## Medical Pre-Authorization Criteria

**Medicare**

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<thead>
<tr>
<th>Procedure/Equipment</th>
<th>Gender Reassignment Surgery</th>
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<tr>
<td><strong>CPT/HCPCS Codes</strong></td>
<td>55970, 55980</td>
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<tr>
<td></td>
<td>Multiple Additional CPT Codes</td>
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### Criteria

**MUST MEET ALL OF THE FOLLOWING:**

1. The member is ≥ 18 years of age.
2. The member has well-documented Gender Dysphoria (see Definitions).
3. The member has successfully completed ≥ 12 months of living and working within the desired gender role on a full-time basis (real-life experience simulation) without any reversion to the original gender.
4. The member has received ≥ 12 months of continuous hormonal gender reassignment therapy (not required for mastectomy), as recommended by a mental health professional and carried out by an endocrinologist, unless medically contraindicated (can be simultaneous with the real-life experience).
5. Gender Reassignment Surgery has been recommended by two qualified behavioral health providers acquainted with member. One behavioral health provider should be providing care for at least six months; the second provider can be in an evaluative consultation role.
6. If the member has significant behavioral health conditions, they must be appropriately controlled before surgery.
7. If genital surgery is anticipated, the member has undergone a Urological examination to identify and treat (as necessary) any abnormalities of the genitourinary (GU) tract.
8. The member has made a fully informed decision to have surgery and has consented to treatment.

### Definitions

**Gender Dysphoria**---Two or more of the following criteria should be present for at least six months:

- A marked incongruence between the gender that the individual sees themselves as and their classified gender assignment
- An intense desire to eliminate the individual’s primary or secondary sex features
- An intense desire to have the primary or secondary sex features of the other gender
- An intense desire to transform into another gender
- A profound need for society to treat the individual as another gender
- The individual’s powerful conviction that he/she has characteristic feelings and responses of the other gender
# MEDICAL PRE-AUTHORIZATION CRITERIA

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<tr>
<td><strong>Limitations and Exclusions</strong></td>
<td>• abdominoplasty&lt;br&gt;• blepharoplasty&lt;br&gt;• breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast&lt;br&gt;• calf implants&lt;br&gt;• cheek/malar implants&lt;br&gt;• chin/nose implants&lt;br&gt;• collagen injections&lt;br&gt;• electrolysis&lt;br&gt;• face/forehead lift&lt;br&gt;• brow lift&lt;br&gt;• hair removal/hair transplantation&lt;br&gt;• penile prosthesis (noninflatable/inflatable)&lt;br&gt;• testicular expanders&lt;br&gt;• jaw shortening/sculpturing/facial bone reduction&lt;br&gt;• laryngoplasty&lt;br&gt;• lip reduction/enhancement&lt;br&gt;• liposuction&lt;br&gt;• mastopexy&lt;br&gt;• neck tightening&lt;br&gt;• nipple/areola reconstruction&lt;br&gt;• pectoral implants&lt;br&gt;• removal of redundant skin&lt;br&gt;• replacement of tissue expander with permanent prosthesis testicular insertion&lt;br&gt;• rhinoplasty&lt;br&gt;• skin resurfacing (e.g., dermabrasion, chemical peels)&lt;br&gt;• surgical correction of hydraulic abnormality of inflatable (multi-component) prosthesis including pump and/or cylinders and/or reservoir&lt;br&gt;• trachea shave/reduction thyroid chondroplasty&lt;br&gt;• voice modification surgery&lt;br&gt;• voice therapy/voice lessons</td>
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## References

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### Procedure/Equipment

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<th>REFERENCES (CONTINUED)</th>
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