



CLINICAL MEDICAL POLICY	
Policy Name:	Gender Transition Services
Policy Number:	MP-033-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	05/01/2019; 01/15/2018
Issue Date:	06/03/2019
Effective Date:	06/03/2019; 02/15/2018
Annual Approval Date:	03/12/2020
Revision Date:	03/12/2019; 08/31/2018; 09/01/2017 (Reactivated)
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 14

DISCLAIMER

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary gender transition services.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Gender Dysphoria in Adults and Adolescents is a disorder characterized by the following diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders, 5th edition [DSM-5]):

- A. 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:
 - 1. 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)].
 - 2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of marked incongruence with one's experienced/expressed gender [or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)].
 - 3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
 - 4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
 - 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 - 6. 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).
- B. The condition is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning

Gender Dysphoria in Children: A disorder characterized by the following diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders, 5th edition [DSM-5]):

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by **at least six** of the following (one of which must be criterion A1):
 - 1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
 - 2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
 - 3. A strong preference for cross-gender roles in make-believe play or fantasy play.
 - 4. A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender.
 - 5. A strong preference for playmates of the other gender.
 - 6. In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games and activities.
 - 7. A strong dislike of one's sexual anatomy.
 - 8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
- B. The condition is associated with clinically significant distress or impairment in social, school or other important areas of functioning.

Gender Nonconforming (GNC) is an adjective used as an umbrella term to describe people whose gender expression or gender identity differs from gender norms associated with their assigned birth sex.

Gender Reassignment Surgery (GRS) (gender affirmation surgery or sex reassignment surgery) is defined as surgery to change primary and/or secondary sex characteristics to better align a person's physical appearance with their gender identity. Sex reassignment surgery can be an important part of medically necessary treatment to alleviate gender dysphoria and may include mastectomy, hysterectomy, metoidioplasty, phalloplasty, breast augmentation, penectomy, orchiectomy, vaginoplasty, facial feminization surgery, and/or other surgical procedures.

Hormone Therapy (gender affirming hormone therapy, hormone replacement therapy) is the use of hormones to masculinize or feminize a person's body to better align that person's physical characteristics with their gender identity. People wishing to feminize their body receive antiandrogens and/or estrogens; people wishing to masculinize their body receive testosterone. Hormone therapy may be an important part of medically necessary treatment to alleviate gender dysphoria.

Puberty Suppression (puberty blocking, puberty delaying therapy) is a treatment that can be used to temporarily suppress the development of secondary sex characteristics that occur during puberty in youth, typically using gonadotropin-releasing hormone (GnRH) analogues. Puberty suppression may be an important part of medically necessary treatment to alleviate gender dysphoria. Puberty suppression can provide adolescents time to determine whether they desire further transitional interventions for gender dysphoria, and can additionally serve a diagnostic role to help determine if further medical intervention is warranted.

PROCEDURES

Covered Transgender Transition Services include:

- Psychotherapy for gender dysphoria and associated co-morbid psychiatric diagnoses. (Most commonly mood disorders, anxiety disorders, and developmental personality issues.) The benefits are the same as any other outpatient mental health service.
- Continuous hormone therapy. The benefits are the same as any other eligible medication within the prescribed treatment period.
- Laboratory testing to monitor continuous hormone therapy is the same as any other outpatient diagnostic service within the prescribed treatment protocol.
- Gender Reassignment Surgery (GRS)
- Puberty suppression (puberty blocking, puberty delaying therapy) when determined to be medically necessary for treatment of gender dysphoria in adolescents.

*Note this medical policy does not apply to individuals with ambiguous genitalia or disorders of sexual development.

1. Medical Necessity Guidelines

The following medical necessity criteria must be met:

A. Hormone Replacement Eligibility Qualifications

The Covered Person must meet all of the following eligibility qualifications for hormone replacement:

- 1) The Covered Person must be diagnosed with gender dysphoria (see definition below); and
- 2) Initial hormone therapy must be preceded by:

- a) A documented real-life experience (living as the other gender) of at least three months prior to the administration of hormones (This documented real-life experience may substitute for the minimum psychotherapy requirement only upon certification by a qualified mental health professional experienced in the treatment of gender dysphoric and transgendered individuals); and
 - b) A thorough evaluation by a qualified mental health professional followed by a period of psychotherapy of a duration specified by a qualified mental health professional (Minimum of three months, though longer periods may be recommended. Psychotherapy may run concurrently.)
 - c) Informed consent for medical, psychological, and socio-cultural factors.
- B. The Covered Person must then meet all of the following eligibility qualifications for gender reassignment surgery:
- 1) The surgery must be performed by a qualified professional provider at a facility with a history of treating individuals with gender identity disorder, following appropriate informed consent for medical, psychological, and socio-cultural factors related to the procedure:
 - 2) The treatment plan must conform to the World Professional Association for Transgender Health (WPATH) standards (WPATH 7th edition);
 - 3) The Covered Person must be age eighteen (18) years or older for irreversible surgical interventions;
 - a) A covered person under the age of eighteen (18), but no less than the age of sixteen (16), may be assessed for irreversible surgical interventions when the following conditions are met, in addition to the other eligibility qualifications listed in this section:
 - i. Consent has been obtained by:
 - A parent or guardian of any minor
 - A married minor for himself or herself
 - A relative caregiver acting pursuant to an Affidavit of Establishment of Power to Relative Caregivers to Consent to Medical Treatment of Minors
 - ii. The covered person under the age of eighteen (18) has first attempted reversible interventions in accordance with WPATH clinical guidelines indicated elsewhere in this document using a staged process as follows:
 - Puberty Suppression Therapy (see below)
 - Hormone Therapy (see above)
 - 4) Gender reassignment surgery may be indicated when the following documentation is provided:
 - a) A written psychological assessment from at least one qualified behavioral provider experienced in treating gender dysphoria is needed for breast surgery. The assessment must document that all the following criteria are met: persistent, well documented gender dysphoria, capacity to make a fully informed decision and to consent for treatment, 18 years of age (age of

majority), and if significant medical or mental concerns are present, they must be reasonably controlled.

b) A written psychological assessment form at least two qualified behavioral providers experienced in treating gender dysphoria, who have independently assess the individual for genital surgery. The assessment must document all of the following criteria: persistent well documented gender dysphoria, capacity to make a fully informed decision and to consent for treatment, must be 18 years of age (age of majority), significant medical or mental health concerns must be reasonably controlled, complete at least 12 months of successful continuous full-time real life experience in the desired gender, and complete 12 months of continuous cross-sex hormone therapy appropriate for the desired gender (unless medically contraindicated).

5) Continuing postoperative follow-up by the surgeon and mental health professional must be arranged in advance of the surgery (Current Psychiatry Vol. 6 No. 2 Feb 2007);

6) Referrals to support groups and resources specific to transgender issues should be arranged in advance of the surgery.

C. Puberty Suppression Therapy for Adolescents

The Covered Adolescent must meet all of the following eligibility qualifications for puberty suppression therapy:

1) The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed);

2) Gender dysphoria emerged or intensified with the onset of puberty;

3) Any transitional or co-existing psychological, medical, socio-cultural, or family problems (including potential harassment or bullying) that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment;

4) The adolescent has given informed consent and, particularly when the adolescent has not reached the age of medical consent, the parent(s) or other caretaker(s) or guardian(s) has/have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.

5) The adolescent will have continuing access to medical and mental health evaluation, support, and psychotherapy, preferably by a collaborative team, to include a family therapy/support component as indicated.

6) Medication is prescribed by a pediatric endocrinologist or by a physician in consultation with a pediatric endocrinologist.

D. Age-appropriate screening for breast and cervical cancer should be continued unless mastectomy or removal of the cervix has occurred.

E. Age-appropriate screening for breast cancer is appropriate for male-to-female transgender patients. In patients who have a neocervix created from the glans penis, routine cytologic examination of the neocervix is indicated.

2. Gender transition services that are covered:

Male-to-Female (MTF)

- Clitoroplasty
- Labiaplasty
- Orchiectomy
- Penectomy
- Urethroplasty
- Vaginoplasty

Female-to Male (FTM)

- Bilateral mastectomy or breast reduction
(Note: Bilateral mastectomy or breast reduction may be done as a stand-alone procedure, without having genital reconstruction procedures. In this situation, the patient does not need to complete hormone therapy prior to procedure.)
- Hysterectomy
- Metoidioplasty
- Penile prosthesis
- Phalloplasty
- Salpingo-oophorectomy
- Scrotoplasty
- Testicular prostheses
- Urethroplasty
- Vaginectomy
- Vulvectomy

Note: Coverage is limited to one sex transformation reassignment per lifetime which may include several staged procedures.

3. Gender transition services that are not covered

The following services are not covered:

- Treatment received outside of the United States
- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics
- Sperm preservation in advance of hormone treatment or gender surgery
- Cryopreservation of fertilized embryos
- Oocyte preservation
- Surrogate parenting
- Donor eggs, donor sperm and host uterus
- Cosmetic procedures (See Noncovered Procedure Codes under Attachment A)
- Suction-assisted lipoplasty of the waist
- Surgical treatment-under eighteen (18) years of age
- Surgical treatment not prior authorized by the insurer
- Drugs for sexual performance for patients that have undergone genital reconstruction
- Drugs for cosmetic purposes
- Drugs for hair loss or growth

- Hormone therapy except as described in the Covered Services section above
- Transportation, meals, lodging or similar expenses

4. The following procedures are considered cosmetic and not medically necessary when performed as part of gender reassignment services:

- Abdominoplasty
- Blepharoplasty
- Body contouring (e.g., fat transfer, lipoplasty, panniculectomy)
- Breast enlargement, including breast implants and augmentation mammoplasty
- Calf implants
- Cheek/malar augmentation, chin and nose implants
- Collagen injections
- Brow lift/browplasty
- Injection of fillers or neurotoxins
- Face, forehead lift and or neck tightening
- Facial bone remodeling/augmentation for facial feminization
- Hair removal (e.g., electrolysis or laser)
- Hair transplant
- Lip augmentation/Lip reduction
- Liposuction (e.g., suction-assisted lipectomy)
- Mastopexy
- Pectoral implants
- Rhinoplasty
- Skin resurfacing
- Thyroid cartilage reduction, reduction thyroid chondroplasty, trachea shave
- Voice modification surgery
- Voice lessons and voice therapy

5. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

6. Place of Service

Services related to gender transition may be performed as inpatient and/or outpatient.

CODING REQUIREMENTS

Procedure Codes

CPT Codes	Description
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous

53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; 1 st stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; 2 nd 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	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
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	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
57106	Vaginectomy, partial removal of vaginal wall
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 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
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 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;

Non-covered Procedure Codes

The following procedures are considered cosmetic, not reconstructive, and not medically necessary when performed as part of gender reassignment:

CPT Codes	Description
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent testicular insertion
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

15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15777	Implantation of biologic implant (e.g. acellular dermal matrix) for soft tissue reinforcement (i.e. breast, trunk) (List separately in addition to code for primary procedure)
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
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 areas
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication)
15876	Suction assist lipectomy; head and neck
15877	Suction assist lipectomy; trunk
15878	Suction assist lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17380	Electrolysis epilation, each 30 minutes
19316	Mastopexy
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy (unrelated to mastectomy or post mastectomy reconstruction)

19350	Nipple/areola reconstruction (unrelated to mastectomy or post mastectomy reconstruction)
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
20926	Tissue grafts, other (e.g., paratenon, fat, dermis)
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., 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
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21173	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining graft)
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)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts, extracranial approach
21261	Periorbital osteotomies for orbital hypertelorism, with combined intra- and extracranial approach
21263	Periorbital osteotomies for orbital hypertelorism, with forehead advancement

21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
21899	Unlisted procedure, neck or thorax
27656	Repair fascial defect of leg (calf implants)
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, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
31573	Laryngoscopy with therapeutic injections(s); (chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral
31574	Laryngoscopy with injection(s) for augmentation (e.g., percutaneous, transoral), unilateral
31587	Laryngoplasty, cricoid split; <i>without graft</i>
31599	Unlisted procedure, larynx (Laryngoplasty)
31750	Tracheoplasty; cervical (Adam's apple surgery)
31899	Trachea shave/reduction thyroid chondroplasty
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material
67902	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)
69300	Otoplasty, protruding ear, with or without size reduction
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals

Exclude and Not Medically Necessary-Fertility Preservation

CPC/HCPCS Codes	Description
89258	Cryopreservation; embryo(s)
89259	Cryopreservation; sperm
89335	Cryopreservation; reproductive tissue, testicular
89337	Cryopreservation; mature oocyte(s)

89342	Storage (per year); embryo(s)
89343	Storage (per year); sperm/semen
89344	Storage (per year); reproductive tissue, testicular/ovarian
89346	Storage (per year); oocyte(s)
89354	Thawing of cryopreserved tissue, ovarian
S4027	Storage of previously frozen embryos
S4030	Sperm procurement and cryopreservation; initial visit
S4031	Sperm procurement and cryopreservation; subsequent visit
S4040	Monitoring and storage of cryopreserved embryos, per 30 days
0058T	Cryopreservation; reproductive tissue, ovarian
0357T	Cryopreservation; immature oocyte(s)

Diagnosis Codes

ICD-10 Codes	Description
F64.0	Transsexualism; Gender identity disorder in adolescence and adulthood; Gender dysphoria in adolescents and adults
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 sexual reassignment

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

POLICY SOURCE(S)

The World Professional Association for Transgender Health. Standards of Care for the Health of the Transsexual, Transgender, and Gender Nonconforming People. 7th version. Accessed on August 30, 2017.

United Healthcare® Community Plan. Gender Dysphoria Treatment. Policy Number CS145.A, January 1, 2017. Accessed on September 1, 2017.

American College of Obstetricians and Gynecologists (ACOG). Committee Opinion #512. Health care for transgender individuals. Obstet Gynecol. 2011 Dec; 118(6): 1454-1458. Accessed on September 1, 2017.

Policy History

Date	Activity
07/18/2016	Initial policy developed
12/06/2016	QI/UM Committee approval
02/01/2017	Provider effective date
06/14/2017	Archived
08/31/2017	New medical policy developed
12/12/2017	QI/UM Committee approval
02/15/2018	Provider effective date
08/31/2018	Urgent revisions: Operational Guidelines revised from preservice/prepayment to preservice/postpayment. Deleted hyperlinks from all references.
11/15/2018	Provider effective date
03/12/2019	Annual Review: Added statement under Procedure section on applicability of this policy; No criteria changes; In Section 3, the Noncovered Services section have been revised to include fertility/reproductive preservation codes; In Attachment A, the following procedure codes were deleted: 19301, 19316, 19318, 19350, 53410 as nonrelated to policy topic; the following procedure codes were added: 53420, 53425, 55866, 57106, 57291, 57292, 57295, 57296, 57426, 58275, 58290, 58291; In the noncovered Procedure Code table the following codes have been added 11970 & 19350; A new table was added 'Excluded and Not Medically Necessary –Fertility Preservation; The table lists the following codes: 89258, 89259, 89335, 89337, 89342, 89343, 89344, 89346, 893545, S4027, S4030, S4031, S4040, 0058T & 0357T.
03/12/2019	QI/UM Committee approval
06/03/2019	Provider effective date