



<b>CLINICAL MEDICAL POLICY</b>	
<b>Policy Name:</b>	Gender Transition Services
Policy Number:	MP-033-MD-PA
Approved By:	Medical Management
Provider Notice Date:	12/1/2016
Original Effective Date:	1/1/2017
Annual Approval Date:	7/18/2017
Revision Date:	NA
Products:	Pennsylvania Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 11

**Disclaimer**

***Gateway Health<sup>SM</sup> (Gateway) medical payment and prior-authorization policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.***

<http://gatewayhealthplan.com/MedicalPolicies>

**POLICY STATEMENT:**

Gateway Health<sup>SM</sup> provides coverage under the medical-surgical benefits of the Company’s Medicaid products for medically necessary gender transition services and procedures.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person’s unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

**DEFINITIONS:**

**Prior Authorization Review Panel** – A panel of representatives from within the Pennsylvania Department of Human Services who have been assigned organizational responsibility for the review, approval, and denial of all PH-MCO Prior Authorization policies and procedures.

## **PROCEDURES:**

### 1. Nonsurgical

#### A. Hormone therapy in adults criteria

- Persistent, well documented gender dysphoria by qualified health care provider; AND
- Capacity to make fully informed decision and to consent for treatment; AND
- Age of majority (18 years of age or older); AND
- If significant medical or mental health concerns are present, they must be reasonably well controlled; AND
- Initiation of hormone therapy is recommended by a qualified health care professional with written documentation; AND
- Laboratory testing to monitor the safety of continuous hormone therapy.

#### B. Puberty-suppressing hormones in adolescents criteria

- The adolescent has demonstrated a long-lasting and intense pattern of gender non-conformity or gender dysphoria (whether suppressed or expressed); AND
- Gender dysphoria emerged or worsened with the onset of puberty; AND
- Any coexisting psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment; AND
- The adolescent has been 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.
- Initiation of hormone therapy is recommended by a qualified health professional with written documentation; AND
- Laboratory testing to monitor the safety of continuous hormone therapy; AND
- Hormonal treatment can occur before the age of 18 after discontinuation of pituitary-blocking agents.

#### C. Psychotherapy

- Psychotherapy is not an absolute requirement, however, it is highly recommended for hormone therapy and/or surgical interventions;
- The mental health professional is competent in working with gender dysphoric individuals (i.e., master's degree or its equivalent in a clinical behavioral science field and knowledgeable in the assessment and treatment of gender dysphoria);
- The overall goal of therapy is to assist the individual in achieving long-term comfort in their gender identity expression, with realistic chances for success in their relationships, education, and work;
- The therapy, which can be individual, couple, family or group psychotherapy, is utilized to assess, diagnose, and treat any coexisting mental health concerns;
- The therapist can facilitate referrals to appropriate health care professionals for additional medical and/or surgical treatment.

### 2. Surgical

Gender confirmation surgery is considered medically necessary when the patient has been diagnosed as having a gender identity disorder (GID) with written documentation and ALL of the following criteria have been met:

- The patient is actively engaged with a competent qualified mental health professional and demonstrates all of the following:
- The disorder is not a symptom of another mental disorder or a chromosomal abnormality; AND
- The patient has successfully lived and worked within the desired gender full time for at least 12 months (real-life experience) without returning to the original *gender (for those patients requesting irreversible genital surgery only)*; AND
- There is documentation in the medical record of at least 12 months of continuous hormonal sex confirmation therapy, unless medically contraindicated. This may be simultaneous with real-life experience. This is not required for female-to-male mastectomy and with the creation of a male chest wall.
- Recommendation for sex confirmation surgery is made by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery. At least one letter should be a comprehensive report. There must be 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. For patients requesting breast/chest surgery, a recommendation from only one qualified behavioral health professional is required; AND
- Medical necessity documentation includes a separate evaluation by the physician performing the genital surgery; AND
- The patient is knowledgeable regarding required lengths of hospitalization, likely complications, and post-surgical rehabilitation.
- Age of consent must be consistent with Pennsylvania state law.

3. The following gender confirmation surgeries are eligible services when all of the above criteria are met:

Transwomen (male to female):

- Orchiectomy
- Penectomy
- Vaginoplasty
- Colovaginoplasty
- Clitoroplasty
- Labiaplasty
- Augmentation mammoplasty

Transmen (female to male):

- Breast reduction (e.g., mastectomy, reduction mammoplasty)
- Hysterectomy
- Salpingo-oophorectomy
- Colpectomy/Vaginectomy
- Metoidioplasty
- Phalloplasty
- Urethroplasty
- Scrotoplasty
- Testicular prosthesis implantation

4. Gender-specific services may be medically necessary for transgender persons appropriate to their anatomy, such as:
  - Breast cancer screening may be medically necessary for female-to-male transgender persons who have not undergone a mastectomy;
  - Prostate cancer screening may be medically necessary for male-to-female transgender individuals who have retained their prostate.
  
5. The following procedures are considered cosmetic services and are not considered medically necessary when used to improve the gender-specific appearance of the patient who has undergone or is planning to undergo gender-confirmation surgery (this list may not be all-inclusive):
  - Liposuction
  - Removal of redundant skin
  - Rhinoplasty
  - Rhytidectomy
  - Blepharoptosis
  - Blepharoplasty
  - Hair removal
  - Hair transplantation
  - Facial feminizing (e.g., facial bone reduction)
  - Chin augmentation
  - Skin resurfacing
  - Lip reduction/enhancement
  - Trachea shave/reduction thyroid chondroplasty
  - Laryngoplasty
  - Collagen injections

Other services considered not medically necessary also include:

- Treatment received outside of the United States
- Reversal of genital surgery(s)
- 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.
- Nonsurgical treatments that are not listed above.

**Note:** The procedures listed above will be considered not medically necessary nor primarily medical in nature. Requests for these procedures will be referred to the Medical Director, who must override criteria when, in their professional judgment, the requested service is medically necessary on a case-by-case basis.

6. Post-payment Audit Statement  
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Gateway Health<sup>SM</sup> at any time pursuant to the terms of your provider agreement.
  
7. Place of Service  
Services related to gender transition can be performed both as inpatient and as outpatient.

## **CODING REQUIREMENTS:**

### **Diagnosis Codes**

<b>ICD 10 Codes</b>	<b>Description</b>
F64	Gender identity disorders
F64.1	Gender identity disorder in adolescence and adulthood
Z87.890	Personal history of sexual reassignment

### **Noncovered CPT Procedure Codes**

<b>CPT Codes</b>	<b>Description</b>
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq. cm or less
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq. cm to 30.0 sq. cm
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq. cm or less
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq. cm to 30.0 sq. cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq. cm or less
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq. cm to 30.0 sq. cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq. cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq. cm to 30.0 sq. cm
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq. cm to 60.0 sq. cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq. cm, or part thereof (List separately in addition to code for primary procedure)
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis 15775
15775	Punch graft for hair transplant: 1 - 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15777	Implantation of biologic implant (e.g. acellular dermal matrix) for soft tissue reinforcement (i.e. breast, trunk) (List separately in addition to code for primary procedure)
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)
15787	Dermabrasion
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
19793	Chemical peel, nonfacial; dermal

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
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
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 (e.g., abdominoplasty) (includes umbilical transposition and fascial plication)
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
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
20926	Tissue grafts, other (e.g., paratenon, fat, dermis)
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; without bone graft
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,
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes o
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (in
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 autograft
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autograft
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts
21173	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 graft
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)
21235	Graft; ear cartilage, autogenous, to 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
21270	Malar augmentation, prosthetic material
21899	Unlisted procedure, neck or thorax
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, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
31587	Laryngoplasty, cricoid split
31599	Unlisted procedure, larynx
31750	Tracheoplasty; cervical (Adam's apple surgery)

31899	Trachea shave/reduction thyroid chondroplasty
45399	Unlisted procedure, colon
45999	Unlisted procedure, rectum
58999	Unlisted procedure, female genital system (nonobstetrical)
64856	Suture of major nerve, arm or leg, except sciatic; including transposition
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material
67902	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)
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 (e.g., Fasanella-Servat type)
69300	Otoplasty, protruding ear, with or without size reduction
90785	Interactive complexity (List separately in addition to the code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance of drug), subcutaneous or intramuscular

#### Covered CPT Procedure Codes

CPT Codes	Description
19301	Mastectomy
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19316	Mastopexy
19318	Reduction mammoplasty
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
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19371	Periprosthetic capsulectomy, breast
19380	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (e.g., 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 off prostatic or membranous urethra; second stage
53420	Urethroplasty, 2-stage reconstruction or repair off prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair off 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 (e.g., Tenago, Leadbetter procedure)
54120	Amputation of penis; partial
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
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained)penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
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
55150	Resection of scrotum.
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55899	Phalloplasty
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56620	Vulvectomy simple; partial.
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical
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.
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57335	Vaginoplasty for intersex state
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure).
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)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele.
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpourethrocytopexy (Marshall)
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele.
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)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele.
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele.
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 adnexal structures (partial or total oophorectomy and/or salpingectomy)

58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral;
90832	Psychotherapy (covered by behavioral health)
90838	Psychotherapy (covered by behavioral health)
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals

**REIMBURSEMENT:**

Participating facilities will be reimbursed per their Gateway Health<sup>SM</sup> contract.

**POLICY SOURCE(S):**

The World Professional Association for Transgender Health. Standards of Care for the Health of the Transsexual, Transgender, and Gender Nonconforming People. 7<sup>th</sup> version. Available at: [http://www.wpath.org/site\\_page.cfm?pk\\_association\\_webpage\\_menu=1351&pk\\_association\\_webpage=3926](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926). Accessed on July 19, 2016.

Managed Care Operations Memorandum. Coverage of Services Related to Gender Transition. MCOPS Memo # 07/2016-007. July 18, 2016. Available at: [https://dpwintra.dpw.state.pa.us/HealthChoices/custom/post/mcopsmemo/2016/mc\\_ops\\_07-2016-007.asp](https://dpwintra.dpw.state.pa.us/HealthChoices/custom/post/mcopsmemo/2016/mc_ops_07-2016-007.asp). Accessed on July 19, 2016.

Pennsylvania Department of Human Services. Federal Final Rule, “Nondiscrimination in Health Programs and Activities” and Implication for Coverage of Services Related to Gender Transition. Medical Assistance Bulletin # 99-16-11. July 18, 2016. Available at: [http://dhs.pa.gov/cs/groups/webcontent/documents/bulletin\\_admin/c\\_233793.pdf](http://dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_233793.pdf). Accessed on July 19, 2016.