

Policy Name: Gender Dysphoria

Policy Number: CMO 503

Effective Date of current policy: 9/1/2018

Description and Scope

This policy applies to hormone therapy and surgical treatments for gender dysphoria for members of Medicaid managed care and Health and Recovery Plans (HARP).

Position Statement

Affinity Health Plan follows the NYS Department of Health (DOH) coverage criteria for utilization management of hormone therapy and surgery for the treatment of gender dysphoria as written in 18 NYCRR 505.2(l) as well as any other relevant statutes, regulations, and coverage guidance written by NYS DOH.

Gonadotropin-releasing hormone agents (pubertal suppressants), as well as cross-sex hormones for those under 18, whether or not in preparation for gender reassignment surgery, are medically necessary when a qualified medical professional determines that an individual,

1. meets the criteria for a diagnosis of gender dysphoria, and
2. has experienced puberty to at least Tanner stage 2, and pubertal changes have resulted in an increase in gender dysphoria, and
3. does not suffer from a psychiatric comorbidity that interferes with the diagnostic work-up or treatment, and
4. has adequate psychological and social support during treatment, and
5. demonstrates knowledge and understanding of the expected outcomes of treatment with pubertal suppressants and cross-sex hormones, as well as the medical and social risks and benefits of sex reassignment.

Cross-sex hormones for patients who are eighteen years of age and older are medically necessary when a qualified medical professional determines that the individual requires such hormones.

Gender reassignment surgery, as defined in the definitions section, is medically necessary for an individual who has letters from two qualified New York State licensed health professionals who have independently assessed the individual and are referring the individual for the surgery. One of these letters must be from a psychiatrist, psychologist, psychiatric nurse practitioner, or licensed clinical social worker with whom the individual has an established and ongoing relationship. The other letter may be from a psychiatrist, psychologist, physician, psychiatric nurse practitioner, or licensed clinical social worker acting within the scope of his or her practice, who has only had an evaluative role with the individual. Together, the letters must establish that the individual:

1. has a persistent and well-documented case of gender dysphoria;
2. has received hormone therapy appropriate to the individual's gender goals, which shall be for a minimum of 12 months in the case of an individual seeking genital surgery, unless such therapy is medically contraindicated or the individual is otherwise unable to take hormones;
3. has lived for 12 months in a gender role congruent with the individual's gender identity, and has received mental health counseling, as deemed medically necessary, during that time;
4. has no other significant medical or mental health conditions that would be a contraindication to gender reassignment surgery, or if so, that those are reasonably well-controlled prior to the gender reassignment surgery; and
5. has the capacity to make a fully informed decision and to consent to the treatment.

Other surgery and procedures, including but not limited to abdominoplasty, liposuction, facelift, nose reshaping, collagen injections, and chin, nose, cheek, and calf implants, are considered cosmetic. They may be considered for medical necessity on a case by case basis should they be required to treat a particular patient's gender dysphoria as opposed to a particular patient's dissatisfaction with his or her appearance.

All legal and program requirements related to providing and claiming reimbursement for sterilization procedures must be followed when transgender care involves sterilization.

At least one attempt to conduct a peer to peer consultation with the ordering provider will be made prior to issuing an adverse determination.

Background

NOT APPLICABLE

Definitions

Gender reassignment surgery consists of any of the following:

1. mastectomy, hysterectomy, salpingectomy, oophorectomy, vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, penectomy, orchiectomy, vaginoplasty, labiaplasty, clitoroplasty, and/or placement of a testicular prosthesis and penile prosthesis;
2. breast augmentation, provided that: the patient has completed a minimum of 24 months of hormone therapy, during which time breast growth has been negligible; or hormone therapy is medically contraindicated; or the patient is otherwise unable to take hormones;
3. electrolysis when required for vaginoplasty or phalloplasty; and
4. such other surgeries, services, and procedures as may be specified by the NYSDOH. Tanner

Stage is a scale of physical sexual maturity rating in adolescents.

Coding

Inclusion of a code in the following list does not imply that the procedure is medically necessary or that the code represents a covered benefit. Codes used to identify services associated with this policy may include (but may not be limited to) the following:

19301, 19303, 19304	Mastectomy
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
54400 - 54417	Penile prosthesis
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopic, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	complicated
55970	Intersex surgery; male to female [a series of staged procedures that includes male genitalia removal, penile dissection, urethral transposition, creation of vagina and labia with stent
55980	female to male [a series of staged procedures that include penis and scrotum formation by graft, and prostheses placement]
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106, 57107, 57110, 57111	Vaginectomy
57291, 57292	Construction of artificial vagina
57335	Vaginoplasty for intersex state
58150, 58180, 58260 - 58262, 58275 - 58291, 58541 - 58544, 58550 - 58554	Hysterectomy
58570 - 58573	Laparoscopy, surgical, with total hysterectomy
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral
11950 - 11954	Subcutaneous injection of filling material (e.g., collagen)
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less [nipple reconstruction]
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780 - 15787	Dermabrasion
15788 - 15793	Chemical peel
15820 - 15823	Blepharoplasty
15824 - 15828	Rhytidectomy
15830 - 15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy

15876 - 15879	Suction assisted lipectomy
17380	Electrolysis epilation, each 30 minutes
19316	Mastopexy
19318	Reduction mammoplasty
19324 - 19325	Mammoplasty, augmentation
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
21087	Nasal prosthesis
21120 - 21123	Genioplasty
21125 - 21127	Augmentation, mandibular body or angle; prosthetic material or with bone graft, onlay or interpositional (includes obtaining autograft)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	with internal rigid fixation
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21270	Malar augmentation, prosthetic material
30400 - 30420	Rhinoplasty; primary
30430 - 30450	Rhinoplasty; secondary
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
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
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J9202	Goserelin acetate implant, per 3.6 mg
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Leuprolide acetate, per 1 mg
J9219	Leuprolide acetate implant, 65 mg
S0189	Testosterone pellet, 75 mg
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
S9128	Speech therapy, in the home, per diem

References

Health Law, Sections 201 and 206 and Social Services Law, Sections 363-a and 365-a(2) New York Codes, Rules and Regulations Title 18 Section 505.2(l)

Medical Policy Committee History and Revisions

Date	Action
July 24, 2018	Initial approval by Medical Policy and Benefits Committee
June 25, 2019	Approved without change

Disclaimer

Affinity Health Plan has developed medical policies that serve as one of the sets of guidelines for coverage decisions. Benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and/or federal law. Medical policy does not constitute plan authorization, nor is it an explanation of benefits. The policies are not medical advice. Affinity Health Plan reserves the right to change medical policies.