



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Treatment of Gender Dysphoria

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Policy

If coverage for gender reassignment surgery is available per the member's benefit, Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for treatment of gender dysphoria including gender reassignment surgery when it is determined to be medically necessary because the criteria shown below are met.

Some grandfathered plans may exclude coverage of gender reassignment surgery (sex change surgery, transgender surgery) or any treatment of gender identity disorders. Please verify benefits.

There are three phases to coverage:

- 1 Phase one is at least 12 consecutive months of living, dressing and working full-time as the preferred gender. During this period coverage will require regular and consistent attendance in a program of counseling and behavior therapy.
- 2 Phase two begins after phase one and is 12 additional consecutive months of living, dressing and working full-time as the preferred gender with the addition of hormone supplementation consistent with the preferred gender. During this period coverage will require continued regular and consistent attendance in a program of counseling and behavior therapy.

After documented completion of phase one and phase two, the requested surgical alteration will be covered subject to non-discriminatory medical policy.

When Policy Topic is covered

Non-Surgical Treatment of Gender Dysphoria

If a plan covers non-surgical treatment for gender dysphoria, the following non-surgical treatments are covered:

- Psychotherapy for gender dysphoria and associated co-morbid psychiatric diagnoses.
 - Note: If mental health services are covered based on the behavioral health services benefit.
- Continuous Hormone Replacement Therapy – Hormones of the desired gender. Hormones injected by a medical provider (for example hormones injected during an office visit) are covered by the medical plan. Benefits for these injections vary depending on the plan design. Oral and self-injected hormones

from a pharmacy are not covered under the medical plan. Refer to the Outpatient Prescription Drug Rider, or SPD for self-funded plans, or specific prescription drug product coverage and exclusion terms.

- Eligibility Qualifications for Continuous Hormone Replacement Therapy – The covered person must meet all of the following eligibility qualifications for hormone replacement:
 - Persistent, well-documented gender dysphoria (see definition of Gender Identity Disorder below); and
 - Capacity to make a fully informed decision and to consent for treatment; and
 - Age of majority in a given country. Note: WPATH guidelines address age of majority in a given country. For the purposes of this guideline, the age of majority is age 18. However, this refers to chronological age not biological age. Where approval or denial of benefits is based solely on the age of the individual a case-by-case medical director review is necessary; and
 - If significant medical or mental health concerns are present, they must be reasonably well-controlled.
 - Laboratory testing to monitor the safety of continuous hormone therapy.

Gender reassignment surgery may be considered **medically necessary** when **ALL** of the following criteria are met:

- Age of majority in a given country. Note: WPATH guidelines address age of majority in a given country. For the purposes of this guideline, the age of majority is age 18. However, this refers to chronological age not biological age. Where approval or denial of benefits is based solely on the age of the individual a case-by-case medical director review is necessary.
- The individual is diagnosed as having a gender identity disorder (GID), including a diagnosis of transsexualism that includes **ALL** of the following criteria:
 - The individual has demonstrated the desire to live and be accepted as a member of the opposite sex, in addition to a desire to make his/her body as congruent as possible with the preferred sex through surgery and hormone replacement.
 - The transsexual identity has been present consistently for at least two years.
 - The disorder is not due 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.
 - One qualified health professional recommends initiation of hormonal therapy or breast surgery with written documentation submitted to the physician who will be responsible for the medical treatment.
 - The individual has received at least 12 months of continuous hormonal sex reassignment therapy, unless medically contraindicated.
 - A qualified mental health professional (a psychiatrist or Ph.D. clinical psychologist) recommends sex reassignment surgery with written

documentation submitted to the physician performing the genital surgery (this should be an extensive report). The individual has undergone evaluation by the physician performing the genital surgery.

The following surgeries would be considered **medically necessary** when performed as part of a medically necessary initial gender reassignment:

- initial mastectomy/breast reduction
- hysterectomy
- salpingo-oophorectomy
- colpectomy
- metoidioplasty
- vaginoplasty
- colovaginoplasty
- orchiectomy
- penectomy
- clitoroplasty
- labiaplasty
- scrotoplasty
- urethroplasty
- phalloplasty
- testicular implants
- colovaginoplasty
- cenectomy
- clitoroplasty
- vulvoplasty
- penile skin inversion
- repair of introitus
- construction of vagina with graft, coloproctostomy
- urethromeatoplasty

When Policy Topic is not covered

When non-surgical treatments are not covered. Examples that apply to this exclusion include, but are not limited to:

- Reproduction services including, but not limited to: sperm preservation in advance of hormone treatment or gender dysphoria surgery, cryopreservation of fertilized embryos, oocyte preservation, surrogate parenting, donor eggs, donor sperm and host uterus. (See the Reproduction exclusion in the member specific benefit plan document.)
- Drugs* for hair loss or growth.
- Drugs* for sexual performance for patients that have undergone genital reconstruction.
- Drugs* for cosmetic purposes.
- Hormone therapy except as described in the Covered Services section above. Gender Dysphoria (Gender Identity Disorder)
- Pubertal suppression therapy is considered unsafe in managing children and adolescents with gender identity dysphoria and is, therefore, not covered.
- Voice therapy.

* The drugs exclusions listed above apply to drugs administered by a provider in a medical setting (including, but not limited to: office, outpatient, or inpatient facility). For drugs obtained at a pharmacy, the pharmacy benefit will apply.

The following associated gender reassignment surgeries are considered **cosmetic** in nature and not medically necessary, even in the presence of a benefit for gender reassignment surgery. These surgeries include, but are not limited to:

- breast augmentation/silicone injections of the breast
- blepharoplasty
- facial feminization surgery including facial bone reconstruction
- rhinoplasty
- lip reduction/enhancement
- face/forehead lift
- chin/nose implant or other facial 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
- abdominoplasty
- calf implants
- gluteal augmentation
- lipofilling collagen injections
- pectoral implants
- voice therapy
- construction of a clitoral hood
- mastopexy
- neck tightening
- rhytidectomy (face-lift)
- penile implants
- Nipple/areola reconstruction

Considerations

Some grandfathered plans may exclude coverage of gender reassignment surgery (sex change surgery, transgender surgery) or any treatment of gender identity disorders. Please verify benefits.

Description of Procedure or Service

Gender reassignment surgery (also known as genital reconstruction surgery, sex affirmation surgery, or sex-change operation) is a term for the surgical procedures by which a person's physical appearance and function of their existing sexual characteristics are altered to resemble that of the other sex. It is part of a treatment for gender identity disorder/gender dysphoria in transsexual and

transgender people. It may also be performed on intersex people, often in infancy. Other terms for this surgery include sex reassignment surgery, sex reconstruction surgery, genital reconstruction surgery, gender confirmation surgery, and more clinical terms, such as feminizing genitoplasty or penectomy, orchiectomy and vaginoplasty are used medically for trans women, with masculinizing genitoplasty often similarly used for trans men.

Male to Female

In a series of staged procedures, the physician removes portions of the male genitalia and forms female external genitals. The penis is dissected and portions are removed with care to preserve vital nerves and vessels in order to fashion a clitoris-like structure. The urethral opening is moved to a position similar to that of a normal female. A vagina is made by dissecting and opening the perineum. This opening is lined using pedicle or split thickness grafts. Labia are created out of skin from the scrotum and adjacent tissue. A stent or obturator is usually left in place in the newly created vagina for three weeks or longer.

Female to Male

In a series of staged procedures, the physician forms a penis and scrotum using pedicle flap grafts and free skin grafts. Portions of the clitoris are used as well as the adjacent skin. Prostheses are often placed in the penis in order to have a sexually functional organ. Prosthetic testicles are fixed in the scrotum. The vagina is closed or removed.

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.

Rationale

According to the World Professional Association for Transgender Health (WPATH) (formerly known as the Harry Benjamin International Gender Dysphoria Association [(H)BIGDA]), Gender Identity Disorder (GID), more commonly known as transsexualism, is a condition recognized in the Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV, 1994, and DSM-IV-TR, 2000) published by the American Psychiatric Association. Transsexualism is also recognized in the International Statistical Classification of Diseases and Related Health Problems, Ninth Revision, published by the World Health Organization, for which the United States is a signatory. The criteria listed for GID are descriptive of many people who experience dissonance between their sex as assigned at birth and their gender identity, which is developed in early childhood and understood to be firmly established by age 4, though for some transgender individuals, gender identity may remain somewhat fluid for many years. The DSM-IV descriptive criteria were developed to aid in diagnosis and treatment to alleviate the clinically significant

distress and impairment known as gender dysphoria that is often associated with 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 comorbid psychiatric conditions accurately, counsel the individual regarding treatment options, and provide psychotherapy and assess eligibility and readiness for hormone and surgical therapy. They usually provide documentation and formal recommendations to medical and surgical specialists. 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. Mental health professionals continue to play an important role in this individual's continuum of care.

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. Procedures often performed as part of gender reassignment surgery of FTM include mastectomy, hysterectomy, salpingo-oophorectomy, colpectomy (i.e., removal of the vagina) and metoidioplasty (i.e., construction of a penis).

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 vaginoplasty, penile inversion to create a vagina and clitoris, penectomy, colovaginoplasty (i.e., creation of vagina from sigmoid colon), breast augmentation, orchiectomy, clitoroplasty and labiaplasty.

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.

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The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy.

Billing Coding/Physician Documentation Information

- 55970** Intersex surgery; male to female
55980 Intersex surgery; female to male

- 11950** Subcutaneous injection of filling material (eg, 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
- 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
- 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 (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
- 15877** Suction assisted lipectomy; trunk
- 15878** Suction assisted lipectomy; upper extremity
- 15879** Suction assisted lipectomy; lower extremity
- 17380** Electrolysis epilation, each 30 minutes
- 19301** Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
- 19303** Mastectomy, simple, complete
- 19304** Mastectomy, subcutaneous
- 19316** Mastopexy
- 19324** Mammoplasty, augmentation; without prosthetic implant
- 19325** Mammoplasty, augmentation; with prosthetic implant

- 19340** Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
- 19342** Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
- 19350** Nipple/areola reconstruction
- 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)
- 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)
- 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 (eg, blade, cylinder); partial
- 21249** Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
- 21270** Malar augmentation, prosthetic material
- 21295** Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
- 21296** Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
- 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, 2-stage, with keel insertion and removal

- 31582** Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy
- 31584** Laryngoplasty; with open reduction of fracture
- 31587** Laryngoplasty, cricoid split
- 31588** Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)
- 53400** Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen 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; first stage
- 53425** Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
- 53430** Urethroplasty, reconstruction of female urethra
- 53431** Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
- 53450** Urethromeatoplasty, with mucosal advancement
- 53460** Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)
- 54125** Amputation of penis; complete
- 54520** Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
- 54660** Insertion of testicular prosthesis (separate procedure)
- 54690** Laparoscopy, surgical; orchiectomy
- 55175** Scrotoplasty; simple
- 55180** Scrotoplasty; complicated
- 56625** Vulvectomy simple; complete
- 56800** Plastic repair of introitus
- 56805** Clitoroplasty for intersex state
- 56810** Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
- 57106** Vaginectomy, partial removal of vaginal wall;
- 57107** Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
- 57110** Vaginectomy, complete removal of vaginal wall;
- 57111** Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
- 57291** Construction of artificial vagina; without graft
- 57292** Construction of artificial vagina; with graft
- 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;
- 58280** Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
- 58285** Vaginal hysterectomy, radical (Schauta type operation)
- 58290** Vaginal hysterectomy, for uterus greater than 250 g;
- 58291** Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
- 58541** Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
- 58542** Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
- 58543** Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
- 58544** Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
- 58550** Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
- 58552** Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
- 58553** Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
- 58554** Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
- 58720** Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
- 89258** Cryopreservation; embryo(s)
- 89259** Cryopreservation; sperm
- 89346** Storage (per year); oocyte(s)
- 90832** Psychotherapy, 30 minutes with patient and/or family member
- 90833** Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
- 90834** Psychotherapy, 45 minutes with patient and/or family member
- 90836** Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
- 90837** Psychotherapy, 60 minutes with patient and/or family member
- 90838** Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
- 92606** Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
- 92609** Therapeutic services for the use of speech-generating device, including programming and modification
- C1813** Prosthesis, penile, inflatable
- D5960** speech aid prosthesis, modification

- J1380** Injection, estradiol valerate, up to 10 mg
- J1410** Injection, estrogen conjugated, per 25 mg
- J1435** Injection, estrone, per 1 mg
- J2675** Injection, progesterone, per 50 mg
- J3145** Injection, testosterone undecanoate, 1 mg
- L8600** Implantable breast prosthesis, silicone or equal
- S3650** Saliva test, hormone level; during menopause
- S4023** Donor egg cycle, incomplete, case rate
- S4025** Donor services for in vitro fertilization (sperm or embryo), case rate
- S4026** Procurement of donor sperm from sperm bank

ICD-10 Codes

- F64.0** Transsexualism
- F64.1** Dual role transvestism
- F64.2** Gender identity disorder of childhood
- F64.8** Other gender identity disorders
- F64.9** Gender identity disorder, unspecified

Additional Policy Key Words

N/A

Policy Implementation/Update Information

- 10/1/10 New policy; considered medically necessary
 - 10/1/11 No policy statement changes.
 - 10/1/12 No policy statement changes.
 - 10/1/13 No policy statement changes.
 - 10/1/14 No policy statement changes.
 - 10/1/15 No policy statement changes.
 - 10/1/16 Policy title updated and criteria added for hormone therapy.
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State and Federal mandates and health plan contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The medical policies contained herein are for informational purposes. The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents Blue KC and are solely responsible for diagnosis, treatment and medical advice. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, photocopying, or otherwise, without permission from Blue KC.