Gender Affirmation Services

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DESCRIPTION

Gender dysphoria, previously known as gender identity disorder, is the distress that may accompany the incongruence between one’s experienced/expressed gender and one’s assigned gender (gender at birth or natal gender).

With the updated publication of Diagnostic and Statistical Manual of Mental Disorders (DSM–5) in 2013, the American Psychiatric Association included significant changes to the nomenclature of conditions related to “gender identity disorder (GID)” which was eliminated and replaced with “gender dysphoria.” This change further focused the diagnosis on the gender identity-related distress that some transgender people experience (and for which they may seek psychiatric, medical, and surgical treatments) rather than on transgender individuals or identities themselves.

The diagnosis of gender dysphoria can be established at childhood, adolescence, or adulthood.

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The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnostic criteria for gender dysphoria in children is marked incongruence between one's experienced and/or expressed gender and the assigned gender, of at least six months duration, as manifested by 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) **AND** at least five of the following:

- In males (assigned gender), a strong preference to cross-dressing or simulating female attire; or in females (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing
- A strong preference for cross-gender roles in make-believe play or fantasy play
- A strong preference for the toy, games, or activities stereotypically used or engaged in by the other gender
- A strong preference for playmates of the other gender
- In males (assigned gender), a strong rejection of typical masculine toys, games, and activities, and a strong avoidance of rough-and-tumble play; or in females (assigned gender), a strong rejection of typically feminine toys, games, and activities
- A strong dislike of one's sexual anatomy
- A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender
- Clinically significant distress or impairment in social, school, or other important areas of functioning

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnostic criteria for gender dysphoria in adolescents and adults is marked incongruence between one's experienced and or expressed gender and assigned gender, of at least six months duration as manifested by 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) **AND** at least two or more of the following indicators:

- 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)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- 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)
- Clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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After the diagnosis of gender dysphoria is made, the therapeutic approach to gender dysphoria usually includes three elements or phases (sometimes labeled triadic therapy): hormones of the desired gender, a real-life experience in the desired role, and surgery to change the genitalia and other sex characteristics. The most typical order, if all three elements are undertaken, is hormones followed by real-life experience and, finally surgery to change the genitalia and other sex characteristics. However, the diagnosis of gender dysphoria invites the consideration of a variety of therapeutic options, only one of which is the complete therapeutic triad. Clinicians have become increasingly aware that not all persons with gender dysphoria need or want all three elements of triadic therapy. Hormone therapy is administered under medical supervision and is important in the gender transition process by altering body hair, breast size, skin appearance and texture, body fat distribution, and the size and function of sex organs. Additionally, real-life experience is important to validate the individual's desire and ability to incorporate into their desired gender role within their social network and daily environment. This generally involves gender-specific appearance (garments, hairstyle, etc.), involvement in various activities in the desired gender role including work and academic settings, legal acquisition of a gender appropriate first name, and acknowledgement by others of their new gender role.

World Professional Association for Transgender Health's (WPATH)

The World Professional Association for Transgender Health's (WPATH) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version (2012) provides recommendations for care of individuals with gender dysphoria to maximize their overall health, psychological well-being, and self-fulfillment. This assistance may include primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments.

The World Professional Association for Transgender Health's (WPATH) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, includes the following information and recommendations:

Children and Adolescents

Competency of Mental Health Professionals Working with Children or Adolescents with Gender Dysphoria

The following are recommended minimum credentials from mental health professionals who assess, refer, and offer therapy to children and adolescents presenting with gender dysphoria:

1. Meet the competency requirements for mental health professionals working with adults as outlined below.
2. Trained in childhood and adolescent developmental psychopathology.
3. Competent in diagnosing and treating the ordinary problems of children and adolescents.

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Roles of Mental Health Professionals Working with Children and Adolescents with Gender Dysphoria
The roles of mental health professionals working with gender dysphoric children and adolescents may include the following:

1. Directly assess gender dysphoria in children and adolescents (see below).
2. Provide family counseling and supporting psychotherapy to assist children and adolescents with exploring their gender identity, alleviating distress related to their gender dysphoria and ameliorating any other psychosocial difficulties.
3. Assess and treat any co-existing mental health concerns of children and adolescents (or refer to another mental health professional for treatment). Such concerns should be addressed as part of the overall treatment plan.
4. Refer adolescents for additional physical interventions (such as puberty suppressing hormones) to alleviate gender dysphoria. The referral should include documentation of an assessment of gender dysphoria and mental health, the adolescent's eligibility for physical interventions (outlined below), the mental health professionals' relevant expertise, and any other information pertinent to the youth's health and referral for specific treatments.
5. Educate and advocate on behalf of gender dysphoric children, adolescents, and their families in their community (e.g., day care centers, schools, camps and other organizations). This is particularly important in light of evidence that children and adolescents who do not conform to socially prescribed gender norms may experience harassment in school, putting them in risk for social isolation, depression, and other negative sequelae.
6. Provide children, youth, and their families with information and referral for support, such as support groups of gender nonconforming and transgender children.

Assessment and psychosocial interventions of children and adolescents are often provided within a multi-disciplinary gender identify specialty service. If such multidisciplinary service is not available, a mental health professional should provide consultation and liaison arrangements with a pediatric endocrinologist for the purpose of assessment, education, and involvement in any decisions about physical interventions.

Psychological Assessment of Children and Adolescents
When assessing children and adolescents who present with gender dysphoria, mental health professions should broadly conform to the following guidelines:

1. Mental health professionals should not dismiss or express a negative attitude towards nonconforming gender identities or indications of gender dysphoria. Rather, they should acknowledge the presenting concerns of children, adolescents, and their families; offer a thorough assessment for gender dysphoria and any co-existing mental health concerns; and educate clients and their families about therapeutic options, if needed. Acceptance and removal of secrecy can bring considerable relief to gender dysphoric children/adolescents and their families.

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2. Assessment of gender dysphoria and mental health should explore the nature and characteristics of a child's or adolescent's gender identity. A psychodiagnostics and psychiatric assessment covering the areas of emotional functioning, peer and other social relationships, and intellectual functioning/school achievement should be performed. Assessment should include an evaluation of the strengths and weaknesses of family functioning. Emotional and behavioral problems are relatively common, and unresolved issues in a child's or youth's environment may be present.
3. For adolescents, the assessment phase should also be used to inform youth and their families about the possibilities and limitations of different treatments. This is necessary for informed consent, but also important for assessment. The way that adolescents respond to information about the reality of sex reassignment can be diagnostically informative. Correct information may alter a youth's desire for certain treatment if the desire was based on unrealistic expectations of its possibilities.

Physical Interventions for Adolescents

Before any physical interventions are considered for adolescents, extensive exploration of psychological, family, and social issues should be undertaken, as outlined above. The duration of this exploration may vary considerably depending on the complexity of the situation.

Physical interventions should be addressed in the context of adolescent development. Some identity beliefs in adolescents may become firmly held and strongly expressed, giving a false impression of irreversibility. An adolescent's shift towards gender conformity can occur primarily to please the parents and may not persist or reflect a permanent change in gender dysphoria.

Physical Interventions for adolescents fall into three categories:

1. **Fully reversible interventions**: These involve the use of GnRH analogues to suppress estrogen or testosterone production and consequently delay the physical changes of puberty. Alternative treatment options include progestins (most commonly medroxyprogesterone) or other medications (such as spironolactone) that decrease the effects of androgens secreted by the testicles of adolescents who are not receiving GnRH analogues. Continuous oral contraceptives (or depot medroxyprogesterone) may be used to suppress menses.
2. **Partially reversible interventions**: These include hormone therapy to masculinize or feminize the body. Some hormone-induced changes may need reconstructive surgery to reverse the effect (e.g., gynecomastia caused by estrogens), while other changes are not reversible (e.g., deepening of the voice caused by testosterone).
3. **Irreversible interventions**: These are surgical procedures.

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Fully Reversible Interventions
Adolescents may be eligible for puberty suppressing hormones as soon as pubertal changes have begun. In order for adolescents and their parents to make an informed decision about pubertal delay, it is recommended that adolescents experience the onset of puberty to at least Tanner Stage 2.

Two goals justify intervention with puberty suppressing hormones: (i) their use gives adolescents more time to explore their gender nonconformity and other developmental issues; and (ii) their use may facilitate transition by preventing the development of sex characteristics that are difficult or impossible to reverse if adolescents continue on to pursue sex reassignment.

Puberty suppression may continue for a few years, at which time a decision is made to either discontinue all hormone therapy or transition to a feminizing/masculinizing hormone regimen. Pubertal suppression does not inevitably lead to social transition or to sex reassignment.

Partially Reversible Interventions
Adolescents may be eligible to begin feminizing/masculinizing hormone therapy, preferably with parental consent. In many countries, 16-year-olds are legal adults for medical decision-making and do not require parental consent. Ideally, treatment decisions should be made among the adolescent, the family, and the treatment team.
Regimens for hormone therapy in gender dysphoric adolescents differ substantially from those used in adults. The hormone regimens for youth are adapted to account for the somatic, emotional, and mental development that occurs throughout adolescence.

Irreversible Interventions
Genital surgery should not be carried out until (i) patients reach the legal age of majority in a given country, and (ii) patients have lived continuously for at least 12 months in the gender role that is congruent with their gender identity. The age threshold should be seen as a minimum criterion and not an indication in and of itself for active intervention.

Chest surgery in FtM patients could be carried out earlier, preferably after ample time of living in the desired gender role and after one year of testosterone treatment. The intent of this suggested sequence is to give adolescents sufficient opportunity to experience and socially adjust in a more masculine gender role, before undergoing irreversible surgery. However, different approaches may be more suitable, depending on an adolescent's specific clinical situation and goals for gender identity expression.

Risks of Withholding Medical Treatment for Adolescents
Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization. As the level of gender-related abuse is strongly associated with the degree of psychiatric distress during adolescence, withholding puberty suppression and subsequent feminizing or masculinizing hormone therapy is not a neutral option for adolescents

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Adults

Competency of Mental Health Professionals Working with Adults who Present with Gender Dysphoria

The training of mental health professional competent to work with gender dysphoric adult's rests upon basic general clinical competence in the assessment, diagnosis, and treatment of mental health concerns. Clinical training may occur within any discipline that prepares mental health professionals for clinical practice such as psychology, psychiatry, social work, mental health counseling, marriage and family therapy, nursing, or family medicine with specific training in behavioral health and counseling. The following are recommended minimum credentials for mental health professionals who work with adults presenting with gender dysphoria:

1. A master's degree or its equivalent in a clinical behavioral science field. This degree or more advanced one should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent for that country.
2. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Diseases for diagnostic purposes.
3. Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria.
4. Documented supervised training and competence in psychotherapy or counseling.
5. Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.
6. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

In addition to the minimum credentials above, it is recommended that mental health professionals develop and maintain culture competence to facilitate their work with transsexual, transgender, and gender nonconforming clients. This may involve, for example, becoming knowledgeable about current community, advocacy, and public policy issues relevant to these clients and their families. Additionally, knowledge about sexuality, sexual health concerns, and the assessment and treatment of sexual disorders is preferred.

Tasks Related to Assessment and Referral

1. Assess Gender Dysphoria
2. Provide information regarding options for gender identity and expression and possible medical interventions.
3. Assess, diagnose, and discuss treatment options for co-existing mental health concerns.

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4. If applicable, assess eligibility, prepare, and refer for hormone therapy.
5. If applicable, assess eligibility, prepare, and refer for surgery.

Sex Reassignment Surgery

Surgery particularly genital surgery is often the last and the most considered step in the treatment process for gender dysphoria. While many transsexual, transgender, and gender nonconforming individuals find comfort with their gender identity, role, and expression without surgery, for many others surgery is essential and medically necessary to alleviate their gender dysphoria. For the latter group, relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence with their gender identity. Follow-up studies have shown an undeniable beneficial effect of sex reassignment surgery on postoperative outcomes such as subjective well-being, cosmesis, and sexual function.

Overview of Surgical Procedures for the Treatment of Patients with Gender Dysphoria

For the male-to-female (MtF) patient, surgical procedures may include the following:

1. Breast/chest surgery: augmentation mammoplasty (implants/lipofilling).
2. Genital surgery: penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty.
3. Non-genital, non-breast surgical interventions: facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation (implants/lipofilling), hair reconstruction, and various aesthetic procedures.

For the female-to-male (FtM) patient, surgical procedures may include the following:

1. Breast/chest surgery: subcutaneous mastectomy, creation of male chest.
2. Geneital surgery: hysterectomy/ovariectomy, reconstruction of the fixed part of the urethra, which can be combined with a metoidioplasty or with a phalloplasty (employing a pedicled or free vascularized flap), vaginectomy, scrotoplasty, and implantation of erection and/or testicular prostheses.
3. Non-genital, non-breast surgical interventions: voice surgery (rare), liposuction, lipofilling, pectoral implants and various aesthetic procedures.

Surgery for Patients with Psychotic Conditions and Other Serious Mental Illnesses

When patients with gender dysphoria are also diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated. Reevaluation by a mental health professional qualified to assess and manage psychotic conditions should be conducted prior to surgery, describing the patient's mental status and readiness for surgery. It is preferable that this mental health

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professional be familiar with the patient. No surgery should be performed while a patient is actively psychotic.

Competency of Surgeons Performing Breast/Chest or Genital Surgery
Physicians who perform surgical treatments for gender dysphoria should be urologists, gynecologists, plastic surgeons, or general surgeons, and board-certified as such by the relevant national and/or regional association. Surgeons should have specialized competence in genital reconstructive techniques as indicated by documented supervised training with a more experienced surgeon.

Complications

Breast/Chest Surgery Complications

- For the MtF patient complications may include infections and capsular fibrosis.
- For the FtM patient complications of subcutaneous mastectomy can include nipple necrosis, contour irregularities and unsightly scarring.

Genital Surgery Complications

- For the MtF patient complications following genital surgery may include complete or partial necrosis of the vagina or labia, fistulas from the bladder or bowel into the vagina, stenosis or the urethra, and vaginas that are either too short or too small for coitus.
- For the FtM patient complications following genital surgery may include
    - Phalloplasty may include frequent urinary tract stenoses and fistulas, and occasionally necrosis of the neophallus.
    - Matoidioplasty results in a micropenis, without the capacity for standing urination.
    - Phalloplasty using a pedicled or free vascularized flap, is a lengthy multi-stage procedure with significant morbidity that includes frequent urinary complications and unavoidable donor site scarring.

For this reason, many FtM patients never undergo genital surgery other than hysterectomy and salpingo-oophorectomy.

Other Surgeries
Other surgeries for assisting in body feminization include reduction thyroid chondroplasty (reduction of the Adam's apple), voice modification surgery, suction-assisted lipoplasty (contour modeling) of the waist, rhinoplasty (nose correction), facial bone reduction, face-lift, and blepharoplasty (rejuvenation of the eyelid). Other surgeries for assisting in body masculinization include liposuction, lipofilling, and pectoral implants.

The above procedures when requested alone or in combination with other procedures are considered cosmetic non-covered benefit, when applicable reconstructive criteria have not been met (functional impairment cannot be identified), or when used to improve the

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gender specific appearance of an individual who has undergone or is planning to undergo gender affirming surgery

Gender Specific Services

Professional organizations such as the American Cancer Society (ACS), the American College of Obstetricians and Gynecologists (ACOG), and the US Preventive Services Task Force (USPSTF) provide recommended screening guidelines to facilitate clinical decision-making by professional providers. Some screening protocols are sex/gender-specific based on assumptions about the anatomy for a particular gender. There is difficulty in recommending sex/gender-specific screenings (e.g., breast, prostate) for transgender individuals because of their physiologic changes. For example, transmen who have not undergone a mastectomy may have the same risks for breast cancer as a natal female. In transwomen, if the prostate is not removed as part of genital surgery, individuals may be at the same risk for developing prostate cancer as a natal male. Therefore, gender-specific services (e.g., mammograms, prostate screenings) may be indicated based on the individual's natal gender.

Practice Guidelines and Position Statements

World Professional Association for Transgender Health's (WPATH)

The World Professional Association for Transgender Health's (WPATH) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version (2012) provides recommendations for care of individuals with gender dysphoria to maximize their overall health, psychological well-being, and self-fulfillment. Refer to the following for full recommendations (Accessed May 2022):
https://www.wpath.org/media/cms/Documents/Web Transfer/SOC/Standards of Care V7 - 2011 WPATH.pdf

Criteria for Feminizing/Masculinizing Hormone Therapy and Surgeries

The criteria put forth in the standard of care (*SOC)* for hormone therapy and surgical treatments for gender dysphoria are clinical guidelines; individual health professionals and programs may modify them. Clinical departures from the SOC may come about because of a patient's unique anatomic, social, or psychological situation; an experienced health professional's evolving method of handling a common situation; a research protocol; lack of resources in various parts of the world; or the need for specific harm reduction strategies. These departures should be recognized as such, explained to the patient and documented through informed consent for quality patient care and legal protection.

Criteria for Feminizing/Masculinizing Hormone Therapy (one referral or chart documentation of psychosocial assessment)

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country (if younger, follow the *SOC* for children and adolescents);
4. If significant medical or mental concerns are present, they must be reasonably well-controlled.

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Criteria for Breast/Chest Surgery (one referral)

Mastectomy and creation of a male chest in FtM patients:
1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country (if younger, follow the *SOC* for children and adolescents);
4. If significant medical or mental health concerns are present, they must be reasonably well controlled.

***Note**: Hormone therapy is not a pre-requisite.*
Breast augmentation (implants/lipofilling) in MtF patients:
1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country (if younger, follow the *SOC* for children and adolescents);
4. If significant medical or mental health concerns are present, they must be reasonably well
controlled.

***Note:** Although not an explicit criterion, it is recommended that MtF patients undergo feminizing hormone therapy (minimum 12 months) prior to breast augmentation surgery. The purpose is to maximize breast growth in order to obtain better surgical (aesthetic) results.*

Criteria for genital surgery (two referrals)

Hysterectomy and ovariectomy in FtM patients and orchiectomy in MtF patients:
1. Persistent, well documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be well controlled;
5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless the patient has a medical contraindication or is otherwise unable or unwilling to take hormones).

The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, before a patient undergoes irreversible surgical intervention.

These criteria do not apply to patients who are having these surgical procedures for medical indications other than gender dysphoria.

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Metoidioplasty or phalloplasty in FtM patients and vaginoplasty in MtF patients:
1. Persistent, well documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be well controlled;
5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless the patient has a medical contraindication or is otherwise unable or unwilling to take hormones);
6. 12 continuous months of living in a gender role that is congruent with their gender identity.

***Note**: Although not an explicit criterion, it is recommended that these patients also have regular visits with a mental health or other medical professional.*

The criterion noted above for some types of genital surgeries i.e., that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery.

Adolescents

Criteria for puberty suppressing hormones
In order for adolescents to receive puberty suppressing hormones, the following minimum criteria must be met:

1. The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity
2. or gender dysphoria (whether suppressed or expressed);
3. Gender dysphoria emerged or worsened with the onset of puberty;
4. Any co-existing psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent's
5. situation and functioning are stable enough to start treatment;
6. The adolescent has given informed consent and, particularly when the adolescent has not reached the age of medical consent, the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.

Irreversible Interventions
Genital surgery should not be carried out until (i) patients reach the legal age of majority in a given country, and (ii) patients have lived continuously for at least 12 months in the

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gender role that is congruent with their gender identity. The age threshold should be seen as a minimum criterion andnot an indication in and of itself for active intervention.

Chest surgery in FtM patients could be carried out earlier, preferably after ample time of living in the desired gender role and after one year of testosterone treatment. The intent of this suggested sequence is to give adolescents sufficient opportunity to experience and socially adjust in a more masculine gender role, before undergoing irreversible surgery. However, different approaches may be more suitable, depending on an adolescent's specific clinical situation and goals for gender identity expression.

Note: *Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization. As the level of gender-related abuse is strongly associated with the degree of psychiatric distress during adolescence, withholding puberty suppression and subsequent feminizing or masculinizing hormone therapy is not a neutral option for adolescents.*

Regulatory Status

Not applicable

PRIOR APPROVAL

Note*: When benefits for gender affirmation surgery are available, coverage may vary and under some plans may be excluded, refer to the member's applicable benefit document to determine available coverage.*

Prior approval may be required for gender affirmation surgeries refer to Wellmark Authorization Table to determine what gender affirmation surgeries have a prior approval requirement.

Prior approval for Testosterone Agents for gender dysphoria refer to Pharmacy Policy 05.01.45 Testosterone Agents – Topical/Buccal/Nasal/Oral/Injection.

Note*: Refer to member's applicable pharmacy benefit to determine availability and terms and conditions of coverage for medication for the treatment of gender dysphoria.*

POLICY

- **Refer to Pharmacy Policy**
  - 05.01.45 Testosterone Agents – Topical/Buccal/Nasal/Oral/Injection
- **See Related Medical Policies**
  - 08.03.05 Treatment of Speech and Language Disorders* *(**Note**: See this medical policy for voice therapy related to Gender Dysphoria as it is not addressed in this document)*
  - 10.01.02 Cosmetic and Reconstructive Services

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Note: *When benefits for gender affirmation surgery are available, coverage may vary and under some plans may be excluded, refer to the member's applicable benefit document to determine available coverage.*

Not Medically Necessary Gender Affirming Surgical Procedures
The following gender affirming surgical procedures may be considered **not medically necessary** when one or more of the medically necessary or reconstructive criteria requiring Prior Approval have not been met, refer to Wellmark Authorization Table to determine what gender affirmation surgeries have a prior approval requirement:

- Bilateral Mastectomy
- Clitoroplasty
- Hysterectomy
- Labiaplasty
- Metoidioplasty
- Orchiectomy
- Ovariectomy
- Penectomy
- Phalloplasty
- Salpingo-Oophorectomy
- Scrotoplasty
- Urethroplasty
- Vaginectomy
- Vaginoplasty

Gender Affirming Surgeries Considered Cosmetic and Non-Covered Benefit
The following procedures when requested alone or in combination with other procedures are considered **cosmetic non-covered benefi**t, when applicable reconstructive criteria have not been met (functional impairment cannot be identified), or when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo gender affirming surgery, including, but not limited to the following:

- Abdominoplasty
- Blepharoplasty
- Breast augmentation (except when medical necessity criteria is met)
- Breast reduction
- Brow lift
- Calf implants
- Cheek augmentation or implants
- Chin augmentation (genioplasty, mentoplasty)
- Face/Forehead lift/Forehead contouring or reshaping of any means such as frontal sinus setback, osteotomies, burring, augmentation, reduction, or fillers such as methylmethacrylate
- Facial bone reconstruction

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- Facial implants
- Gluteal augmentation (e.g., silicone implants, fat transfer, fat grafting)
- Hair removal (electrolysis or laser) (except when medical necessity criteria is met)
- Hairplasty (hair transplant), hair line lowering or raising or hairline advancements
- Injectable dermal fillers (e.g., Sculptra, Radiesse)
- Jaw reduction (jaw contouring)
- Lip reduction/enhancement by any means
- Lipofilling/collagen injections
- Liposuction
- Mandibular advancement, reduction, reshaping, or contouring
- Mastopexy
- Medications for hair loss or growth hair
- Neck tightening or lifting (neck platysmaplasty)
- Nose implants
- Orbital rim osteotomies (reduction) or advancements
- Orthognathic procedures
- Otoplasty
- Pectoral implants
- Removal of redundant skin
- Rhinoplasty
- Rhytidectomy
- Tattooing
- Trachea shave/reduction thyroid cartilage (chondroplasty)
- Voice modification surgery

Surgical Revisions Following a Prior Approved Gender Affirmation Surgery
Reconstruction surgery following a prior approved gender affirmation surgery may be considered **medically necessary** when it is performed for **ANY** of the following reasons:

- Correct complications resulting from the initial surgery *(see Policy Guidelines below)*; **or**
- Correct a medical condition that resulted from the initial surgery that requires intervention; **or**
- Correct functional impairment resulting from the initial surgery.

Reconstruction surgery following a prior approved gender affirmation surgery not meeting the above criteria will be considered **not medically necessary.**

Surgery following gender affirmation surgery to reverse natural signs of aging or if the individual is not satisfied with the aesthetic result is considered **cosmetic and a non-covered benefit.**

Reversal of gender affirming surgery may be considered **medically necessary** if the individual meets the same criteria for gender dysphoria that was required for the original

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surgeries approved. For example, a transgender man (assigned female at birth) who wished to become a woman would need to meet **ALL** the criteria required for someone who was an assigned male at birth who wished to transition to transgender woman.

Reversal of gender affirming surgery will be considered **not medically necessary** when the above criteria is not met.

Gender Affirming Surgical Procedures for Adolescents (<18 Years of Age)
The below criteria are based on the Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, from the World Professional Association for Transgender Health (WPATH), 7th edition.

- *Chest surgery in FtM patients could be carried out earlier, preferably after ample time of living in the desired gender role and after one year of testosterone treatment. The intent of this suggested sequence is to give adolescents sufficient opportunity to experience and socially adjust in a more masculine gender role, before undergoing irreversible surgery. However, different approaches may be more suitable, depending on an adolescent's specific clinical situation and goals for gender identity expression.*

Gender Affirming Chest Surgery in Adolescent Individuals (<18 Years of Age)
A provider with experience treating adolescents with gender dysphoria may request further consideration of gender affirming chest procedure in FtM (female to male) individuals < 18 years of age. There may exist extenuating circumstances, such as the level of maturity of the individual, duration of dysphoric symptoms, medical and mental health, and other factors, that should be considered in consultation with this provider experienced in treating adolescents with gender dysphoria.

Gender affirming chest procedure (top surgery) in select FtM (female to male) individuals < 18 years of age will be considered on a case-by-case basis and may be appropriate and considered **medically necessary** when **ALL** the following criteria are met:

- The individual has been diagnosed with gender dysphoria; **and**
- The new gender identity should be present for at least 12 months and supported by documentation; **and**
- The individual has a consistent, stable gender identity that is well documented by their treating providers, and when possible, lives as their affirmed gender in places where it is safe to do so; **and**
- The individual has the desire to live and be accepted as a member of another gender other than one's assigned sex, typically accompanied by the desire to make the physical body congruent as possible with the identified gender through surgery and hormone treatment (one year of testosterone treatment) (***Note**: The intent of the suggested sequence is to give adolescents sufficient opportunity to experience and socially adjust in a more masculine gender role, before undergoing irreversible surgery. However, different approaches may be more*

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suitable, depending on the adolescent's specific clinical situation and goals for gender identify expression); **and**

- The gender dysphoria is not a symptom of another mental disorder; **and**
- Two referrals (two separate letters, or one letter signed by both) from qualified mental health professionals* who have independently assessed the individual.

*At least one of the professionals submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field (for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating co-morbid psychiatric conditions.

Gender affirming chest procedure (top surgery) not meeting the above criteria will be considered **not medically necessary**.

Gender Affirming Genital Surgery in Adolescent Individuals (<18 Years of Age)
The World Professional Association for Transgender Health (WPATH), 7th edition states the following: Genital surgery should not be carried out until (i) patients reach the age of majority in a given country, and (ii) patients have lived continuously for at least 12 months in the gender role that is congruent with their gender identity. The age threshold should be seen as a minimum criterion and not an indication in and of itself for active intervention.

- Requests for gender affirming genital surgery in an individual <18 years of age will be reviewed on a case-by-case basis.

Medically Necessary Gender – Specific Services Including but not Limited to Preventative Services
Age related, gender-specific services including but not limited to preventative health as appropriate to the individual's biologic anatomy (e.g., cancer screening [e.g., cervical, breast prostate]' treatment of prostate medical condition) may be considered **medically necessary** for transgender individuals.

***Note**: The Affordable Care Act (ACA) which mandates that all non-grandfathered group and non-grandfathered individual plans must provide coverage for preventative services with no member cost share when delivered by in-network health care providers. In accordance with ACA requirement, Wellmark covers preventative services when they are delivered by in-network providers. Preventative services are defined under Section 2713 of the ACA as immunizations, screenings, and other services that are listed as recommended by the United States Preventative Services Task Force (USPSTF), the Health Resources Services Administration (HRSA) or the federal Centers for Disease Control (CDC).*

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Policy Guidelines

Letters of Recommendation
The mental health professional provider's recommendation letter for surgery should include all the following:

- The individual's general identifying characteristics
- The initial and evolving gender, sexual, and other psychiatric diagnoses
- The duration of their professional relationship, including the type of psychotherapy or evaluation that the individual underwent
- The eligibility criteria that have been met and the mental health professional provider's rationale for hormone therapy or surgery
- The degree to which the individual has followed the eligibility criteria to date and the likelihood of future compliance
- Whether the author of the letter is part of a gender team
- The sender welcomes a phone call to verify the fact that the mental health professional provider actually wrote the letter as described in this document

If two referrals (two separate letters, or one letter signed by both) from qualified mental health professionals* who have independently assessed the individual.

*At least one of the professionals submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field (for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating co-morbid psychiatric conditions.

Complications Following Gender Affirmation Surgery May Include the Following:

Breast/Chest Surgery Complications

- For the MtF patient complications may include infections and capsular fibrosis.
- For the FtM patient complications of subcutaneous mastectomy can include nipple necrosis, contour irregularities and unsightly scarring.

Genital Surgery Complications

- For the MtF patient complications following genital surgery may include complete or partial necrosis of the vagina or labia, fistulas from the bladder or bowel into the vagina, stenosis or the urethra, and vaginas that are either too short or too small for coitus.
- For the FtM patient complications following genital surgery may include
  - Phalloplasty may include frequent urinary tract stenoses and fistulas, and occasionally necrosis of the neophallus.
  - Matoidioplasty results in a micropenis, without the capacity for standing urination.

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- Phalloplasty using a pedicled or free vascularized flap, is a lengthy multi-stage procedure with significant morbidity that includes frequent urinary complications and unavoidable donor site scarring.

Definitions

Crossdressing (Transvestism): Wearing clothing and adopting a gender role presentation that, in a given culture, is more typical of the other sex.

Disorders of sex development (DSD): Congenital conditions in which the development of chromosomal, gonadal, or anatomic sex is atypical. Some people strongly object to the "disorder"label and instead view these conditions as a matter of diversity, preferring the terms intersex and intersexuality.

Female-to-Male (FtM): Adjective to describe individuals assigned female at birth who are changing or who have changed their body and/or gender role from birth-assigned female to a more masculine body or role.

Gender dysphoria: Distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).

Gender identity: A person's intrinsic sense of being male (a boy or a man), female (a girl or woman), or an alternative gender (e.g., boygirl, girlboy, transgender, genderqueer, eunuch).

Gender nonconforming: Adjective to describe individuals whose gender identity, role, or expression differs from what is normative for their assigned sex in a given culture and historical period.

Gender role or expression: Characteristics in personality, appearance, and behavior that in a given culture and historical period are designated as masculine or feminine (that is, more typical of the male or female social role). While most individuals present socially in clearly male or female gender roles, some people present in an alternative gender role such as genderqueer or specifically transgender. All people tend to incorporate both masculine and feminine characteristics in their gender expression in varying ways and to varying degrees.

Genderqueer: Identity label that may be used by individuals whose gender identity and/or role does not conform to a binary understanding of gender as limited to the categories of man or woman, male or female.

Male-to-Female (MtF): Adjective to describe individuals assigned male at birth who are changing or who have changed their body and/or gender role from birth-assigned male to a more feminine body or role.

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Puberty: The definition of puberty is having reached Tanner stage 2/5 and/or having luteinizing hormone (LH), estradiol and testosterone levels within the pubertal range. These LH, estradiol and testosterone levels are well-known and published and are broken down by biological male versus biological female Tanner stage, and nocturnal and diurnal levels.

Sex: Sex is assigned at birth as male or female, usually based on the appearance of the external genitalia. When the external genitalia are ambiguous, other components of sex (internal genitalia, chromosomal and hormonal sex) are considered in order to assign sex. For most people, gender identity and expression are consistent with their sex assigned at birth; for transsexual, transgender, and gender nonconforming individuals, gender identity or expression differ from their sex assigned at birth.

Sex reassignment surgery (gender affirmation surgery): Surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity. Sex reassignment surgery can be an important part of medically necessary treatment to alleviate gender dysphoria.

Tanner Stages (Tanner Staging): Also known as Sexual Maturity Rating (SMR), in an objective classification system that providers use to document and track the development and sequence of secondary sex characteristics of children during puberty.

Below are the Tanner Stages described in detail for clinical reference. Tanner Stage 1 corresponds to the pre-pubertal form for all three sites of development with progression to Tanner Stage 5, the final adult form. Breast and genital staging, as well as other physical markers of puberty such as height velocity, should be relied on more than pubic hair staging to assess pubertal development because of the independent maturation of the adrenal axis.

Pubic Hair Scale (both males and females)

- Stage 1: No hair
- Stage 2: Downy hair
- Stage 3: Scant terminal hair
- Stage 4: Terminal hair that fills the entire triangle overlying the pubic region
- Stage 5: Terminal hair that extends beyond the inguinal crease onto the thigh

Female Breast Development Scale

- Stage 1: No glandular breast tissue palpable
- Stage 2: Breast bud palpable under the areola (1st pubertal sign in females)
- Stage 3: Breast tissue palpable outside areola; no areolar development
- Stage 4: Areola elevated above the contour of the breast, forming a "double scoop" appearance
- Stage 5: Areolar mound recedes into single breast contour with areolar hyperpigmentation, papillae development, and nipple protrusion

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Male External Genitalia Scale

- Stage 1: Testicular volume < 4 ml or long axis < 2.5 cm
- Stage 2: 4 ml-8 ml (or 2.5 to 3.3 cm long), 1st pubertal sign in males
- Stage 3: 9 ml-12 ml (or 3.4 to 4.0 cm long)
- Stage 4: 15-20 ml (or 4.1 to 4.5 cm long)
- Stage 5: > 20 ml (or > 4.5 cm long)

Transgender: Adjective to describe a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth.

Transition: Period of time when individuals change from the gender role associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in “the other” gender role; for others this means finding a gender role and expression that is most comfortable for them. Transition may or may not include feminization or masculinization of the body through hormones or other medical procedures. The nature and duration of transition is variable and individualized.

Transphobia internalized: Discomfort with one’s own transgender feelings or identity as a result of internalizing society’s normative gender expectations.

Transsexual: Adjective (often applied by the medical profession) to describe individuals who seek to change or who have changed their primary and/or secondary sex characteristics through femininizing or masculinizing medical interventions (hormones and/or surgery), typically accompanied by a permanent change in gender role.

PROCEDURE CODES AND BILLING GUIDELINES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnosis codes.

- 11920 Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
- 11921 Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.3 sq cm
- 11922 Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
- 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
- 15775 Punch graft for hair transplant; 1 to 15 punch grafts

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- 15776 Punch graft for hair transplant; more than 15 punch grafts
- 15819 Cervicoplasty
- 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 area
- 15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
- 15876 Suction assisted lipectomy; head and neck
- 15877 Suction assisted lipectomy; trunk
- 15878 Suction assisted lipectomy; upper extremity
- 15879 Suction assisted lipectomy; lower extremity
- 17380 Electrolysis epilation, each 30 minutes
- 17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue
- 19303 Mastectomy simple complete
- 19316 Mastopexy
- 19318 Breast reduction
- 19325 Breast augmentation with implant
- 19340 Insertion of breast implant on same day of mastectomy (i.e., immediate)
- 19342 Insertion of replacement breast implant on separate day from mastectomy
- 19350 Nipple/areola reconstruction
- 19355 Correction of inverted nipples
- 21087 Impression and custom preparation; nasal prosthesis

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- 21088 Impression and custom preparation; facial prosthesis
- 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
- 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)
- 21245 Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
- 21246 Reconstruction of mandible or maxilla, subperiosteal implant, complete
- 21249 Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder) complete
- 21270 Malar augmentation, prosthetic material
- 21295 Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach
- 21296 Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach
- 21299 Unlisted craniofacial and maxillofacial procedure
- 21499 Unlisted musculoskeletal procedure, head
- 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, secondary; minor revision (small amount of nasal tip work)
- 30435 Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
- 30450 Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
- 31580 Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion
- 31584 Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed

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- 31587 Laryngoplasty, cricoid split, without graft placement
- 31599 Unlisted procedure, larynx
- 31899 Unlisted procedure, trachea, bronchi
- 40500 Vermilionectomy (lip shave) with mucosal advancement
- 40799 Unlisted procedure of the lips
- 53400 Urethroplasty; first stage for fistula, diverticulum or stricture (e.g., Johannsen type)
- 53405 Urethroplasty; second stage (formation of urethra) including urinary diversion
- 53410 Urethroplasty; 1-stage reconstruction of male anterior urethra
- 53415 Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
- 53420 Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra
- 53425 Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second 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
- 54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
- 54690 Laparoscopy, surgical; orchiectomy
- 55175 Scrotoplasty; simple
- 55180 Scrotoplasty; complicated
- 55899 Unlisted procedure, male genital system
- 55970 Intersex surgery; male to female
- 55980 Intersex surgery; female to male
- 56620 Vulvectomy simple; partial
- 56625Vulvectomy, complete
- 56805 Clitoroplasty for intersex state
- 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)
- 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

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- 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)
- 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)
- 58700 Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
- 58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
- 58953 Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking
- 58956 Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
- 58999 Unlisted procedure, female genital system (nonobstetrical) *(When utilized for one of the following: Labioplasty, Metoidioplasty or Vulvoplasty)*
- 67900 Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
- 67901 Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
- 67902 Repair of blepharoptosis; frontalis muscle technique with autologous 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)
- 67909 Reduction of overcorrection of ptosis
- G0429 Derma filler injection(s)
- J0591 Injection deoxycholic acid 1 mg (Kybella)

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- J3490 Unclassified drug – may be used for Egrifta; Botox Cosmetic (onabotulinum toxin for cosmetic use; Refer to the Neuromuscular Blocking Agents Drug Policy if requesting Botox for a medical condition); Juvederm; Latisse (bimatoprost); Vaniqa (elornithine); Any drug with an FDA approved indication that is only to preserve or improve appearance in the absence of a physical functional impairment
- J3590 Unclassified biologic - may be used for Egrifta; Botox Cosmetic (onabotulinum toxin for cosmetic use; Refer to the Neuromuscular Blocking Agents Drug Policy if requesting Botox for a medical condition); Juvederm; Latisse (bimatoprost); Vaniqa (elornithine); Any drug with an FDA approved indication that is only to preserve or improve appearance in the absence of a physical functional impairment
- L8600 Implantable breast prosthesis, silicone or equal
- Q2026 Injection, Radiesse, 0.1 ml
- Q2028 Injection, Sculptra, 0.5 mg

SELECTED REFERENCES

- The World Professional Association for Transgender Health's (WPATH) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version (2012) provides recommendations for care of individuals with gender dysphoria to maximize their overall health, psychological well-being, and self-fulfillment. Refer to the following for full recommendations *(Accessed May 2022)*: https://www.wpath.org/media/cms/Documents/Web Transfer/SOC/Standards of Care V7 - 2011 WPATH.pdf
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- Davies S, Papp VG, Antoni C. Voice and communication change for gender nonconforming individuals: giving voice to the person inside. *International Journal of Transgenderism.* 2015;16:3:117-159

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POLICY HISTORY

Date	Reason	Action
May 2022		New Medical Policy Created

New information or technology that would be relevant for Wellmark to consider when this policy is next reviewed may be submitted to:

Wellmark Blue Cross and Blue Shield
Medical Policy Analyst
PO Box 9232
Des Moines, IA 50306-9232

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