



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

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Subject **Gender Reassignment Surgery**

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Abdominoplasty and Panniculectomy
 Blepharoplasty, Reconstructive Eyelid
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INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2011 CIGNA

Coverage Policy

Gender reassignment surgery (including, but not limited to, related services such as medical counseling, psychological clearance for surgery in the absence of a need for behavioral health therapeutic services, and hormonal therapy) is specifically excluded under many health benefit plans. In addition, procedures associated with gender reassignment surgery that are performed solely for the purpose of improving or altering appearance or self-esteem, or to treat psychological symptomatology or psychosocial complaints related to one's appearance are considered cosmetic in nature and not medically necessary and are not covered under many benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage

If coverage for gender reassignment surgery is available, the following conditions of coverage apply.

CIGNA covers gender reassignment surgery as medically necessary when ALL of the following criteria are met:

- age 18 or older.
- diagnosis of gender identity disorder (GID), including a diagnosis of transsexualism with **ALL** of the following criteria:
 - demonstrated desire to live and be accepted as a member of the opposite sex,

- expressed desire to make his/her body as congruent as possible with the preferred sex through surgery and hormone replacement.
 - transsexual identity has been present consistently for at least two years.
 - GID is not secondary to another mental disorder or chromosome abnormality.
- The individual is an active participant in a recognized gender identity treatment program and demonstrates **ALL** of the following conditions:
 - the individual has successfully lived and worked within the desired gender role full-time for at least 12 months (real life experience) without returning to the original gender
 - initiation of hormonal therapy or breast surgery recommended by a qualified health professional with written documentation submitted to the physician responsible for the medical treatment
 - documentation of at least 12 months of continuous hormonal sex reassignment therapy, unless medically contraindicated (May be simultaneous with real life experience.)
 - recommendation for sex reassignment surgery by two qualified mental health professionals recommend sex reassignment surgery with written documentation submitted to the physician performing the genital surgery (At least one letter should be a comprehensive report. Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist.)
 - separate evaluation by the physician performing the genital surgery
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CIGNA covers ANY of the following surgeries when performed as part of a medically necessary gender reassignment surgery:

- male to female reassignment:
 - vaginoplasty
 - colovaginoplasty
 - orchiectomy
 - penectomy
 - clitoroplasty
 - labiaplasty
- female to male reassignment:
 - initial mastectomy/breast reduction
 - hysterectomy
 - salpingo-oophorectomy
 - colpectomy/vaginectomy
 - urethroplasty
 - metoidioplasty combined with initial phalloplasty

CIGNA considers the following associated gender reassignment surgeries cosmetic in nature and not medically necessary; therefore, these services are not generally covered, even in the presence of a benefit for gender reassignment surgery (this list may not be all-inclusive):

- breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast
- nipple/areola reconstruction
- mastopexy
- blepharoplasty
- facial feminization surgery
- rhinoplasty
- lip reduction/enhancement
- face/forehead lift
- chin/nose implants
- trachea shave/reduction thyroid chondroplasty
- laryngoplasty

- liposuction
 - electrolysis
 - jaw shortening/sculpturing/facial bone reduction
 - collagen injections
 - removal of redundant skin
 - voice modification surgery
 - hair removal/hair transplantation
 - testicular prostheses
-

General Background

Gender reassignment therapy is an umbrella term for all medical procedures relating to gender reassignment of both transgendered (i.e., non-identification with the gender one was assigned at birth) and intersexual people (i.e., born with sex characteristics of indeterminate sex). The term "gender reassignment surgery," also known as sexual reassignment surgery, may be used to mean either the reconstruction of male or female genitals, specifically, or the reshaping, by any surgical procedure, of a male body into a body with female appearance, or vice versa. Gender reassignment surgery is part of a treatment plan for gender identity disorder (GID). The causes of GID and the developmental factors associated with it are not well-understood. The individual who is genetically male but who feels that the male gender does not describe him completely or accurately, and/or who desires or has undergone a male to female conversion is known as a transwoman; and the individual who is genetically female who feels that the female gender does not describe her completely or accurately, and/or who desires or has undergone the female to male conversion is known as a transman.

According to the World Professional Association for Transgender Health (WPATH) (formerly known as the Harry Benjamin International Gender Dysphoria Association [(H)BIGDA]), Standards of Care (SOC) (2001) a GID clinical threshold occurs when concerns, uncertainties and questions about gender identity persist during a person's development and become so intense that they are the most important aspect of the person's life or prevent the establishment of a relatively unconflicted gender identity. The person's struggles may be referred to as a gender identity problem, gender dysphoria, gender problem, gender concern, gender conflict or gender transsexualism. Patients may demonstrate varying degrees of dissatisfaction, and some patients with GID may desire surgical transformation of their bodies.

Gender reassignment surgery is intended to be a permanent change to a patient's sexual identity and is not reversible. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history; gynecological, endocrinological and urological examination, and a clinical psychiatric/psychological examination. A patient's self-assessment and desire for sex reassignment cannot be viewed as reliable indicators of GID.

Transsexualism is a form of GID, which is considered a mental disorder and is designated in the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV TR, 2000). Other differential diagnoses include, but are not limited to, partial or temporary disorders as seen in adolescent crisis, transvestitism, refusal to accept a homosexual orientation, psychotic misjudgments of gender identity and severe personality disorders (Becker, et al., 1998). Gender reassignment surgery is not indicated for conditions other than transsexualism.

Two frequently used methods of diagnosing transsexualism are the German Standards for the Treatment and Diagnostic Assessment of Transsexuals (Becker, et al., 1998) and the WPATH SOC (2001). According to these standards of care, transsexualism is identified as follows:

- a permanent and profound identification with the opposite sex
- a persistent feeling of discomfort regarding one's biological sex or feelings of inadequacy in the gender role of that sex
- the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone replacement
- clinically relevant distress and/or impaired ability to function in social, work-related and other situations as a result of preoccupation with non-identification with the gender assigned at birth

- not a symptom of another mental disorder or a chromosomal abnormality
- persistent presence of the transsexual identity for at least two years

Mental health professionals play a strong role in working with individuals with GID, as they need to diagnose the gender disorder and any co-morbid psychiatric conditions accurately, counsel the individual regarding treatment options, and provide psychotherapy and assess eligibility and readiness for hormone and surgical therapy. Once the individual is evaluated, the mental health professional provides documentation and formal recommendations to medical and surgical specialists. Documentation recommending hormonal or surgical treatment should be comprehensive and include all of the following:

- individual's general identifying characteristics
- the initial and evolving gender, sexual and psychiatric diagnosis
- details regarding the type and duration of psychotherapy or evaluation the individual underwent
- documentation of the eligibility criteria which have been met
- the mental health professional's rationale for hormone therapy or surgery
- the degree to which the individual has followed the standards of care and likelihood of continued compliance
- whether or not the mental health professional is a part of a gender team

Psychiatric care may need to continue for several years after gender reassignment surgery, as major psychological adjustments may continue to be necessary. Other providers of care may include a family physician or internist, endocrinologist, urologist, plastic surgeon, general surgeon and gynecologist. The overall success of the surgery is highly dependent on psychological adjustment and continued support.

After diagnosis, the therapeutic approach usually includes three elements: hormones of the desired gender, real life experience in the desired role, and surgery to change the genitalia and other sex characteristics.

Prior to gender reassignment surgery, patients undergo hormone replacement therapy, which plays an important role in the gender transition process. Biological males can be treated with estrogens and anti-androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease testicular size and erections. Biological females are treated with testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. Hormones must be administered by a physician and require ongoing medical management, including physical examination and lab studies to evaluate dosage, side effects, etc. Lifelong maintenance is usually required. Hormone therapy also limits fertility, and individuals need to be informed of sperm preservation options and cryopreservation of fertilized embryos prior to starting hormone therapy.

The individual identified with GID also undergoes what is called a "real life experience," in which he/she adopts the new or evolving gender role and lives in that role as part of the transition pathway. This process tests the individual's resolve and commitment for change, as well as the adequacy of his/her support system. During this time, a person would be expected to maintain full- or part-time employment, participate in community activities, acquire a legal gender identity appropriate first name, and provide an indication that others are aware of the change in gender role.

Intersex Surgery

Intersex surgery consists of a series of staged procedures where the physician removes portions of the genitalia and forms either male genitalia or female genitalia.

Transmen: Transmen assume male gender identities or strive to present in more male gender roles. Gender reassignment surgery from female to male (FTM) includes surgical procedures that reshape a female body into the appearance of a male body. According to WPATH SOC guidelines (WPATH, 2001), procedures often performed as part of gender reassignment surgery of FTM include mastectomy, hysterectomy, salpingo-oophorectomy, colpectomy (i.e., removal of the vagina, vaginectomy) and metoidioplasty (i.e., clitoral tissue is released and moved forward to approximate the position of a penis, skin from the labia minora is used to create a penis), urethroplasty, scrotoplasty and placement of testicular prosthesis (i.e., the labia majora is dissected forming cavities allowing for placement of testicular implants) and phalloplasty (i.e., skin tissue graft is used to form a penis). The objectives of phalloplasty may include standing micturation, improved sexual sensation and function and/or appearance.

Transwomen: Transwomen strive for a female identity. Gender reassignment surgery from male to female (MTF) includes procedures that shape a male body into the appearance of and, to the maximum extent possible, the function of a female body. Procedures often performed as part of gender reassignment surgery of MTF include orchiectomy, vaginoplasty, penectomy, and labiaplasty (WPATH, 2001). Surgical techniques vary but may include penile inversion to create a vagina and clitoris or creation of a vagina from the sigmoid colon (i.e., colovaginoplasty). The objectives of vaginoplasty include improved sexual sensation and function and appearance. Breast augmentation may be considered when 18 months of hormone treatment fails to result in breast enlargement that is sufficient for the individual's comfort in the female gender role (WPATH, 2001).

Other Associated Surgical Procedures

Other surgical procedures aimed primarily at improving cosmetic appearance may be performed as part of gender reassignment surgery. In general these associated procedures are performed to assist with improving either feminization or masculinization and are considered not medically necessary. These procedures include but are not limited to the following:

- breast augmentation (mammoplasty)/silicone injections of the breast
- nipple/areola reconstruction
- mastopexy
- blepharoplasty
- facial feminization surgery
- rhinoplasty
- lip reduction/enhancement
- face/forehead lift
- chin/nose implants
- trachea shave/reduction thyroid chondroplasty
- laryngoplasty
- liposuction
- electrolysis
- jaw shortening/sculpturing/facial bone reduction
- collagen injections
- removal of redundant skin
- voice modification surgery
- hair removal/hair transplantation
- testicular prostheses

Professional Society/Organization

In 2009 the Endocrine Society published a clinical practice guideline for endocrine treatment of transsexual persons (Hembree, et al., 2009). As part of this guideline, the endocrine society recommends that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable; that surgery be recommended only after completion of at least one year of consistent and compliant hormone treatment; and that the physician responsible for endocrine treatment medically clear the individual for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.

Summary

Sex reassignment surgical procedures for diagnosed cases of GID should be recommended only after a comprehensive evaluation by a qualified mental health professional. The surgeon should have a demonstrated competency and extensive training in sexual reconstructive surgery. Long-term follow-up is highly recommended for the enduringly successful outcome of surgery.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Covered when medically necessary:

CPT®* Codes	Description
55970†	Intersex surgery; male to female
	†Includes only the following procedures:
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	Laparoscopy, surgical; orchiectomy
56805	Clitoroplasty for intersex state (Female procedure)
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57335	Vaginoplasty for intersex state (Female procedure)

CPT®* Codes	Description
55980†	Intersex surgery, female to male
	†Includes only the following procedures:
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
53430	Urethroplasty, reconstruction of female urethra
56625	Vulvectomy simple; complete
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
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)
57110	Vaginectomy, complete removal of vaginal wall;

Cosmetic/Not Covered when performed for gender reassignment even if benefit for gender reassignment exists:

CPT®* Codes	Description
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15821	Blepharoplasty, lower eyelid with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid

15823	Blepharoplasty, upper eyelid; with extensive skin weighting down lid
15824	Rhytidectomy, forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15828	Rhytidectomy; cheek, chin, and neck
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
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
19316	Mastopexy
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19350	Nipple/areola reconstruction
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, 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)
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)
31599 ^{††}	Unlisted procedure, larynx
54660	Insertion of testicular prosthesis (separate procedure)
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated

††NOTE: Cosmetic/Not covered when used to report laryngoplasty performed in conjunction with gender reassignment surgery even if benefit exists.

ICD-9-CM Diagnosis Codes	Description
302.50	Trans-sexualism with unspecified sexual history
302.51	Trans-sexualism with asexual history
302.53	Trans-sexualism with heterosexual history
302.85	Gender identity disorder of adolescent or adult life

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Policy History

Pre-Merger Organizations	Last Review Date	Policy Number	Title
CIGNA HealthCare	12/15/2007	0266	Gender Reassignment Surgery

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