TITLE: Sex Reassignment Surgery

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

Professional
Original Effective Date: January 1, 2017
Revision Date(s): January 1, 2017
Current Effective Date: January 1, 2017

Institutional
Original Effective Date: January 1, 2017
Revision Date(s): January 1, 2017
Current Effective Date: January 1, 2017

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 (e.g., 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 (e.g., 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
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
   
2. The individual has capacity to make fully informed decisions and consent for treatment
   
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
   
   b. The transsexual identity has been present persistently for at least two years
   
   c. The disorder is not a symptom of another mental disorder
   
   d. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

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

5. The individual has made changes to their legal documents (eg, name, gender)

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

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

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

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   Mammaplasty, augmentation; without prosthetic implant
19325   Mammaplasty, 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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>19366</td>
<td>Breast reconstruction with other technique</td>
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<tr>
<td>19367</td>
<td>Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;</td>
</tr>
<tr>
<td>19368</td>
<td>Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)</td>
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<tr>
<td>19369</td>
<td>Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site</td>
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<td>19371</td>
<td>Periprosthetic capsulectomy, breast</td>
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<tr>
<td>19380</td>
<td>Revision of reconstructed breast</td>
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<td>21120</td>
<td>Genioplasty; augmentation (autograft, allograft, prosthetic material)</td>
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<tr>
<td>21121</td>
<td>Genioplasty; sliding osteotomy, single piece</td>
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<tr>
<td>21122</td>
<td>Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)</td>
</tr>
<tr>
<td>21123</td>
<td>Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)</td>
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<tr>
<td>21125</td>
<td>Augmentation, mandibular body or angle; prosthetic material</td>
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<td>21127</td>
<td>Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)</td>
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<td>21195</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation</td>
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<td>21196</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation</td>
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<tr>
<td>21208</td>
<td>Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)</td>
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<tr>
<td>21209</td>
<td>Osteoplasty, facial bones; reduction</td>
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<tr>
<td>30400</td>
<td>Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip</td>
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<tr>
<td>30410</td>
<td>Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip</td>
</tr>
<tr>
<td>31899</td>
<td>Unlisted procedure, trachea, bronchi</td>
</tr>
<tr>
<td>40799</td>
<td>Unlisted procedure, lips</td>
</tr>
<tr>
<td>53410</td>
<td>Urethroplasty, 1-stage reconstruction of male anterior urethra</td>
</tr>
<tr>
<td>53430</td>
<td>Urethroplasty, reconstruction of female urethra</td>
</tr>
<tr>
<td>54125</td>
<td>Amputation of penis; complete</td>
</tr>
<tr>
<td>54520</td>
<td>Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach</td>
</tr>
<tr>
<td>54660</td>
<td>Insertion of testicular prosthesis</td>
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<tr>
<td>54690</td>
<td>Laparoscopy, surgical; orchiectomy</td>
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<tr>
<td>55175</td>
<td>Scrotoplasty; simple</td>
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<td>55180</td>
<td>Scrotoplasty; complicated</td>
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<td>Vulvectomy, simple; complete</td>
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<tr>
<td>56800</td>
<td>Plastic repair of introitus</td>
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<td>56805</td>
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<tr>
<td>57106</td>
<td>Vaginectomy, partial removal of vaginal wall;</td>
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<tr>
<td>57110</td>
<td>Vaginectomy, complete removal of vaginal wall</td>
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<tr>
<td>57291</td>
<td>Construction of artificial vagina; without graft</td>
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<tr>
<td>57292</td>
<td>Construction of artificial vagina; with graft</td>
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<tr>
<td>57295</td>
<td>Revision (including removal) of prosthetic vaginal graft; vaginal approach</td>
</tr>
<tr>
<td>57296</td>
<td>Revision (including removal) of prosthetic vaginal graft; open abdominal approach</td>
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<tr>
<td>57335</td>
<td>Vaginoplasty for intersex state</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>57426</td>
<td>Revision (including removal) of prosthetic vaginal graft, laparoscopic approach</td>
</tr>
<tr>
<td>58150</td>
<td>Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)</td>
</tr>
<tr>
<td>58180</td>
<td>Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)</td>
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<tr>
<td>58260</td>
<td>Vaginal hysterectomy, for uterus 250 g or less;</td>
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<tr>
<td>58262</td>
<td>Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)</td>
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<tr>
<td>58275</td>
<td>Vaginal hysterectomy, with total or partial vaginectomy;</td>
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<tr>
<td>58290</td>
<td>Vaginal hysterectomy, for uterus greater than 250 g;</td>
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<tr>
<td>58291</td>
<td>Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)</td>
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<tr>
<td>58541</td>
<td>Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;</td>
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<tr>
<td>58543</td>
<td>Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;</td>
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<tr>
<td>58550</td>
<td>Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;</td>
</tr>
<tr>
<td>58552</td>
<td>Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)</td>
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<tr>
<td>58553</td>
<td>Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;</td>
</tr>
<tr>
<td>58554</td>
<td>Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)</td>
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<tr>
<td>58570</td>
<td>Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less</td>
</tr>
<tr>
<td>58571</td>
<td>Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)</td>
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<tr>
<td>58572</td>
<td>Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g</td>
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<tr>
<td>58573</td>
<td>Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)</td>
</tr>
<tr>
<td>58661</td>
<td>Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)</td>
</tr>
<tr>
<td>58720</td>
<td>Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)</td>
</tr>
<tr>
<td>58940</td>
<td>Oophorectomy, partial or total, unilateral or bilateral;</td>
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<tr>
<td>58999</td>
<td>Unlisted procedure, female genital system (nonobstetrical)</td>
</tr>
<tr>
<td>67901</td>
<td>Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)</td>
</tr>
<tr>
<td>67902</td>
<td>Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)</td>
</tr>
<tr>
<td>67903</td>
<td>Repair of blepharoptosis; (tarsal) levator resection or advancement, internal approach</td>
</tr>
<tr>
<td>67904</td>
<td>Repair of blepharoptosis; (tarsal) levator resection or advancement, external approach</td>
</tr>
<tr>
<td>67906</td>
<td>Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)</td>
</tr>
<tr>
<td>67908</td>
<td>Repair of blepharoptosis; conjunctivo-tarsal-Muller's muscle-levator resection (eg, Fasanella-Servat type)</td>
</tr>
<tr>
<td>C1789</td>
<td>Prosthesis, breast (implantable)</td>
</tr>
<tr>
<td>C1813</td>
<td>Prosthesis, penile, inflatable</td>
</tr>
<tr>
<td>C2622</td>
<td>Prosthesis, penile, noninflatable</td>
</tr>
<tr>
<td>L8600</td>
<td>Implantable breast prosthesis, silicone or equal</td>
</tr>
</tbody>
</table>


Contains Public Information
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
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
</table>

In Coding section:
- Added ICD-10 Code: F64.0
- ICD-10 Code Nomenclature Revised: F64.1

REFERENCES
10. UpToDate. Transgender women: Evaluation and Management.  