Application

Application of this Medical Policy applies to:
RIte Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN), Substitute Care (SUB), Commercial (HBE), INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP)
Application Excluded for:
Extended Family Planning (EFP)

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Description

Gender Dysphoria is a condition characterized by a clinically significant incongruence between an individual's experienced or expressed gender and their sex assigned at birth, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Gender-affirming care encompasses a range of social, psychological, behavioral, and medical interventions designed to support an individual's gender identity and alleviate gender dysphoria when present.

Treatment options may include behavioral health services, psychotherapy, hormone therapy, and gender-affirming surgical procedures. Surgical interventions may be considered for appropriately evaluated individuals and can include, but are not limited to, mastectomy (chest masculinization), hysterectomy, salpingo-oophorectomy, orchiectomy, vaginoplasty, vulvoplasty, vaginectomy, phalloplasty, metoidioplasty, scrotoplasty, urethroplasty, clitoroplasty, labiaplasty, penectomy, and placement of testicular and/or penile prostheses.

Gender-affirming surgical procedures may also be referred to as gender-affirming surgery, gender confirmation surgery, gender transition surgery, transgender surgery, or sex reassignment surgery. These interventions are intended to align an individual's physical characteristics with their gender identity and may be provided as part of a comprehensive treatment plan.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) includes one overarching diagnosis of gender dysphoria with separate specific criteria for prepubescent children and for adolescents and adults. (see definitions below)

The World Professional Association for Transgender Health (WPATH) (http://www.wpath.org) is an international, inter-disciplinary organization, which publicizes evidence-based care and clinical guidance in its *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 8th Version (SOC)*. The member's treatment plan must conform to WPATH standards and/or to other evidence-based, agreed-upon, external guidelines.

Definitions

Gender Dysphoria in Adolescents and Adults	The DSM-5-TR defines gender dysphoria in <u>adolescents and adults</u> as a marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least 6 months, as manifested by at least two of the following: ➢ A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics) ➢ 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) In order to meet criteria for the diagnosis, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender Dysphoria in Children	The DSM-5-TR defines gender dysphoria in children as a marked incongruence between one's experienced/expressed gender and assigned gender, lasting at least 6 months, as manifested by at least six of the following (one of which must be the first criterion): ➢ 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) ➢ In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (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 toys, games or activities stereotypically used or engaged in by the other gender ➢ A strong preference for playmates of the other gender ➢ In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (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 physical sex characteristics that match one's experienced gender The condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Gender Expression	The outward manifestation of a person's gender, which may or may not reflect their inner gender identity. Gender expression includes how a person carries themself, their dress, accessories, grooming, voice/speech patterns and conversational mannerisms, and physical characteristics.
Gender Identity	A person's inner sense of being a girl/woman, boy/man, some combination of both, or some other gender. This may or may not correspond to one's sex assigned at birth.
Qualified Health Care Provider	A credentialed health care provider from a relevant licensing board with expertise in mental health and transgender care that has a master's level (e.g., M.S.W., L.C.S.W., Nurse Practitioner, Advanced Practice Nurse, Licensed Professional Counselor, Marriage and Family Therapist, general medical practitioner) degree at minimum or equivalent training in a relevant clinical field relevant to the assessment and treatment of Gender Dysphoria.
Sex/gender assigned at birth	This is sometimes abbreviated as AFAB (assigned female at birth) or AMAB (assigned male at birth) and refers to what typically happens when a child is born. Although gender assignment is usually made based on the appearance of the newborn's external genitalia, in the case of people who are transgender or those with intersex conditions (DSDs), those assignments may turn out to be invalid.
Transgender	An umbrella term describing individuals whose gender identity does not align with the gender they were assigned at birth. It may also be used to refer to a person whose gender identity is binary and not traditionally associated with that assigned at birth.

Coverage Determination
No Prior Authorization is required for the following services…
* Behavioral and medical health services for members less than 18 years of age
* Behavioral and medical health services including laboratory testing to monitor treatment of gender dysphoria
* Pharmacological and Hormonal therapy for members in the commercial lines of business

Pharmacological therapy & hormonal therapy, for members less than 18 years of age for a diagnosis of Gender Incongruence (F64.0…) is NOT covered in the Medicaid and Medicare Lines of Business.

Reassignment surgery is NOT covered for members less than 18 years of age in the Medicaid, Commercial or Medicare Lines of Business.

Surgical Treatment for Gender Dysphoria

Neighborhood uses the most recent version of InterQual® criteria to determine the medical necessity of gender reassignment surgical procedures. Neighborhood makes InterQual® criteria available to the public through the InterQual® Transparency Tool on our website.

The criteria within with InterQual® CP: Procedures - Gender Affirmation Surgery covers primary genital ("bottom surgery") and chest ("top surgery") procedures for patients undergoing gender affirmation surgery, including single and multi-stage procedures. The criteria does not address gender affirmation surgery revisions.

Surgeons performing gender affirming surgical procedures must have demonstrated training, experience, and proficiency in performing the requested surgical procedure. **Gender-affirming surgery is considered an irreversible intervention.**

Female-to-male (FtM) Procedures

Female-to-male (FtM) genital procedures ("bottom surgery") include hysterectomy, oophorectomy, salpingo-oophorectomy, metoidioplasty (surgical creation of a penis using the clitoris), phalloplasty, insertion of a penile prosthesis, scrotoplasty, and urethroplasty.

Female-to-male (FtM) non-genital "top surgery" (mastectomy and male chest contouring) is the most frequently requested procedure in this population and may be the only surgery performed. While binding of the breasts may aid in transitioning, chest binding does not treat gender dysphoria.

Male-to-female (MtF) Procedures

Common male-to-female (MtF) genital procedures include orchiectomy, penectomy, clitoroplasty, labiaplasty, urethroplasty, vaginoplasty, and vulvoplasty. Vaginoplasty is the most frequently performed procedure in this population.

The most common male-to-female (MtF) chest (non-genital) procedure is breast augmentation. Prostheses placed in a bra may aid in transitioning but do not treat gender dysphoria.

When a member meets the requirements with InterQual® CP: Procedures - Gender Affirmation Surgery, the following surgical procedures and/or therapies to treat Gender Dysphoria are medically necessary and covered may be covered based on depending on the member's plan.

- Bilateral mastectomy or breast reduction
- Breast augmentation with breast implants or fat transfer
- Clitoroplasty (creation of clitoris)
- Hysterectomy (removal of uterus)
- Labiaplasty (creation of labia)
- Laser or electrolysis hair removal in advance of genital reconstruction prescribed by a physician for the treatment of Gender Dysphoria
- Metoidioplasty (creation of penis, using clitoris)
- Orchiectomy (removal of testicles)
- Penectomy (removal of penis)
- Penile prosthesis
- Phalloplasty (creation of penis)
- Salpingectomy (removal of fallopian tubes)
- Oophorectomy (removal of ovaries)
- Scrotoplasty (creation of scrotum)
- Testicular prostheses
- Thyroid cartilage reduction/reduction thyroid chondroplasty/tracheal shave (removal or reduction of the Adam's apple)
- Urethroplasty (reconstruction of female urethra)
- Urethroplasty (reconstruction of male urethra)
- Vaginectomy (removal of vagina)
- Vaginoplasty (creation of vagina)
- Vulvectomy (removal of vulva)

Codes listed are for informational purposes only and do not necessarily indicate prior authorization requirements and/or guarantee coverage.

Code	Description
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19303	Mastectomy, simple, complete
19318	Breast reduction
19325	Breast augmentation with implant
19350	Nipple/areola reconstruction
31899	Unlisted procedure, trachea, bronchi used for Tracheal shave (i.e. chondrolaryngoplasty)
53400	Urethroplasty; first stage, for fistula, diverticulum or stricture (e.g., Johannsen type)
53405	Urethroplsty; 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 or 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
54125	Amputation of penis; complete
54130	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
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
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopy, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55899	Unlisted procedure, male genital system
56625	Vulvectomy simple; complete
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)
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 adnexalstructures (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
58999	Unlisted procedure, female genital system (nonobstetrical) used for labiaplasty, metoidioplasty, phalloplasty

Exclusions and Limitations

- Pharmacological and hormonal therapy for gender dysphoria, and gender reassignment surgery for members less than 18 years of age.

- Reversal of gender reassignment surgery or reversal of surgery to revise secondary sex characteristics.
- Gender reassignment services for members who are dissatisfied with their assigned gender in the absence of clinically significant distress or impairment.
- Procedures for the preservation of fertility such as the procurement, preservation, and storage of sperm, oocytes, or embryos for RIte Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN), Substitute Care (SUB), INTEGRITY for Duals (FIDE), and Duals CONNECT (CO-DSNP) members.
- Procedures other than those listed are excluded.
- **Excluded procedures for treatment of gender dysphoria include but are not limited to the following** (some of these procedures may be medically necessary for other indications and would have to meet the medical necessity criteria for the specific procedure):
    - Abdominoplasty
    - Blepharoplasty
    - Body contouring (e.g., fat transfer, liposuction, removal of redundant skin, neck tightening)
    - Breast, brow, face, or forehead lifts
    - Clavicular shortening
    - Hair transplants/hairline advancement
    - Hair removal (except in the case of electrolysis epilation for preoperative site hair removal)
    - Implants – calf, cheek, chin, nose, pectoral, gluteal
    - Injection of fillers or neurotoxins
    - Facial bone reconstruction, reduction, or sculpturing (including jaw shortening) and rhinoplasty
    - Laser or electrolysis hair removal not related to genital reconstruction
    - Lip augmentation/reduction
    - Otoplasty
    - Rhytidectomy
    - Rib reconstruction
    - Scar Revision
    - Skin resurfacing (i.e. dermabrasion, chemical peels, laser, etc.)
    - Tattooing or tattoo removal (except tattooing of the nipple/areola related to a mastectomy)
    - Voice modification surgery
    - Procedures designed to enhance masculinity or femininity or to alter body contours for aesthetic reasons without greatly improving how the body works (i.e. procedures related to facial feminization).

References:

- American Psychiatric Association. What Is Gender Dysphoria? Published July 2025. Accessed October 7, 2026. https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria
- Coleman E, Radix AE, Bouman WP, et al. World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. Int J Transgend Health. 2022 Sep 6;23(Suppl1):S1-S259.
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). American Psychiatric Association. 2022
- Optum. (2026). InterQual® 2026 Care Planning Criteria: Gender Affirmation Surgery. Change Healthcare.
- The World Professional Association for Transgender Health (WPATH*). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People.* Version 8. 2022. URL address: http://www.wpath.org.

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on Providers
2. Click on Provider Resources
3. Click on Forms
4. Click on "Click here for a list of prior authorization request forms" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the Authorization Quick Reference

CMP Cross Reference:	CMP-012-Plastic Surgery
Created:	December 2015
Annual Review Month:	December
Review Dates:	12/15/2016, 1/9/18, 1/4/19, 3/4/20, 3/10/21, 3/16/22, 3/8/23, 12/6/23, 12/11/24, 12/10/25, 10/14/26
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Medical Director Approval Dates:	1/5/2016, 1/26/2017, 4/12/18, 1/9/19, 3/4/20, 3/10/21, 3/16/22, 3/8/23, 12/6/23, 12/11/24, 12/10/25, 10/14/26
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Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:
Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.