

Subject: Transgender Health Services

Background: Transgender health services, which can involve various reconstruction surgeries, are part of the treatment approach for individuals with gender dysphoria (GD)/gender incongruence who have persistent feelings of gender discomfort and inappropriateness of their anatomical sex. Surgical procedures may include reconstruction to physical appearance and function of an individual's existing sexual characteristics.

Gender dysphoria/gender incongruence involves a difference between one's gender identity and sex designated at birth (usually based on external sexual anatomy). Gender dysphoria/gender incongruence is not the same as gender nonconformity, which refers to behaviors not matching the gender norms or stereotypes of the gender assigned at birth.

Authorization:

Prior authorization is required for transgender surgical procedures requested for members enrolled in commercial (HMO, POS, PPO) products.

Policy and Coverage Criteria:

Harvard Pilgrim Health Care (HPHC) considers transgender surgical services as medically necessary when documentation and letters confirm ALL the following for transgender **genital surgery**:

1. Member age 18 years or older has been diagnosed, by an appropriately trained Mental Health Professional (MHP), with gender dysphoria/gender incongruence; AND
2. Transgender surgery has been recommended by TWO treating clinicians
3. Capacity to make fully informed decision and to consent for treatment
4. If significant medical or mental health concerns are present, they must be well controlled
5. Complete 12 continuous months of hormone therapy appropriate to the member's the desired gender (unless medically contraindicated)

Harvard Pilgrim Health Care (HPHC) considers transgender surgical services as medically necessary when documentation and letters confirm ALL of the following for transgender **breast/chest surgery**:

1. Member age 18 years or older has been diagnosed, by an appropriately trained Mental Health Professional (MHP), with gender dysphoria/gender incongruence; AND
2. Transgender surgery has been recommended by ONE treating clinician; AND
3. Capacity to make fully informed decisions and to consent for treatment; AND
4. If significant medical or mental health concerns are present, they must be reasonably well controlled

Hormone Therapy

For members with HPHC medical benefit, Hormone Therapy HPHC medical benefit.

Harvard Pilgrim Health Care (HPHC) considers continuous hormone replacement therapy as reasonable and medically necessary when documentation confirms ALL the following:

1. Member age 18 years or older has been diagnosed, by an appropriately trained Mental Health Professional (MHP), with gender dysphoria/gender incongruence, as established in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, [DSM-5]; AND
2. Continuous hormone replacement therapy is recommended by a provider who has regularly evaluated the member; AND
3. Capacity to make fully informed decisions and to give consent for the treatment; AND
4. One referral letter for hormone therapy is required from a qualified provider; AND
5. Member does not have any co-existing psychological, medical or social problems that could interfere with treatment.

Harvard Pilgrim Health Care (HPHC) considers puberty-suppressing hormones as reasonable and medically necessary for adolescents when documentation confirms ALL the following:

- Member has been diagnosed, by an appropriately trained Mental Health Professional (MHP), with gender dysphoria/gender incongruence, as established in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, [DSM-5]; AND
- Puberty-suppressing hormones are recommended by a provider who has regularly evaluated the member; AND
- 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; AND
- Gender nonconformity or gender dysphoria has emerged or worsened with onset of puberty; AND
- Member does not have any co-existing psychological, medical or social problems that could interfere with treatment.

Surgical Services for Adolescents

Consideration for breast and chest surgery (e.g. nipple areola reconstruction, mastectomy, breast augmentation) will be given to trans-adolescents under the age of 18 who meet all other policy criteria

Transfeminine surgeries covered include:

Breast/Chest Surgery:

- Augmentation mammoplasty

Genital Surgery:

- Clitoroplasty
- Colovaginoplasty
- Labiaplasty
- Orchiectomy
- Penectomy
- Vaginoplasty
- Electrolysis or laser hair removal pre-operatively for genital reconstructive procedures (i.e. Clitoroplasty, Colovaginoplasty, Labiaplasty, Orchiectomy, Penectomy, Vaginoplasty), for a maximum of six treatment sessions

Facial feminization procedures:

- Tracheoplasty
- Blepharoplasty (lower and upper eyelid)
- Blepharoptosis
- Brow Ptosis
- Rhytidectomy
- Suction assisted lipectomy

- Genioplasty
- Osteoplasty
- Otoplasty
- Rhinoplasty
- Forehead contouring
- Mandible/jaw contouring

Transmasculine surgeries covered include:

Breast/Chest Surgery:

- Mastectomy (bilateral)

Genital Surgery:

- Colpectomy
- Electrolysis or laser hair removal pre-operatively for genital reconstructive procedures (i.e. Colpectomy, Metoidioplasty, Phalloplasty, Scrotoplasty), for a maximum of six treatment sessions
- Hysterectomy
- Metoidioplasty
- Phalloplasty
- Rhinoplasty
- Salpingo-oophrectomy
- Scrotoplasty with placement of testicular prostheses
- Urethroplasty

Note: Covered procedures must be performed by qualified providers trained in treating individuals with gender dysphoria/gender incongruence.

Fertility Preservation

Harvard Pilgrim Health Care (HPHC) also covers retrieval, cryopreservation, and storage (up to one year) of sperm or eggs when documentation confirms an eligible member with gender dysphoria/gender incongruence will be undergoing gender reassignment treatment that is likely to result in infertility.

Exclusions:

Harvard Pilgrim Health Care (HPHC) considers all other services for the treatment of gender dysphoria/gender incongruence as not medically necessary for all other indications. In addition, HPHC does not cover:

- Abdominoplasty
- Collagen injections
- Dermabrasion
- Chemical peels
- Electrolysis or hair removal except when required pre-operatively for genital surgery and when policy criteria are met
- Reversal of transgender health services and all related drugs and procedures
- Hair transplantation
- Implantations (e.g. cheek, calf, pectoral, gluteal)
- Lip reduction/enhancement
- Liposuction
- Panniculectomy
- Removal of redundant skin
- Silicone injections (e.g., for breast enlargement)
- Voice modification therapy/surgery

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- Reimbursement for travel expenses

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

Male-to-Female Transition	CPT® Codes	Description
Gender Reassignment Surgery	55970	Intersex surgery; male to female
Facial Feminization Surgery	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
	15876	Suction assisted lipectomy; head and neck
	21083	Impression and custom preparation; palatal lift prosthesis
	21087	Impression and custom preparation; nasal 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
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft	

Male-to-Female Transition	CPT® Codes	Description
	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
	21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
	21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
	21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
	21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)
	21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
	21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
	21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
	21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
	21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
	21172	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 grafts)
	21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)

Male-to-Female Transition	CPT® Codes	Description
	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)
	21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
	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
	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)
	30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
	30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum and osteotomies
	30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
	30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
	31599	Unlisted procedure, larynx
	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)

Transgender Health Services

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Male-to-Female Transition	CPT® Codes	Description
	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 (eg, Fasanella-Servat type)
	67909	Reduction of overcorrection of ptosis
	67911	Correction of lid retraction
	67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (e.g., gold weight)
	67916	Repair of ectropion; excision tarsal wedge
	67917	Repair of ectropion; extensive (e.g., tarsal strip operations)
	67923	Repair of entropion; excision tarsal wedge
	67924	Repair of entropion; extensive (e.g., tarsal strip or capsulopalpebral fascia repairs)
	67950	Canthoplasty (reconstruction of canthus)
	67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
	69300	Otoplasty, protruding ear, with or without size reduction
Trachea shaving	31587	Laryngoplasty, cricoid split, without graft placement
	31750	Tracheoplasty; cervical
Penectomy and related procedures	54120	Amputation of penis; partial
	54125	Amputation of penis; complete
	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; first stage
	53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
	53430	Urethroplasty, reconstruction of female urethra
Orchiectomy	54690	Laparoscopy, surgical; orchiectomy
Vaginoplasty	56800	Plastic repair of introitus
	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 abdominal approach

Male-to-Female Transition	CPT® Codes	Description
	57335	Vaginoplasty for intersex state
	57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
Labiaplasty	56800	Plastic repair of introitus
	55899	Unlisted procedure, male genital system
Clitoroplasty	56805	Clitoroplasty for intersex state
Breast Augmentation	19324	Mammoplasty, augmentation; without prosthetic implant
	19325	Mammoplasty, augmentation; with prosthetic implant
	19350	Nipple/areola reconstruction
	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
	19380	Revision of reconstructed breast

Female-to-Male Transition	CPT® Code	Description
Gender Reassignment Surgery	55980	Intersex surgery; female to male
Mastectomy	19303	Mastectomy, simple, complete
	19350	Nipple/areola reconstruction
Hysterectomy and related procedures	56625	Vulvectomy simple; complete
	56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
	57106	Vaginectomy, partial removal of vaginal wall;
	57110	Vaginectomy, complete removal of vaginal wall;
	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;

Female-to-Male Transition	CPT® Code	Description
	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)
	58940	Oophorectomy, partial or total, unilateral or bilateral;
Phalloplasty and related procedures	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; first stage
	53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
	53430	Urethroplasty, reconstruction of female urethra
	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
	54660	Insertion of testicular prosthesis (separate procedure)
	55175	Scrotoplasty; simple
	55180	Scrotoplasty; complicated
	55899	Unlisted procedure, male genital system
Rhinoplasty	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip

Female-to-Male Transition	CPT® Code	Description
	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)
	30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
	30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum and osteotomies
	30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
	30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

Additional Procedures	CPT® Code	Description
Tissues expansion	11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
	11970	Replacement of tissue expander with permanent prosthesis
	11971	Removal of tissue expander(s) without insertion of prosthesis

Note: Procedures billed with an unlisted code pend for medical review; additional documentation must accompany submitted claim.

Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

1. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. American Psychiatric Association; 2013.
2. Interim Gender Dysphoria Protocol and Service Guideline 2013/14. 2014. Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>. Accessed January 12, 2021
3. National Coverage Determination for Gender Dysphoria and Gender Reassignment Surgery (140.9) <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=368&bc=CAAAAAAAAAAAAA>. Accessed January 12,2021

4. Management of gender nonconformity in children and adolescents. UpToDate.com/login [via subscription only]. Accessed January 12, 2021
5. Sex Reassignment Surgery for the Treatment of Gender Dysphoria. Hayesinc.com/subscribers [via subscription only]. Accessed January 12, 2021
6. Standards of Care. Wpathorg Version 7. 2011. Available at: http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351. Accessed January 12, 2021.
7. Transgender men: Evaluation and management. UpToDate.com/login [via subscription only]. Accessed M January 12, 2021

Summary of Changes:

Date	Changes
2/21	Annual Review; updated exclusions
4/20	Annual Review, updated criteria for surgical procedures and hormone therapy
12/19	Coding updated
4/19	Annual review; coding and criteria updated
1/19	Coding updated
1/18	Coding updated; coverage criteria language added to expand coverage
9/17	Background and references updated; Coding, exclusions, and coverage criteria updated
6/17	Reissued
3/16	Clarified documentation requirements. Corrected coding
11/15	Updated policy language
2/15	Clarified coding, updated policy language. Added language re: coverage of retrieval, cryopreservation and storage of sperm or eggs

Approved by Medical Policy Committee: 2/2/21

Approved by Clinical Policy Operational Committee: 7/13; 7/14; 2/15; 4/15; 11/15; 4/16; 6/17; 9/17; 1/18; 1/19; 4/19; 12/19; 5/20; 2/21

Policy Effective Date: 2/19/21

Initiated: 7/13

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