Qualified Behavioral Health Provider:

- Recommended minimum credentials for behavioral health providers working with adults presenting with gender dysphoria (World Professional Association for Transgender Health [WPATH] Guidelines, version 7, 2012):
 - A minimum of a master's degree or its equivalent in a clinical behavioral science field. This degree should be granted by an institution accredited by the

appropriate national or regional accrediting board. The behavioral health provider should have documented credentials from a relevant licensing board;

- Competence in using the current version of the Diagnostic Statistical Manual of Mental Disorders (DSM) and /or the International Classification of Diseases (ICD) for assessment and diagnostic purposes;
- Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria;
- Documented supervised training and competence in psychotherapy or counseling;
- Knowledgeable about gender nonconforming identities and expressions, and the evaluation and treatment of gender dysphoria;
- Continuing education in the assessment and treatment of gender dysphoria;
- Develop and maintain cultural competence to facilitate their work with transsexual, transgender, and gender nonconforming clients

Applicable Codes:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code®	Description
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15750	Flap; neurovascular pedicle
15757	Free skin flap with microvascular anastomosis
15758	Free fascia flap with microvascular anastomosis

17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
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)
CPT Code®	Description
54401	Insertion of penile prosthesis; inflatable (self-contained)
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
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
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
56625	Vulvectomy simple; complete

56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57110	Vaginectomy, complete removal of vaginal wall
57335	Vaginoplasty for intersex state
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less;
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
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)
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)
CPT Code®	Description
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
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length

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Diagnosis Code (ICD-10)	Description
F64.0	Transsexualism
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 affirmation

Requirements for Breast Removal

- Signed letter from a qualified mental health professional assessing the transgender/gender diverse individual's readiness for physical treatment; *and*
- Documentation of marked and sustained gender dysphoria ; *and*
- Other possible causes of apparent gender incongruence have been excluded; *and*
- Mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed; *and*
- Capacity to consent for the specific physical treatment; *and*

- For members less than 18 years of age, completion of one year of testosterone treatment, unless hormone therapy is not desired or medically contraindicated; *and*
- Risk factors associated with breast cancer have been assessed.

Requirements for Breast Augmentation (Implants/Lipofilling)

- Signed letter from a qualified mental health professional assessing the transgender/gender diverse individual's readiness for physical treatments; *and*
- Documentation of marked and sustained gender dysphoria); *and*
- Other possible causes of apparent gender incongruence have been excluded; *and*
- Mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed; *and*
- Capacity to consent for the specific physical treatment; *and*
- Completion of six months of feminizing hormone therapy (12 months for adolescents less than 18 years of age) prior to breast augmentation surgery, unless hormone therapy is not desired or medically contraindicated); *and*
- Risk factors associated with breast cancer have been assessed.

Requirements for Gonadectomy (Hysterectomy and Oophorectomy or Orchiectomy)

- Signed letter from a qualified mental health professional assessing the transgender/gender diverse individual's readiness for physical treatments; *and*
- Documentation of marked and sustained gender dysphoria; *and*
- Other possible causes of apparent gender incongruence have been excluded; *and*
- Mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed; *and*
- Capacity to consent for the specific physical treatment; *and*
- Six months of continuous hormone therapy as appropriate to the member's gender goals (12 months for adolescents less than 18 years of age) unless hormone therapy is not desired or medically contraindicated.

Requirements for Genital Reconstructive Surgery

(i.e., vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, placement of a testicular prosthesis and erectile prosthesis, penectomy, vaginoplasty, labiaplasty, clitoroplasty and electrolysis or laser hair removal sessions for skin graft preparation for genital surgery)

- Signed letter from a qualified mental health professional assessing the transgender/gender diverse individual's readiness for physical treatments; *and*
- Documentation of marked and sustained gender dysphoria); *and*
- Other possible causes of apparent gender incongruence have been excluded; *and*
- Mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed; *and*
- Capacity to consent for the specific physical treatment; *and*
- Six months of continuous hormone therapy as appropriate to the member's gender goals (12 months for adolescents less than 18 years of age) unless hormone therapy is not desired or medically contraindicated.

Note on gender specific services for the transgender community: Gender-specific services may be medically necessary for transgender persons appropriate to their anatomy. Examples include:

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

Curative considers reversal of gender affirming surgery (performing surgical procedures to return anatomy to that of the sex assigned at birth) medically necessary for persons who regret their gender-related surgical intervention, where applicable requirements for gender affirming surgery listed above are met.

Curative considers gonadotropin-releasing hormone medically necessary to suppress puberty in trans-identified adolescents if they meet World Professional Association for Transgender Health (WPATH) criteria (see Gonadotropin-Releasing Hormone Analogs and Antagonists).

Not Medically Necessary

Curative considers more than one breast augmentation not medically necessary. This does not include the medically necessary replacement of breast implants (see Breast Implant Removal).

Curative considers the following procedures that may be performed as a component of a gender transition as not medically necessary and cosmetic (not an all-inclusive list) (see also Cosmetic Surgery):

Limitations and Exclusions:

Certain treatments and services are not covered. Examples include, but are not limited to:

- Treatment received outside of the United States
- Reproduction services, including, but not limited to, sperm preservation in advance of hormone treatment or Gender Dysphoria surgery, cryopreservation of fertilized embryos, oocyte preservation, surrogate parenting, donor eggs, donor sperm and host uterus (please check the federal and state or contractual requirements for benefit coverage)
- Transportation, meals, lodging or similar expenses
- Cosmetic procedures
- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics

Note: Coverage does not apply to members who do not meet the qualifications listed in the Procedure section under **Gender Affirmation Surgery and Treatment** on page 2.

6. TRAINING REQUIREMENT

- 6.1.** All Curative Employees are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

7. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal and equitable remedies may apply.

8. DOCUMENTATION

Provide details regarding any specific documentation required for this policy or to meet any legal or regulatory requirements related to this policy.

9. REFERENCE DOCUMENTS AND MATERIALS**9.1. Regulatory Authority**

- 9.1.1. N/A

9.2. Internal - N/A**9.3. External -**

- 9.3.1. **American College of Obstetricians and Gynecologists (ACOG).** Committee Opinion #823. Health care for transgender and gender diverse individuals. Obstet Gynecol. 2021 Mar 1;137(3):e75-e88.
- 9.3.2. **Centers for Medicare & Medicaid Coverage (CMS)** conducted a National Coverage Analysis that focused on the topic of gender affirmation surgery. Effective August 30, 2016, after examining the medical evidence, CMS determined that no national coverage determination (NCD) is appropriate at this time for gender affirmation surgery for Medicare beneficiaries with gender dysphoria. In the absence of an NCD, coverage determinations for gender affirmation


surgery, under section 1862(a)(1)(A) of the Social Security Act (the Act) and any other relevant statutory requirements, will continue to be made by the local Medicare Administrative Contractors (MACs) on a case-by-case basis. CMS.gov: Accessed 05/23/2022

- 9.3.3. **Centers for Medicare & Medicaid Coverage (CMS); NCD: Gender Dysphoria and Gender Affirmation Surgery:** Publication Number: 100-3; Manual Section Number: 140.9; Implementation Date: 04/04/2017; Accessed 5/23/2022
- 9.3.4. **Centers for Medicare & Medicaid Coverage (CMS): LCD:** No LCD (Texas) noted within the CMS.gov website. Accessed 5/23/2022
- 9.3.5. **World Professional Association for Transgender Health (WPATH).** Standards of care for the health of transsexual, transgender and gender nonconforming people. 7th edition. 2012.
- 9.3.6. <https://genderkit.org.uk/>: Site for information concerning everything transgender related to include medical information, HRT, and etc., Accessed on 6/1/2022

10. COLLABORATING DEPARTMENTS

10.1. Example Department

11. DOCUMENT CONTROL

APPROVED BY:		
charles, Brandon	5/2/2024	
(Printed Name)	(Date)	(Signature)

REVISION HISTORY			
Date	Author	Version	Comments
			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A: