

	Johns Hopkins Health Plans <b>Medical Policy Manual</b> <b>Medical Policy</b>	<i>Policy Number</i>	CMS24.08	
		<i>Effective Date</i>	04/01/2025	
		<i>Approval Date</i>	01/21/2025	
	<i>Subject</i>	<b>Gender Affirming Treatment &amp; Procedures - EHP</b>	<i>Supersedes Date</i>	04/01/2024
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This document applies to the following Participating Organizations:

EHP

**Keywords:** Gender Affirmation, Gender Affirming, Gender Incongruence

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## I. ACTION

	New Policy	
X	Revising Policy Number	CMS24.08
X	Superseding Policy Number	CMS07.05 (for EHP)
	Retiring Policy Number	

## II. POLICY DISCLAIMER

Johns Hopkins Health Plans (JHHP) provides a full spectrum of health care products and services for Advantage MD, Employer Health Programs, Johns Hopkins Health Plan of Virginia Inc., Priority Partners, and US Family Health Plan. Each line of business possesses its own unique contract, benefits, regulations, and regulators' clinical guidelines that supersede the information outlined in this policy.

## III. POLICY

For Employer Health Programs (EHP) refer to:

- Plan Specific Summary Plan Descriptions (SPDs)
- Employer Health Programs (EHP) [Advanced Control Formulary](#)

## IV. POLICY CRITERIA

### A. General Considerations

- When benefits are provided under the member's contract, JHHP EHP will authorize gender-affirming treatment and procedures when the diagnostic criteria in B below AND the specific criteria for the requested treatments or procedures have been met.
- Refer to Policy Section III for benefit coverage information, including age requirements or limitations, and plan specific pharmacy formularies.

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3. When a systemic complication such as sepsis, infection, hemorrhage or other serious documented medical complication occurs as a result of any surgical procedure, treatment of the complication is considered medically necessary.
4. Revision surgery may be considered medically necessary for the following:
  - a. To approximate functional anatomy, OR;
  - b. For the purposes of detransition or retransition.
5. Medically reasonable adjunctive procedures performed to enhance the ability of a member to live aligned with their gender identity will be considered for coverage as defined in the treating provider's treatment plan established in conjunction with the member to relieve gender incongruence.  
*Note:* Particular consideration will be given to whether the proposed procedure(s) advances an individual's ability to properly present and function in the identified gender role, including non-binary role.

**B. Diagnosis of Gender Dysphoria in Adolescents and Adults**

*Note:* As of yet, the ICD-11 has not been adopted in the United States. Once ICD-11 is adopted in the US, gender-affirming care will no longer be premised upon having a diagnosis of a mental or behavioral health condition. In the future, gender-affirming care will be classified under the category of sexual health. Until that time, gender-affirming treatment remains premised on a qualified licensed healthcare clinician establishing a diagnosis of Gender Dysphoria.

1. The member must meet the following criteria adopted from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) for Gender Dysphoria:
  - a. A marked incongruence between one's experienced/expressed gender and sex assigned at birth, of at least 6 months duration, as manifested by at least TWO of the following:
    - i. 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);
    - ii. 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);
    - iii. A strong desire for the primary and/or secondary sex characteristics of another gender;
    - iv. A strong desire to be of some alternative gender different from one's assigned gender;
    - v. A strong desire to be treated as some alternative gender different from one's assigned gender;
    - vi. A strong conviction that one has the typical feelings and reactions of some alternative gender different from one's assigned gender, AND;
  - b. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**C. Considerations for Hormone Treatment**

1. Plan pharmacy formularies should be consulted for specific puberty suppression and gender-affirming hormone coverage (*Refer to Policy Section III for EHP formulary*).

**D. Considerations for Fertility Preservation (*Refer to [CMS23.07 Infertility Treatment and Fertility Preservation](#)*)**

**E. Considerations for Surgical Treatment**

1. *Breast/Chest/Genital/Adjunctive Surgery in Adults:* When benefits are provided under the member's contract, JHHP will authorize gender-affirming breast/chest/genital surgery when ALL of the following criteria are met:
  - a. The member is 18 years of age or older, AND;
  - b. A letter of referral (letter of medical necessity) from a qualified licensed healthcare professional includes the following:
    - i. Meets the diagnostic criteria for gender dysphoria/incongruence, AND;
    - ii. Gender dysphoria/incongruence is marked and sustained over time, AND;
    - iii. Demonstrates the capacity to make fully informed decisions and consent for the specific gender-affirming surgical intervention, AND;

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- iv. Understands the effect of gender-affirming surgical intervention on reproduction, and they have explored reproductive options, AND;
- v. Other possible causes of apparent gender dysphoria/incongruence have been identified and excluded, AND;
- vi. Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, and risks and benefits have been discussed, AND;
- vii. For individuals seeking gonadectomy, six months of gender-affirming hormone therapy or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or medically contraindicated.

2. *Breast/Chest/Genital/Adjunctive Surgery in Adolescents: (Refer to Definitions)*

- a. A comprehensive biopsychosocial assessment by qualified licensed mental health AND medical professionals has been completed, AND;
- b. A letter of referral (letter of medical necessity) from a qualified licensed healthcare professional includes the following:
  - i. Meets the diagnostic criteria of gender dysphoria/incongruence, AND;
  - ii. Gender dysphoria/incongruence is marked and sustained over time, AND;
  - iii. Demonstrates capacity, emotional and cognitive maturity required to provide informed consent/assent for the specific gender-affirming surgical intervention, AND;
  - iv. Understands the effect of gender-affirming surgical intervention on reproduction, and they have explored reproductive options, AND;
  - v. Other possible causes of apparent gender incongruence have been identified and excluded, AND;
  - vi. Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed, AND;
  - vii. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility, AND;
  - viii. At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, unless hormone therapy is either not desired or is medically contraindicated.

*Note:* The hormone requirement does not apply to gender-affirming mastectomy.

F. Surgical Procedures

- 1. When benefits are provided under the member's contract, the following breast/chest and genital surgeries for adult members meeting the above criteria may be considered for coverage when performed as part of gender-affirming surgery:
  - a. Augmentation mammoplasty
  - b. Breast reduction
  - c. Breast prosthesis/implant
  - d. Clitoroplasty
  - e. Coloproctostomy
  - f. Colovaginoplasty
  - g. Colpectomy
  - h. Electrolysis of grafted tissue
  - i. Flaps, grafts, and/or tissue transfer directly related to a genital reconstructive procedure
  - j. Glansplasty
  - k. Hysterectomy
  - l. Labiaplasty
  - m. Laser hair removal of grafted tissue
  - n. Mastectomy

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- o. Mastopexy
  - p. Metoidioplasty
  - q. Nipple reconstruction
  - r. Oophorectomy
  - s. Orchiectomy
  - t. Penectomy
  - u. Phalloplasty\*
  - v. Placement of penile prosthesis
  - w. Placement of testicular prosthesis
  - x. Salpingo-oophorectomy
  - y. Scrotoplasty
  - z. Tattooing for nipple and phallus reconstruction
  - aa. Vaginectomy
  - ab. Vaginoplasty
  - ac. Vulvoplasty
  - ad. Urethroplasty
2. When benefits are provided under the member's contract for gender affirmation treatment/procedures, the following additional reconstructive and adjunctive treatment/procedures will be considered for coverage for adult members when the above criteria are met:
- a. Abdominoplasty
  - b. Blepharoplasty
  - c. Botox injections
  - d. Brow lift/brow augmentation/brow reduction
  - e. Calf Implants
  - f. Cheek/malar implants
  - g. Chin contouring (genioplasty)/implants
  - h. Collagen injections
  - i. Cranial prosthesis (wig)
  - j. Face lift (rhytidectomy)
  - k. Forehead reduction and contouring
  - l. Facial bone reduction (osteoplasty)
  - m. Flaps, grafts, and/or tissue transfer directly related to a covered procedure
  - n. Frontal sinus remodeling
  - o. Gluteal augmentation (implants/lipofilling)
  - p. Hair removal (electrolysis/laser epilation)
  - q. Hair transplantation/ hairline advancement
  - r. Hip implants
  - s. Jaw reduction (masseter reduction), contouring, augmentation
  - t. Laryngoplasty/voice modification surgery (*concurrent speech therapy recommended*)
  - u. Lip lift/ lip filling/augmentation/upper lip shortening
  - v. Male chest reconstruction/pectoral implants
  - w. Monsplasty/mons reduction
  - x. Orbital reconstruction
  - y. Panniculectomy
  - z. Repair of introitus
  - aa. Rhinoplasty
  - ab. Skin resurfacing (dermabrasion/chemical peels)

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- ac. Suction assisted lipoplasty, lipofiling, liposuction, fat grafting for body contouring (e.g. waist contouring)
- ad. Thyroid chondroplasty/chondrolaryngoplasty/tracheal shave
- ae. Voice modification speech therapy
- 3. When benefits are provided under the member's contract, chest/breast/genital\*/reconstructive and adjunctive treatment/procedures noted in F. above, with the exception of phalloplasty\*, may be considered for coverage for adolescent members on a case-by-case basis when the above criteria are met, with consideration of the individual's comprehensive biopsychosocial assessment and readiness for the proposed treatment/procedure.
- G. Exclusions:
  - 1. Unless specific benefits are provided under the members' contract, JHHP considers the following associated gender-affirming procedures to be cosmetic and, therefore, not medically necessary:
    - a. Revision/repeat adjunctive surgery intended to perfect appearance.
    - b. Surgery or procedure for the purpose of reversing the appearance of normal aging.
  - 2. Unless specific benefits are provided under the members' contract, JHHP considers the following associated gender-affirming procedures to be investigational and experimental as they do not meet the Technology Evaluation Criteria (TEC) as defined in [CMS01.00 Medical Policy Introduction](#):
    - 1. Uterine transplantation
    - 2. Penile transplantation.

## V. DEFINITIONS

Adolescents: The American Academy of Pediatrics (AAP) identifies adolescents as 11 to 21 years of age, dividing the group into early (ages 11-14), middle (ages 15-17), and late (ages 18-21) in the AAP's Bright Futures guidelines (Hardin, 2017). However, the exact lower and upper age borders of adolescents are imprecise and cannot be defined exclusively by age and treatment planning is based on the biopsychosocial assessment (WPATH, 2022). For the purposes of this policy, adolescents are considered those patients who are between the start of puberty (Tanner stage 2) and 18 years old.

Detransition: A term sometimes used to describe an individual's retransition to the gender stereotypically associated with their sex assigned at birth (WPATH, 2022).

Gender-Affirming Surgery: Surgical procedures performed to change primary and/or secondary sex characteristics to affirm a person's gender identity (WPATH, 2022).

Gender Diverse: A term used to describe people with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth. This may include individuals who identify as nonbinary, gender expansive, gender nonconforming, and others who do not identify as cisgender (WPATH, 2022).

Gender Dysphoria: A state of distress or discomfort that may be experienced because a person's gender identity differs from that which is physically and/or socially attributed to their sex assigned at birth. Not all transgender and gender-diverse people experience gender dysphoria (WPATH 2022).

Gender Expression: Refers to how a person enacts or expresses their gender in everyday life and within the context of their culture and society. Expression of gender through physical appearance may include dress, hairstyle, accessories, cosmetics, hormonal and surgical interventions, as well as mannerisms, speech, behavioral patterns, and names. A person's gender expression may or may not conform to a person's gender identity (WPATH, 2022).

Gender Identity: A person's deeply felt, internal, intrinsic sense of their own gender (WPATH, 2022).

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**Gender Incongruence:** A diagnostic term used in ICD-11 that describes a person's marked and persistent experience of an incompatibility between that person's gender identity and the gender expected of them based on their birth-assigned sex (WPATH, 2022).

**Retransition:** Refers to the second or subsequent gender transition, whether by social, medical, or legal means. A retransition may be from one binary or nonbinary gender to another binary or nonbinary gender. People may retransition more than once. Retransition may occur for many reasons, including evolving gender identities, health concerns, family/societal concerns, and financial issues (WAPTH, 2022).

**Tanner Stages of Development (Hembree, 2017):**

Stage	Breast Development
1	Prepubertal
2	Breast and papilla elevated as small mound; areolar diameter increased
3	Breast and areola enlarged, no contour separation
4	Areola and papilla form secondary mound
5	Mature; nipple projects, areola part of general breast contour
Stage	Penis and Testes Development
1	Prepubertal, testicular volume <4 mL
2	Slight enlargement of penis; enlarged scrotum, pink texture altered, testes 4–6 mL
3	Penis longer, testes larger (8–12 mL)
4	Penis and glans larger, including increase in breadth; testes larger (12–15 mL), scrotum dark
5	Penis adult size; testicular volume >15 ml

**Transgender or Trans:** Umbrella terms used to describe people whose gender identities and/or gender expression are not what is typically expected for the sex they were assigned at birth. These words should always be used as adjectives (as in "trans people" and never as nouns (as in "transgenders") and never as verbs (as in "transgendered") (WPATH, 2022).

**Transgender Man:** Individuals who have gender identities as men and who were assigned female at birth (WPATH, 2022).

**Transgender Women:** Individuals who have gender identities as women and who were assigned male at birth (WPATH, 2022).

**Transition:** Process of changing an individual's gender expression associated with the assigned sex at birth to another gender expression that better matches the individual's gender identity. This may include social transition (changing their name, pronoun, clothing, hairstyles) and may or may not include hormones and/or surgeries to alter the physical body (WPATH, 2022).

## **VI. BACKGROUND**

The transition process of going from living aligned with the sex one was assigned at birth to living aligned with one's gender identity is a highly individualized one that encompasses social, legal, and medical dimensions for most people. As such, embracing a patient-centered care model to transgender healthcare is important. Transgender and gender-diverse (TGD)

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individuals may present with different needs and the selection of appropriate treatment and procedures should be based on the unique needs of the individual in relation to the treatment of his or her gender dysphoria/incongruence. The number and type of interventions applied and the order and timing in which these take place will differ from person to person (WPATH, 2022).

The World Professional Association for Transgender Health Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (WPAH SOC-8, 2022), the Endocrine Society Clinical Practice Guideline, Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons (2017), the American Academy of Pediatrics policy statement, Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents (2018), and the American Psychiatric Association’s Diagnostic and Statistics Manual (DSM-5-TR) (2022), provide current guidance on gender-affirmation diagnosis and treatment options for medical and surgical management of transgender people.

While Gender Dysphoria (GD) is still considered a mental health condition in the Diagnostic and Statistical Manual of Mental Disorders, (DSM-5-TR) of the American Psychiatric Association, gender incongruence is no longer seen as pathological or a mental disorder in the world health community (WPATH 2022). The World Health Organization (WHO) recognizes Gender Incongruence as a condition related to sexual health and not a mental and behavioral health disorder in the International Classification of Diseases, 11th Version (ICD-11) (WPATH, 2022, WHO, 2022). ICD-11 was adopted by the 72nd World Health Assembly in 2019 and came into effect on January 1, 2022 (WHO, 2022). Adoption and implementation of ICD-11 by the United States is pending and may be delayed by several years for general use. Currently, the determination of the clinical diagnosis of gender dysphoria (GD) or gender incongruence is best made by mental health professionals, medical physicians, or other qualified healthcare professionals who are experts in the field of gender-affirming care.

For transgender youths, the WPATH SOC-8 recommends a comprehensive biopsychosocial assessment involving licensed mental health and medical professionals with training in gender identity care. A collaborative approach is endorsed and key information is also obtained from the parents or guardians (WPATH, 2022). If DSM-5-TR criteria are met for the diagnosis of gender dysphoria, individuals seeking care are informed about various treatment options intended to alleviate the distress of gender dysphoria. Information on the limitations of interventions should be disclosed to prevent unrealistically high expectations (Hembree, 2017). It is important to note that gender dysphoria is not in itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition (APA, 2021). Transgender and gender-diverse people are at increased risk for mental health concerns such as anxiety, depression or suicidality as a result of persistent societal stigmatization, discrimination and healthcare disparities grounded in prejudice and bigotry. Ensuring access to mental health care and support is an essential component to holistic gender-affirming care.

Healthcare for transgender individuals is an interdisciplinary field and coordination of care is required and endorsed in the Endocrine Society Clinical Practice Guidelines. The guidelines advise that the clinician responsible for endocrine treatment and the primary care provider ensure appropriate medical clearance of transgender individuals for genital gender-affirming surgery and recommend collaboration with the surgeon regarding hormone use during and after surgery. These guidelines also recommend that the mental health professional and the clinician responsible for endocrine transition therapy both agree that genital gender-affirming surgery is medically necessary and would benefit the patient’s overall health and/or well-being prior to referring for surgery. In the case of adolescents, the guidelines endorse an expert multi-disciplinary team, comprised of medical professionals and mental health professionals, to manage the treatment of this population (Hembree, 2017). In the absence of a multidisciplinary team, the WPATH SOC-8 guidelines recommend collaboration between the pediatric endocrinologist, mental health professional, and other key health care providers regarding assessments, education and decisions about whether puberty suppression, hormone initiation, or gender-related surgery for gender-diverse and transgender adolescents are appropriate and remain indicated throughout the course of treatment until the transition is made to adult care. Key disciplines referenced include adolescent medicine/primary care, endocrinology, psychology, psychiatry, speech/language pathology, social work, support staff, and the surgical team.

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The medical necessity and benefits of surgical treatment of gender dysphoria/gender incongruence in appropriately selected TGD individuals has been demonstrated through clinical research with the vast majority of follow-up studies showing a beneficial effect of gender-affirming surgery on postoperative outcomes such as reported well-being, sexual function, and satisfaction with cosmetic change. (WPATH, 2022). The SOC-8 reports a growing body of evidence that indicates providing gender-affirming medical treatment for gender-diverse youth and surgical intervention in young adults who meet criteria leads to positive outcomes (Achille et al., 2020; de Vries et al., 2014; Kuper et al., 2020). There is, however, limited data on the optimal timing of gender-affirming interventions as well as the long-term physical, psychological, and neurodevelopmental outcomes in youth (Chen et al., 2020; Chew et al., 2018; Olson-Kennedy et al., 2016). In consideration of ages for gender-affirming surgical treatment for adolescents, SOC-8 recognizes advanced ages may be required for treatments with greater irreversibility, complexity, or both. This approach allows for continued cognitive/emotional maturation that may be required for the adolescent to fully consider and consent to increasingly complex treatments. With the complexity of phalloplasty, and current high rates of complications in comparison to other gender-affirming surgical treatments, it is not recommended this surgery be considered in youth under 18 at this time. The SOC-8 recommends consideration of gender-affirming surgical interventions for eligible transgender and gender-diverse adolescents when a multidisciplinary approach includes mental health and medical professionals in the decision-making process (WPATH, 2022).

Hayes (2022) evaluated the impact of genital and breast/chest gender affirmation surgery on adult patients experiencing gender dysphoria. The effectiveness of gender affirmation procedures was primarily based on the following outcomes: symptoms of gender dysphoria, quality of life, sexual function, patient satisfaction with aesthetic result, body image satisfaction, and psychological outcomes. While some outcomes of interest showed mixed results, overall, the studies consistently reported that gender affirmation surgery resulted in statistically significantly less gender dysphoria. Hayes evidence analysis research briefs on gender-affirming surgical procedures in adolescents concluded there is a paucity of published peer-reviewed literature meeting their inclusion criteria to evaluate the safety and efficacy of gender-affirming surgery in adolescents (Hayes, 2022; Hayes, 2023).

In the care of adolescents, the Endocrine Society Guidelines recommend clinicians delay gender-affirming genital surgery involving gonadectomy and/or hysterectomy until the patient is at least 18 years old or the legal age of majority in his or her country. These guidelines suggest that clinicians determine the timing of breast surgery for transgender males based upon the physical and mental health status of the individual due to insufficient evidence to recommend a specific age requirement (Hembree, 2017). The American Academy of Pediatrics reports that eligibility criteria for gender-affirming surgical interventions among adolescents are not clearly defined between established protocols and practice and eligibility is determined on a case-by-case basis with the adolescent and the family along with input from medical, mental health, and surgical providers (Rafferty, 2018).

According to WPATH SOC-8, the goal of gender-affirming care is to partner with TGD people to holistically address their social, mental, and medical health needs and well-being while respectfully affirming their gender identity. Gender-affirming care supports TGD people during the different stages of their lives, including preventive care and chronic disease management. Preventive care, such as cancer screening, screening for osteoporosis and sexually transmitted infections, is an important part of gender-affirming care and should be offered when medically necessary and appropriate to an individual's age and anatomy (WPATH, 2022).

JHHP Employer Health Program recognizes that there is no longer any legitimate debate within medicine about the efficacy of gender-affirming care in improving the lives of the overwhelming number of transgender and gender-diverse people who seek such care. There is also a recognized need for further clinical research and additional systemic reviews to expand the medical knowledge and scientific foundation of this area of healthcare.



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## VII. CODING DISCLAIMER

CPT<sup>®</sup> Copyright 2025 American Medical Association. All rights reserved. CPT<sup>®</sup> is a registered trademark of the American Medical Association.

*Note:* The following CPT<sup>®</sup>/HCPCS codes are included below for informational purposes and may not be all-inclusive. Inclusion or exclusion of a CPT<sup>®</sup>/HCPCS code(s) below does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member's specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee of payment. Other policies and coverage determination guidelines may apply.

*Note:* All inpatient admissions require preauthorization.

*Adherence to the provisions in this policy may be monitored and addressed through post payment data analysis and/or medical review audits*

Employer Health Programs (EHP): Specific Summary Plan Descriptions (SPDs) supersedes JHHP Medical Policy. If there are no criteria in the SPD, apply the Medical Policy criteria.

## VIII. CODING INFORMATION

CPT <sup>®</sup> CODES ARE FOR INFORMATIONAL PURPOSES ONLY	
CPT <sup>®</sup> CODES	DESCRIPTION
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 4.0 cm
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
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
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent implant
11971	Removal of tissue expander without insertion of implant
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less

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14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm (not primary code)
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less (not primary code, others)
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
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)
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
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

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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)
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
19303	Mastectomy, simple, complete
19316	Mastopexy
19318	Breast reduction
19325	Breast augmentation with implant
19342	Insertion or replacement of breast implant on separate day from mastectomy
19350	Nipple/areola reconstruction
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21137	Reduction forehead; contouring only
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)

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21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21270	Malar augmentation, prosthetic material
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)
31081	Sinusotomy frontal; oblitative, without osteoplastic flap, coronal incision (includes ablation)
31599	Unlisted procedure, larynx
31750	Tracheoplasty; cervical
31899	Unlisted procedure, trachea, bronchi
40799	Unlisted procedure, lips
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
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
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular prosthesis (separate procedure)

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54690	Laparoscopy, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55899	Unlisted procedure, male genital system
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
57106	Vaginectomy, partial removal of vaginal wall
57110	Vaginectomy, complete removal of vaginal wall
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;
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 250g; 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 grams or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;

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58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; 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 grams or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams 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
58999	Unlisted procedure, female genital system (nonobstetrical)
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
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, 2 or more individuals

<b>HCPCS CODES ARE FOR INFORMATIONAL PURPOSES ONLY</b>	
<b>HCPCS CODES</b>	<b>DESCRIPTION</b>
A9282	Wig, any type, each
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, noninflatable
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)
L8600	Implantable breast prosthesis, silicone or equal

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ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY	
ICD10 CODES	DESCRIPTION
F64.0	Transsexualism
F64.2	Gender identity disorder in childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

## IX. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins Health Plans (JHHP) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy Team will continue to monitor and review any newly published clinical evidence and revise the policy and adjust the references below accordingly if deemed necessary.

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	Johns Hopkins Health Plans <b>Medical Policy Manual</b> <b>Medical Policy</b>	<i>Policy Number</i>	CMS24.08	
		<i>Effective Date</i>	04/01/2025	
		<i>Approval Date</i>	01/21/2025	
	<i>Subject</i>	<b>Gender Affirming Treatment &amp; Procedures - EHP</b>	<i>Supersedes Date</i>	04/01/2024
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## **XI. APPROVALS**

Historical Effective Dates: 07/01/2022; 08/16/2022 (Reference added to Infertility Policy); 06/01/2023, 04/01/2024, 04/01/2025