

Medical Policy



An independent licensee of the
Blue Cross Blue Shield Association

Title: Sex Reassignment Surgery

PRE-DETERMINATION of services is not required, but is highly recommended.

http://www.bcbsks.com/CustomerService/Forms/pdf/15-17_predeterm_request_frm.pdf

Professional

Original Effective Date: January 1, 2017

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Institutional

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State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION

Gender dysphoria involves a conflict between a person's physical or assigned gender and the gender with which he/she/they identify. People with gender dysphoria may be very uncomfortable with the gender they were assigned, sometimes described as being uncomfortable with their body (particularly developments during puberty) or being uncomfortable with the expected roles of their assigned gender.

Treatment options for gender dysphoria include counseling, cross-sex hormones, puberty suppression and sex reassignment surgery. Some adults may have a strong desire to be of a different gender and to be treated as a different gender without seeking medical treatment or altering their body. They may only want support to feel comfortable in their

gender identity. Others may want more extensive treatment including hormone treatment and sex reassignment surgery leading to a transition to the opposite sex.

Sex reassignment surgery (also referred to as gender reassignment surgery, gender confirmation surgery) is a permanent change to a patient's sexual identity. A careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach.

POLICY

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

- A. For female to male surgery, bilateral mastectomy is considered **medically necessary** when ALL of the following criteria have been met:
1. The individual is at least 18 years of age
and
 2. The individual has capacity to make fully informed decisions and consent for treatment
and
 3. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
 - a. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment
and
 - b. The transsexual identity has been present persistently for at least two years
and
 - c. The disorder is not a symptom of another mental disorder
and
 - d. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
and
 4. The individual has made changes to their legal documents (eg, name, gender)
and
 5. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated
and

6. Two referrals from qualified mental health professionals who have independently assessed the individual are required.
 - One letter should be from a psychiatrist or a PhD-level clinical psychologist, who can be expected to adequately evaluate co-morbid psychiatric conditions.
 - The second letter should be from a professional with a master's degree (e.g., L.C.S.W., M.S.W.) or higher.

The mental health professional provider recommendation letters should include all of the following:

- a. The individual's general identifying characteristics
- b. The initial and evolving gender, sexual, and other psychiatric diagnoses
- c. The duration of their professional relationship including the type of psychotherapy or evaluation that the individual underwent
- d. The eligibility criteria that have been met and the mental health professional provider's rationale for hormone therapy or surgery
- e. The degree to which the individual has followed the eligibility criteria to date and the likelihood of future compliance
- f. Whether the author of the letter is part of a gender team
- g. The mental health professional welcomes a phone call to confirm authorship of the referral letter

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

- B. For individuals undergoing gonadectomy, consisting of any combination of the following: hysterectomy, salpingo-oophorectomy, ovariectomy, or orchiectomy, it is considered **medically necessary** when **ALL** of the following criteria are met:
 1. The individual is at least 18 years of age
and
 2. The individual has capacity to make fully informed decisions and consent for treatment
and
 3. The individual has been diagnosed with gender dysphoria, and exhibits all of the following:
 - a. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment
and
 - b. The transsexual identity has been present persistently for at least two years
and

- c. The disorder is not a symptom of another mental disorder
and
- d. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
and
4. For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician
and
5. The individual has made changes to their legal documents (eg, name, gender)
and
6. If the individual has significant medical or mental health issues present, they must be reasonably well controlled.
If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated
and
7. Two referrals from qualified mental health professionals who have independently assessed the individual are required.
 - One letter should be from a psychiatrist or a PhD-level clinical psychologist, who can be expected to adequately evaluate co-morbid psychiatric conditions.
 - The second letter should be from a professional with a master's degree (e.g., L.C.S.W., M.S.W.) or higher.

The mental health professional provider recommendation letters should include all of the following:

- a. The individual's general identifying characteristics
- b. The initial and evolving gender, sexual, and other psychiatric diagnoses
- c. The duration of their professional relationship including the type of psychotherapy or evaluation that the individual underwent
- d. The eligibility criteria that have been met and the mental health professional provider's rationale for hormone therapy or surgery
- e. The degree to which the individual has followed the eligibility criteria to date and the likelihood of future compliance
- f. Whether the author of the letter is part of a gender team
- g. The mental health professional welcomes a phone call to confirm authorship of the referral letter

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

- C. For individuals undergoing genital reconstructive surgery, consisting of any combination of the following: metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty, or placement of testicular prostheses, it is considered **medically necessary** when **ALL** of the following criteria are met:
1. The individual is at least 18 years of age
and
 2. The individual has capacity to make fully informed decisions and consent for treatment
and
 3. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
 - a. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment
and
 - b. The transsexual identity has been present persistently for at least two years
and
 - c. The disorder is not a symptom of another mental disorder
and
 - d. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
and
 4. For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician
and
 5. The individual has made changes to their legal documents (eg, name, gender)
and
 6. Documentation that the individual has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, across a wide range of life experiences and events that may occur throughout the year (for example, family events, holidays, vacations, season-specific work or school experiences). This includes coming out to partners, family, friends, and community members (for example, at school, work, and other settings). The medical documentation should include:
 - a. The start date of living full time in the new gender

- b. Verification via communication with individuals who have related to the individual in an identity-congruent gender role
- and**
7. Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner
- and**
8. If the individual has significant medical or mental health issues present, they must be reasonably well controlled.
If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated
- and**
9. Two referrals from qualified mental health professionals who have independently assessed the individual are required.
 - One letter should be from a psychiatrist or a PhD-level clinical psychologist, who can be expected to adequately evaluate co-morbid psychiatric conditions.
 - The second letter should be from a professional with a master's degree (e.g., L.C.S.W., M.S.W.) or higher.

The mental health professional provider recommendation letters should include all of the following:

- a. The individual's general identifying characteristics
- b. The initial and evolving gender, sexual, and other psychiatric diagnoses
- c. The duration of their professional relationship including the type of psychotherapy or evaluation that the individual underwent
- d. The eligibility criteria that have been met and the mental health professional provider's rationale for hormone therapy or surgery
- e. The degree to which the individual has followed the eligibility criteria to date and the likelihood of future compliance
- f. Whether the author of the letter is part of a gender team
- g. The mental health professional welcomes a phone call to confirm authorship of the referral letter

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

- D. The use of hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure is considered **medically necessary**, in all other situations it is cosmetic and noncovered.

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

- E. Sex reassignment surgery is considered **not medically necessary** when one or more of the criteria above have not been met.

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

- F. The following procedures are considered **cosmetic and noncovered** when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo sex reassignment surgery, including, but not limited to, the following:
1. Abdominoplasty
 2. Blepharoplasty, Blepharoptosis, Brow lift
 3. Breast augmentation, Breast implants, Mastopexy, Pectoral implants
 4. Calf implants
 5. Chin augmentation reshaping or enhancing the size of the chin, Genioplasty, Chin implants, Mentoplasty
 6. Face lift (rhytidectomy), Facial implants, Facial bone reconstruction
 7. Gluteal augmentation
 8. Hair removal, Electrolysis, Hairplasty, Hair transplantation
 9. Jaw reduction (jaw contouring), Jaw sculpturing
 10. Lip reduction, Lip enhancement, Lipofilling, Lip collagen injections
 11. Liposuction, Lipoplasty
 12. Penile implant, penile prosthesis
 13. Removal of redundant skin
 14. Rhinoplasty, Nose implants
 15. Thyroid cartilage reduction, Chondroplasty, Chondrolaryngoplasty, Tracheal shave
 16. Voice modification surgery, Cricothyroid approximation, Laryngoplasty (for the purposes of voice modification)
 17. Voice therapy
 18. Reversal or revision of any aspect of gender reassignment surgery

RATIONALE

The Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5) offers the following definitions and criteria for diagnosis of Gender Dysphoria:

Gender dysphoria refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and / or surgery are not available.

Gender assignment refers to the initial assignment as male or female. This occurs usually at birth and, thereby, yields the "natal gender."

Gender reassignment denotes an official (and usually legal) change of gender.

Gender identity is a category of social identify and refers to an individual's identification as male, female, or, occasionally, some category other than male or female.

Gender dysphoria in Children*

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least six of the following (one of which must be Criterion A1):
1. 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).
 2. 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 wearing of typical feminine clothing.
 3. A strong preference for cross-gender roles in make-believe play of fantasy play.
 4. A strong preference for toys, games, or activities stereotypically used or engaged in by the other gender.
 5. A strong preference for playmates of the other gender.
 6. 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.
 7. A strong dislike of one's sexual anatomy.
 8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
- B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

Specify if:

With a disorder of sex development (e.g., a congenital adrenogenital disorder such as E25.0 congenital adrenogenital disorders associated with enzyme deficiency or E34.50 androgen insensitivity syndrome)

Coding note: Code the disorder of sex development as well as gender dysphoria.

Gender dysphoria in Adolescents and Adults*

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least two of the following:
1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (on in young adolescents, the anticipated secondary sex characteristics).
 2. 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 (on in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).

3. A strong desire for the primary and /or secondary sex characteristics of the other gender.
 4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 6. 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).
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

With a disorder of sex development (e.g., a congenital adrenogenital disorder such as E25.0 congenital adrenogenital disorders associated with enzyme deficiency or E34.50 androgen insensitivity syndrome)

Coding note: Code the disorder of sex development as well as gender dysphoria.

Specify if:

Post transition: The individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen- namely regular cross-sex treatment or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in the natal male; mastectomy or phalloplasty in the natal female).

*From: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. DSM-5. American Psychiatric Association. Washington, DC. May 2013. Page 451-459.

As discussed in the World Professional Association for Transgender Health (WPATH). Standards of care (SOC) for the health of transsexual, transgender, and gender nonconforming people. 7th version:

...for some types of genital surgeries – i.e., that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity – is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery. As noted in section VII, the social aspects of changing one's gender role are usually challenging – often more so than the physical aspects. Changing gender role can have profound personal and social consequences, and the decision to do so should include an awareness of what the familial, interpersonal, educational, vocational, economic, and legal challenges are likely to be, so that people can function successfully in their gender role. Support from a qualified mental health professional and from peers can be invaluable in ensuring a successful gender role adaptation (Bockting, 2008).

The duration of 12 months allows for a range of different life experiences and events that may occur throughout the year (e.g., family events, holidays, vacations, season-specific work or school experiences). During this time, patients should present consistently, on a day-to-day basis and across all settings of life, in their desired gender role. This includes coming out to partners, family, friends, and community members (e.g., at school, work, other settings).

Health professionals should clearly document a patient's experience in the gender role in the medical chart, including the start date of living full time for those who are preparing for genital surgery. In some situations, if needed, health professionals may request verification that this criterion has been fulfilled: They may communicate with individuals who have related to the patient in an identity-congruent gender role, or request documentation of a legal name and/or gender marker change, if applicable.

The WPATH Standards of Care, 7th version goes on to reflect:

Surgery – particularly genital surgery – is often the last and the most considered step in the treatment process for gender dysphoria. While many transsexual, transgender, and gender nonconforming individuals find comfort with their gender identity, role, and expression without surgery, for many others surgery is essential and medically necessary to alleviate their gender dysphoria (Hage & Karim, 2000). For the latter group, relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence with their gender identity.

Follow-up studies have shown an undeniable beneficial effect of sex reassignment surgery on postoperative outcomes such as subjective well being, cosmesis, and sexual function (De Cuypere et al., 2005; Gijs & Brewaeys, 2007; Klein & Gorzalka, 2009; Pfafflin & Junge, 1998)."

As for all of the SOC, the criteria for initiation of surgical treatments for gender dysphoria were developed to promote optimal patient care. While the SOC allow for an individualized approach to best meet a patient's health care needs, a criterion for all breast/chest and genital surgeries is documentation of persistent gender dysphoria by a qualified mental health professional. For some surgeries, additional criteria include preparation and treatment consisting of feminizing / masculinizing hormone therapy and one year of continuous living in a gender role that is congruent with one's gender identity.

Based on the available evidence and expert clinical consensus, different recommendations are made for different surgeries. The SOC do not specify an order in which different surgeries should occur. The number and sequence of surgical procedures may vary from patient to patient, according to their clinical needs.

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT/HCPCS

55970 Intersex surgery; male to female

55980 Intersex surgery; female to male

It is highly recommended one of the above non-reimbursable codes be submitted in combination with the procedure(s) being requested.

The procedure codes applicable to this policy include, but may not be limited to:

- 15775 Punch graft for hair transplant; 1 to 15 punch grafts
- 15776 Punch graft for hair transplant; more than 15 punch grafts
- 15820 Blepharoplasty, lower eyelid;
- 15822 Blepharoplasty, upper eyelid;
- 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
- 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
- 19301 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
- 19303 Mastectomy, simple, complete
- 19304 Mastectomy, subcutaneous
- 19316 Mastopexy
- 19324 Mammoplasty, augmentation; without prosthetic implant
- 19325 Mammoplasty, augmentation; with prosthetic implant
- 19340 Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
- 19342 Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
- 19350 Nipple/areola reconstruction
- 19357 Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
- 19361 Breast reconstruction with latissimus dorsi flap, without prosthetic implant
- 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 Revision of reconstructed breast
- 21120 Genioplasty; augmentation (autograft, allograft, prosthetic material)
- 21121 Genioplasty; sliding osteotomy, single piece
- 21122 Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
- 21123 Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
- 21125 Augmentation, mandibular body or angle; prosthetic material
- 21127 Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
- 21195 Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
- 21196 Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
- 21208 Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
- 21209 Osteoplasty, facial bones; reduction
- 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
- 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
- 54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
- 54660 Insertion of testicular prosthesis
- 54690 Laparoscopy, surgical; orchiectomy
- 55175 Scrotoplasty; simple
- 55180 Scrotoplasty; complicated
- 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
- 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
- 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;
- 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
- 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;
- 58999 Unlisted procedure, female genital system (nonobstetrical)
- 67901 Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
- 67902 Repair of blepharoptosis; frontalis muscle technique with autologous 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 (eg, Fasanella-Servat type)
- C1789 Prosthesis, breast (implantable)
- C1813 Prosthesis, penile, inflatable
- C2622 Prosthesis, penile, noninflatable
- L8600 Implantable breast prosthesis, silicone or equal

ICD-10 Diagnoses

F64.0	Transsexualism
F64.1	Dual role transvestism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

REVISIONS

01-01-2017	Policy added to the bcbsks.com web site 12-01-2016. Policy effective 01-01-2017.
01-01-2017	Policy published 12-20-2016. Policy effective 01-01-2017.
	In Coding section: <ul style="list-style-type: none"> ▪ Added ICD-10 Code: F64.0 ▪ ICD-10 Code Nomenclature Revised: F64.1

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