APPLYING AND UNDERSTANDING
THE WPATH STANDARDS OF CARE (SOC)
THROUGH THE HEALTHCARE PROVIDERS LENS

WELCOME
Primary Care
Insurance Coverage and Coding Considerations in Gender Affirming Primary Care

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University of California – San Francisco

Outline

• Health disparities specific to the primary care context
• General primary care and coding
• Hormone therapy & reproductive health considerations and coding
• Common pitfalls and challenges
• Costing considerations
• Additional context of state and local regulations, requirements, and exclusions

Table 2. Association Between Insurance Status and Gender-Affirming Hormone Use Among Respondents to the 2015 US Transgender Survey

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Use of Nonprescription Hormones, Among Those Using Hormones* (n = 12,037)</th>
<th>Use of Hormones, Among Those Interested (n = 21,237)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>aOR (95% CI)</td>
<td>P Value</td>
</tr>
<tr>
<td>Uninsured (compared with insured)</td>
<td>2.64 (1.88-3.71)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Table 3. Association Between Insurance Claim Denial and Gender-Affirming Hormone Use Among Insured Respondents to the 2015 US Transgender Survey

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Use of Nonprescription Hormones, Among Those Using Hormones* (n = 10,841)</th>
<th>Use of Hormones, Among Those Interested (n = 18,516)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>aOR (95% CI)</td>
<td>P Value</td>
</tr>
<tr>
<td>Claim for hormones denied by insurance</td>
<td>2.55 (1.61-3.97)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
“Gender-specific” screenings

- Cervical cancer
- Breast cancer
- Bone density testing

Cervical screening pitfalls

- Denial of coverage
- Inability to enter order
- Mismatch
- Changed to anal screening order
“Gender-specific diagnostics and treatment”

- Testicular
- Penile
- Vaginal
- Vulvar
- Uterine
- Ovarian
- Breast
- Cervical

“Gender-specific” diagnostics and treatment

- Will conflicts, no-match, or denials arise when facing these scenarios?
Reproductive health and fertility considerations

• Pre-treatment preservation (sperm, oocyte, embryo, gonadal tissue)
• Post-treatment gamete production and conception
• Contraception prescribing
• Contraception procedures (implant, IUD)
• Sterilization procedures NOT relating to gender affirmation
  • Vasectomy/Tubal ligation
Medical vs. pharmacy plan conflicts

- Injected medications (testosterone, estradiol, leuprolide) may be listed covered under medical plan
- Requirement for in-office injections may be prohibitive
- Lack of pre-approval or pre-authorization may put patient at risk of uncovered costs not discovered until after treatment received

Cracking the Code to Better Health

Ultimately, a lack of insurance reimbursement may explain why these Z-codes are so little used. Insurance companies pay for services based on diagnosis and procedure codes contained in medical documentation and submitted in claims, but Z-codes for social determinants of health don’t trigger such payments, and this means "there’s not a reason for providers to use them," Donovan says.
• Roughly $10,000/QALY at 10 years cost
• $100,000/QALY is the Willingness-to-pay threshold
• Cost of $0.016 PMPM for coverage of entire US trans population
Hormone Therapy
Insurance Coverage and Coding Considerations in Gender Affirming Hormonal Care for Adolescents & Young Adults

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Professor of Pediatrics
Division of Pediatric Endocrinology
Medical Director, Child & Adolescent Gender Center
University of California – San Francisco

Objectives

• Review basics of hormone action and regulation of puberty
• Understand use of pubertal blockers and gender-affirming sex hormones (GAH)
• Understand mental health benefits of gender-affirming hormonal care, some of which may be life-saving
• Understand relevant coding for pubertal blockers and GAH

What is a hormone?
A chemical substance made in one part of the body that has effects in other parts of the body

Hormonal Regulation of Puberty:
Sexual Maturation & Attainment of Reproductive Capability
Physical Stages of Puberty:

For those with testes

I  
II  
III  
IV  
V

For those with ovaries

I  
II  
III  
IV  
V

Children & Adolescents with Gender Dysphoria: Natural History

- Gender Dysphoria emerging at puberty or persisting into early puberty:
  - Likely transgender as adult

What are Puberty Blockers and what is their indication for use?

Puberty Blockers

- Put puberty on pause; “buy time”
- Prevent experiencing physical changes of puberty of undesired sex
- Fully reversible
- Once puberty completed, can only be incompletely reversed—making it difficult to blend in/ be seen as affirmed gender
  - Testosterone: Low voice, Adam’s apple; facial features
  - Estrogen: Breast development
Gender-Affirming Hormonal Management of Adolescents

- WPATH Standards of Care (SOC) 7
- Endocrine Society Clinical Practice Guideline
- Co-sponsored by WPATH
- Puberty blockers
  - Gender dysphoria has emerged or worsened with onset of puberty
- Gender-affirming sex hormones (Estradiol, Testosterone)
  - Initiate around age 16 yr
  - May be initiated before age 16 yr on case-by-case basis

Scientific Evidence Supporting Use of Pubertal Blockers and GAH in Adolescents

- Seminal study from Netherlands—Mental Health outcomes:
  - Following treatment with puberty blockers, GAH, and gender-affirming surgery:
    - Gender Dysphoria resolved
    - Psychological functioning generally improved
    - Sense of “well-being” equivalent or superior to age-matched controls from general population
    - No patients reported regret at any stage of treatment

- Seminal studies from U.S. —Mental Health outcomes:
  - Individuals treated with puberty blockers had significantly lower odds of lifetime suicidal ideation compared to those who wanted access to such Rx but didn’t receive it.
  - Pubertal blockers and GAH Rx associated with improved body image and significant decreases in body dissatisfaction

CPT & ICD -9/10 codes in the care of Transgender/ Gender diverse Adolescents

- CPT codes for endocrine consultation
  - New
    - Level of medical complexity
      - Time spent face to face with patient with >10% focused on management
    - Follow-up
      - Level of medical complexity
      - Time spent face to face with patient with >10% focused on management
- ICD 9/10 codes
  - Gender Dysphoria: F64.0
  - Endocrine disorder-NOS: 259.9/E34.9
- CPT procedure codes
  - Placement of puberty blocker implant (histrelin) – 11981
  - Removal of puberty blocker implant – 11982
  - Administration of puberty blocker by injection (leuprolide, triptorelin) – 11983
  - Endocrine disorder/NOS:
    - Histrelin implant: 11981
    - Leuprolide, triptorelin injection: 11982
    - Estradiol: patch, gel, injection
    - Testosterone: injection, transdermal (patch, gel), subcutaneous pellets

Insurance Reimbursement Challenges in the Medical Care of Transgender/ Gender diverse Adolescents

- Primary Challenge:
  - Reimbursement for GnRH agonists/ Pubertal blockers
    - Implant: Histrelin
    - Injection: Leuprolide; triptorelin

- “Labeling concern”
  - Not FDA-labeled for use for adolescents with gender dysphoria
  - Only FDA-labeled use in pediatric context: precocious puberty

- Despite “Off-label” context, GnRH agonists/ Pubertal blockers are the Standard of Care in the management of early-mid-pubertal gender dysphoric adolescents
  - as detailed in the WPATH SOC7 and the Endocrine Society Clinical Practice Guideline (co-sponsored by WPATH)
Mental Health
Gender Affirming Mental Health Services

WPATH Training on current standards in mental health treatment, outcomes, and access to care for
Gender dysphoria associated with Gender incongruence

Presented by Dr. Shawn V. Giammattei

Disclosures

None

Disclaimer

CPT & Diagnostic codes listed in this presentation present the most frequently utilized. The types of mental health services provided will differ depending on the specialty of the provider and the needs of the patient.

Content

- The Roles of Mental Health Providers and common codes
- Gender Health Evaluations and Standards of Care, Version 7
  - Symptoms & Diagnosis
  - Meeting criteria or not
  - Coding
- Understanding Gender Dysphoria
  - Impact on Mental Health & Quality of Life
  - Internal vs External Factors
- Outcomes of Mental Health & Medical Treatment
- Mental Health & Access to Care

Common Roles for Mental Health Providers

- Individual Therapist (child/adolescent/adult)
- Family / Couple Therapist
- Group Therapist (in or out of treatment facility)
- Gender Health Evaluator / Letter Writer
  - Collaborator in living authentically
- Gender Educator/Advocate
- Gender Coach
Mental Health CPT Codes

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake / Diagnostic Interview</td>
<td>90791</td>
</tr>
<tr>
<td>Individual 20-37 min session (tele-therapy)</td>
<td>90832, 90833-95</td>
</tr>
<tr>
<td>Individual 38-52 min session (tele-therapy)</td>
<td>90834, 90834-95</td>
</tr>
<tr>
<td>Individual 52+ min session (tele-therapy)</td>
<td>90837, 90837-95</td>
</tr>
<tr>
<td>Add on for Complexity</td>
<td>90785</td>
</tr>
<tr>
<td>Crisis Session 60 min (tele-therapy)</td>
<td>90839, 90839-95</td>
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<tr>
<td>Crisis Session add on 30 min (tele-therapy)</td>
<td>90840, 90840-95</td>
</tr>
<tr>
<td>Family Session without patient (tele-therapy)</td>
<td>90846, 90846-95</td>
</tr>
<tr>
<td>Family/Couples Session w/patient (tele-therapy)</td>
<td>90847, 90847-95</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>90853</td>
</tr>
<tr>
<td>Psychological Evaluation (add-on)</td>
<td>96130, 96131</td>
</tr>
<tr>
<td>Clinical Consultation</td>
<td>90785</td>
</tr>
</tbody>
</table>

Gender Health Evaluations & SOC7

Purpose:
- Assess Gender Dysphoria & Refer for treatment as necessary
  - Psychosocial assessment:
    - Gender history
    - Assess, diagnose, and discuss treatment for co-occurring issues
    - Assess ability to consent to treatment
  - Gender Psychoeducation
    - Different identities and presentations
    - possible interventions
    - Assess eligibility for medical treatments (hormones/surgery)
  - Create a social/medical/legal/psychological treatment plan
    - Make referrals for medical treatments
    - Prepare for medical interventions (pre & post care)

Gender Dysphoria – The Experience

- Mental Map
- Social Mirror
  - Pronouns
  - Name
  - Toys/ expectations
  - Physical Mirror
  - Existential Mirror
  - Gender Noise

Gender (Dysphoria) Noise

- Non-stop narration
  - It goes beyond body dysphoria
  - Cacophonous
  - Intrusive
  - Volume changes based on context
  - Never fully goes away
Gender (Dysphoria) Noise

**Often involves:**
- Fears about safety
- How others see you or will react to you
- How you sound
- How you walk, talk, gesture
- Making sense of microaggressions

Factors that Influence Health Disparities

**Internal Experiences**
- Gender Dysphoria
- Co-occurring Mental Health Issues not related to minority stress
- The internalization of negative attitudes

**External Experiences**
- Misgendering
- Minority Stress (potential or experienced discrimination, oppression, violence, etc.)
- Family/Community Support (or lack of support)
  - Stressors resulting from rejection, maltreatment, harassment, discrimination, and a transphobic society
- Employment/housing/food insecurities

DSM Diagnosis of Gender Dysphoria

**Criterion A:**
- A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least six months’ duration, as manifested by at least two or more of the following:

**Criterion B:**
- The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Full Criteria for Gender Dysphoria may not be currently present, yet treatment may be medically necessary

Mental Health Diagnostic Codes

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD Code (DSM Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Dysphoria in Adolescents and Adults (Transsexualism)</td>
<td>F64.0 (302.85)</td>
</tr>
<tr>
<td>Gender Dysphoria in Children</td>
<td>F64.2 (302.6)</td>
</tr>
<tr>
<td>Other Specified Gender Dysphoria</td>
<td>F64.8 (302.6)</td>
</tr>
<tr>
<td>Unspecified Gender Dysphoria</td>
<td>F64.9 (302.6)</td>
</tr>
</tbody>
</table>
Impact on Mental Health/Quality of Life

US National Transgender Study
- 39% experienced serious psychological distress in the month prior to completing the survey, compared with only 5% of the U.S. population.
- 40% of respondents have attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the U.S. population (4.6%).
- 33% who saw a health care provider had at least one negative experience related to being transgender.
- 23% did not seek the health care they needed in the year prior due to fear of being mistreated as a transgender person.
- 33% did not go to a health care provider when needed because they could not afford it.

Impact on Mental Health
(Across multiple studies)
- High Rates Depression
  - 44% - 84% trans and non-binary people had clinical depression
  - Rates increase with intersections of marginalized identities and age
- High Rates of Anxiety
  - 45% -90% of TGNB people experienced clinically significant anxiety
- Suicidality
  - 40% -50% had attempted suicide
- Self-harming behavior
  - 19% -43% had engaged in self-injurious behavior.

Common Co-Occurring Mental Health Issues
- Autism 3 to 6 times more likely
- ADHD
- OCD
- Eating Disorders – 18% vs 1%
- Social Phobia (anxiety)
- PTSD
- Substance Mis-use

Main Factors that Influence Mental Health and Quality of Life
(excluding discrimination/violence/oppression)
- Family Support
  - Support from family is protective against depression, and significantly associated with a higher quality of life and decreased perceived burden about being transgender.
- Mis-alignment & Misgendering vs Authenticity
  - Navigating a world in a body that doesn’t align or is read as trans vs being mirrored as your authentic self.
- Medical treatment and the impact of not receiving care/coverage.
  - Medical necessity of alignment to bring one’s body into a normal healthy state given their affirmed gender.

(James, Herman, Rankin, Mottet, & Anafi, 2016)
(Budge, Adelson, & Howard, 2013; James et al, 2016; Veale et al, 2017; Becerra-Culqui et al, 2018)
(Katz-Wise et al., 2016; Ryan et al., 2010; Simons et al., 2013).
Outcomes Related to Social/Medical Interventions

Across the board improvements in mental health and quality of life
- Significant reduction in depression, anxiety, self-harm, suicidality, and substance abuse.
- Prepubertal children who socially transition have similar levels of difficulties as their cisgender peers.
- Improves body image, well-being, and decreases gender dysphoria.
- Improved quality of life, greater relationship satisfaction, higher self-esteem and confidence.
- Hormone therapy was associated with increased QOL, decreased depression, and decreased anxiety across identity and age.
- Pubertal suppression reduces odds of suicidality, anxiety & depression.

Factors that Improve Success in the Treatment of Gender Dysphoria

- Adequate preparation and mental health support prior to treatment.
- Proper follow-up care from knowledgeable providers.
- Consistent family and social support.
- Positive surgical outcomes (when surgery is involved).
- Access to care.

Common Roadblocks in Access to Care (Insurance)

- Coverage for Transgender Health
- Finding out what’s covered
- Access to providers
  - Having providers on panels that know how to do Gender Health Evaluations
  - Single Case Agreements
  - Issues with search criteria – when a specialist is needed

Common Roadblocks in Access to Care (Children & Families)

- Finding providers that understand child development, co-occurring childhood issues, and gender development for gender expansive youth.
- Coverage for family/parenting sessions.
- Access to GnRH agonists (puberty suppression)
  - Impact of onset of puberty or potential onset
- Advocacy / Consultations with schools.
Common Roadblocks in Access to Care (Adolescents)

- Limits on types of therapy (Family Therapy)
- Fertility preservation when starting hormones
- Surgical interventions (Age limits)
  - Male chest reconstruction
  - Less common
    - Tracheal shave
    - Breast augmentation
    - Genital surgery

Common Roadblocks in Access to Care (Adults)

- Family/Couples Therapy
- Fertility preservation when starting hormones
- Voice Therapy
- Electrolysis
- Surgical Interventions
  - Facial Feminization/Masculinization
  - Tracheal Shave
  - Breast Augmentation
  - Vocal Cord Surgery

Thank You!
Fertility
Fertility Preservation: Clinical & Coverage Concerns
Paula Amato, MD, Oregon Health & Science University
Joyce Reinecke, JD, Alliance for Fertility Preservation

Disclosures
None

Disclaimer
The codes given in this presentation are codes for fertility preservation and laboratory procedures compiled by the ASRM Coding Committee. The CPT codes listed are standard for ART procedures. While we have listed codes relevant to fertility preservation, this list is not exhaustive of all procedures.

Gender Transition and Fertility
Everyone should understand fertility preservation options before beginning medical transition to consider how to protect fertility.

WPATH and the Endocrine Society both recommend that all transgender patients be counseled regarding the options for fertility preservation prior to transition.

Fertility in Trans Communities
- Not enough research and data on fertility preservation in transgender communities
- Many transgender persons desire children
  - 62% of transmen (Wierckx et al, ’12)
- Cross-hormone therapy and gender-affirming surgery (eg. gonadectomy) may result in loss of fertility; may be reversible or irreversible
- The majority of transgender persons are of reproductive age at the time of transition and have relationships after transition
Imagining Parenthood


Health Considerations

Factors in successful fertility preservation and reproduction:

- Age
- Diet and nutrition/weight
- Smoking
- Alcohol and drug use
- History of STI’s
- Previous reproductive problems

Timing and Decision-Making

Fertility preservation and reproduction can look different before initiation of medical transition then after transition.

Talking with a mental health or medical professional, or peer support to determine impact of fertility preservation or reproductive treatments on gender dysphoria is recommended.

Transfeminine Fertility Preservation Options

- Sperm cryopreservation
- Testicular sperm extraction (TESE)
- Testicular tissue preservation
  - experimental in prepubertal boys
Transmasculine Fertility Preservation Options

- Oocyte and/or embryo cryopreservation
  - using partner or donor sperm
  - success rate is age-dependent and freeze method-dependent e.g., vitrification vs. slow freeze
- Ovarian tissue cryopreservation
  - No longer “experimental”
  - several live births worldwide
- In-vitro oocyte maturation (experimental)

Reproductive Options for Transgender Persons

- Usually requires discontinuation of exogenous hormones (unless using cryopreserved gametes in a partner) (how long?)
- Time to return to fertility is variable; may be irreversible
- Impact of a history of long-term exogenous hormone exposure on gametes and/or resulting offspring is unknown

Trans Masculine Reproductive Options

- IUI (using partner or donor sperm)
- IVF (using own or partner’s eggs; using own or partner’s uterus or GC)

Trans Feminine Reproductive Options

- IUI of partner with a uterus
- IVF using partner or donor eggs/sperm and/or partner’s uterus or GC
- Uterine transplantation in the future?
ASRM & FDA Guidelines: Gamete Donation

- Medical history and physical exam
- STI testing
- Risk factor questionnaire
- Psychological counseling

Access to Fertility Services

- No data on transgender persons specifically
- Non-discrimination laws vary by jurisdiction

Ethical Considerations in Family Building

Reproductive autonomy
Well-being/interest of the offspring
Safety of procedures/treatments
Impact on society

Perinatal, Pregnancy, and Parenting Issues

- Web-based survey
- 41 transmen; 61% had used T
- 80% resumed menses w/in 6 months
- 88% cases used own eggs
- 2/3 of pregnancies were planned
- 7% used fertility meds
- Similar OB outcomes in T and non-T users
- Desire for supportive resources
- Lack of provider awareness and knowledge
Clinical Summary

- Many transgender persons desire children and are of reproductive age at the time of transition
- Transgender persons should be offered fertility preservation prior to cross-sex hormone therapy and gender-affirming surgery
- Transgender persons should have access to fertility services
- Multidisciplinary team approach
- Research should be encouraged

Defining fertility preservation

Fertility preservation is the process of saving or protecting eggs, sperm, or reproductive tissue so that a person can use them to have biological children in the future.

-AFP and NICHD

Who needs fertility preservation?

Trans Population:
- Before gender-affirming surgery: removal of the testicles or ovaries causes permanent infertility
- Possibly before beginning cross-hormone therapy; may cause temporary infertility, but long-term effects are not known; FP later would require cessation of hormone treatment and possible psychological distress

Cancer Patients:
- Before chemotherapy, radiation, and/or surgery affects gametes and/or reproductive organs
- Maintenance therapies and/or late effects of treatment may create incompatibility with pregnancy

Others at risk:
- Sickle cell disease or some hematologic conditions especially if bone marrow transplant is required
- Prior to prophylactic surgery, e.g., oophorectomy; hysterectomy
- Emerging: to screen and avoid genetic conditions

Studies:
- In trans and cancer populations: participants identify genetic parenthood as a concern
- In young adult cancer survivors, unaddressed infertility is associated with higher levels of anxiety, depression, and lower QoL

How much does fertility preservation cost?

<table>
<thead>
<tr>
<th>Fertility Procedure/Option</th>
<th>Average Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oocyte/Embryo Cryopreservation</td>
<td>$10,000 - $15,000</td>
</tr>
<tr>
<td>Ovarian Tissue Cryopreservation*</td>
<td>$10,000 - $12,000</td>
</tr>
<tr>
<td>Sperm Banking/FDA Testing</td>
<td>$1,300</td>
</tr>
<tr>
<td>Testicular Tissue Freezing**</td>
<td>$2,500</td>
</tr>
<tr>
<td>Intrauterine Insemination (IUI)</td>
<td>$400</td>
</tr>
<tr>
<td>In Vitro Fertilisation (IVF) (Cycle)</td>
<td>$15,000</td>
</tr>
<tr>
<td>Donor Sperm (Vial)</td>
<td>$400</td>
</tr>
<tr>
<td>Donor Oocytes</td>
<td>$25,000</td>
</tr>
<tr>
<td>Gestational Surrogacy</td>
<td>$50,000 - $100,000+</td>
</tr>
</tbody>
</table>

*ASRM removed experimental label in Dec. 2018
** Still classified “investigational”
**Legislative Summary 2017-to DATE**

11 States Have Enacted FP Coverage:
- California
- Connecticut
- Colorado*
- Delaware*
- Illinois
- Maryland
- New Hampshire*
- New Jersey
- New York*
- Rhode Island
- Utah**

*Also includes IVF coverage
**Medicaid; for cancer patients only

**California Coverage**

- **1st state to add stand-alone FP coverage**
- Based on state law: Knox Keene Act
- Insurers must cover BASIC HEALTH CARE SERVICES
- Bill "clarifies" existing coverage for those at risk for iatrogenic infertility

**California SB 600**

- Signed into law October 19, 2019
- Not a new mandate, but rather a codified existing law
- Categorized fertility preservation services as distinct from infertility services
- Only affected DMHC plans
  - Did not include Medi-Cal
  - Did not include self-insured ERISA plans

**California SB 600 - Language**

- **SECTION 1.**
  - Section 1374.551 is added to the Health and Safety Code, to read:
    - **1374.551.**
      - (a) When a covered treatment may directly or indirectly cause iatrogenic infertility, standard fertility preservation services are a basic health care service, as defined in subdivision (b) of Section 1345 and are not within the scope of coverage for the treatment of infertility for the purposes of Section 1374.55.
      - (b) For purposes of this section, the following definitions apply:
        - (1) "Iatrogenic infertility" means infertility caused directly or indirectly by surgery, chemotherapy, radiation, or other medical treatment.
        - (2) "May directly or indirectly cause" means medical treatment with a possible side effect of infertility, as established by the American Society of Clinical Oncology or the American Society for Reproductive Medicine.
        - (3) "Standard fertility preservation services" means procedures consistent with the established medical practices and professional guidelines published by the American Society of Clinical Oncology or the American Society for Reproductive Medicine.
Iatrogenic Infertility

• “Iatrogenic infertility” means infertility caused directly or indirectly by surgery, chemotherapy, radiation, or other medical treatment.

Surgery:
• Oophorectomy and/or Hysterectomy
• Orchiectomy

Other medical treatment:
• Cross-sex hormones

Side Effect

• “May directly or indirectly cause” means medical treatment with a possible side effect of infertility, as established by the American Society of Clinical Oncology or the American Society for Reproductive Medicine.

Fertility preservation options include sperm, oocyte, and embryo cryopreservation as well as ovarian tissue cryopreservation. Prepubertal testicular tissue cryopreservation is considered investigational.
Fertility preservation coding

Two codes are available to practitioners for billing in these scenarios. Z codes are a special group of codes provided in ICD-10-CM for the reporting of factors influencing health status and contact with health services. The diagnosis is included as a Z code because the actual code for the underlying cancer diagnosis cannot be used while counseling or providing management for fertility preservation.

**Z31.62 Encounter for fertility preservation counseling**
This code includes encounter for fertility preservation counseling prior to cancer therapy and prior to surgical removal of gonads. Although the wording as above may imply cancer treatment or removal of gonads, these are meant as examples and this code can be used for elective fertility preservation for non-cancer or surgical removal of gonads patients as well. This code should be used whenever an E/M component is involved, such as initial visit or subsequent counseling/management visits.

**Z31.84 Encounter for fertility preservation procedure**
This code includes encounter for fertility preservation procedure prior to cancer therapy and prior to surgical removal of gonads. As noted above, although the wording may imply cancer treatment or removal of gonads, these are meant as examples and this code can be used for elective fertility preservation for non-cancer patients as well. This code should be used whenever a procedure is being performed such as egg retrieval or oocyte culture.

Any other relevant diagnosis code should be used (ASRM Coding Cmte)

### FP and ART CPT codes

#### Ovulation Induction

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection, chorionic gonadotropin, per 1,000 USP units</td>
<td>10725</td>
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<tr>
<td>Injection, urofollitropin, 75 IU</td>
<td>33535</td>
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<tr>
<td>Injection, menotropins, 75 IU</td>
<td>50122</td>
</tr>
<tr>
<td>Injection, folliculin alfa, 75 IU</td>
<td>50126</td>
</tr>
<tr>
<td>Injection, folliculin beta, 75 IU</td>
<td>50128</td>
</tr>
<tr>
<td>Injection, ganirelix acetate, 250 mcg</td>
<td>50132</td>
</tr>
<tr>
<td>Management of ovulation induction (interpretation of diagnostic tests and studies, non face-to-face medical management of the patient), per cycle</td>
<td>54042</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location (per year)</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage: oocyte(s)</td>
<td>89346</td>
</tr>
<tr>
<td>Storage: embryo(s)</td>
<td>89342</td>
</tr>
<tr>
<td>Storage: sperm/semen</td>
<td>89343</td>
</tr>
<tr>
<td>Storage: reproductive tissue, testicular/ovarian</td>
<td>89344</td>
</tr>
</tbody>
</table>

#### Cryopreservation

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cryopreservation, mature oocyte(s)</td>
<td>89337</td>
</tr>
<tr>
<td>Cryopreservation; immature oocyte(s)</td>
<td>03577</td>
</tr>
<tr>
<td>Cryopreservation; embryo(s)</td>
<td>89258</td>
</tr>
<tr>
<td>Cryopreservation; sperm</td>
<td>89259</td>
</tr>
<tr>
<td>Cryopreservation; reproductive tissue, ovarian</td>
<td>00887</td>
</tr>
<tr>
<td>Cryopreservation; reproductive tissue, testicular</td>
<td>89333</td>
</tr>
<tr>
<td>Follicle puncture for oocyte retrieval, any method</td>
<td>58939</td>
</tr>
<tr>
<td>Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation</td>
<td>70698</td>
</tr>
<tr>
<td>Culture of oocyte(s)/embryo(s), less than 4 days</td>
<td>89250</td>
</tr>
<tr>
<td>Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos</td>
<td>89251</td>
</tr>
<tr>
<td>Assisted embryo hatching, microtechniques (any method)</td>
<td>89253</td>
</tr>
<tr>
<td>Oocyte identification from follicular fluid</td>
<td>89254</td>
</tr>
<tr>
<td>Sperm identification from aspiration (other than seminal fluid)</td>
<td>89357</td>
</tr>
<tr>
<td>Sperm identification from testis tissue, fresh or cryopreserved</td>
<td>89364</td>
</tr>
<tr>
<td>Extended culture of oocyte(s)/embryo(s), 4 - 7 days</td>
<td>89272</td>
</tr>
</tbody>
</table>

#### Rationales for Coverage

1. Fertility Preservation is Medically Necessary
2. Treatments are Standard of Care
3. Low Cost & Potential Cost Offsets
4. Ethical Bases for Coverage
THANK YOU

amatop@ohsu.edu
joyce@allianceforfertilitypreservation.org
Surgery
Gender Affirming Surgery

PATH Training on current standards in surgical treatment for gender dysphoria associated with gender incongruence

Presented by Dr. Loren Schechter & Dr. Jens Urs Berli

Content

- Overview of multi-disciplinary care team and their roles
- Preoperative Evaluation and Standards of Care, Version 7
- Surgeries
  - Overview
  - Basic description
  - Variations and Staging
  - Coding

Surgical Providers*

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Facial Feminization</th>
<th>Chest Feminization</th>
<th>Feminizing Genital Surgery</th>
<th>Voice Surgery</th>
<th>Body Contouring</th>
<th>Female Vasectomy</th>
<th>Male Vasectomy</th>
<th>Infertility Counseling</th>
<th>Male Urology</th>
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<tbody>
<tr>
<td>Plastic Surgery</td>
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<td>⬗</td>
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<tr>
<td>Reconstructive Urology</td>
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<td>Urologist</td>
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<td>⬗</td>
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<tr>
<td>Fertility</td>
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<td>⬗</td>
<td>⬗</td>
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</tr>
</tbody>
</table>

* Including Gonadectomy or Hysterectomy and/or Sperm/oocyte preservation
* Other surgeons and/or consultants may be required on an as-needed basis (ie colorectal surgeon)

Disclosures

None

CPT codes listed in this presentation are the most frequently utilized. As surgeries can differ depending on clinical situation and surgeon approach and as surgeries evolve, other CPT codes may be submitted by individual providers.

Surgical assistants and/or co-surgeons may be required for various procedures

Copyright Illustrations/Figures: Oregon Health & Science University Urology & Plastic & Reconstructive Surgery
Other Providers directly related to GAS*

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Facial Feminization</th>
<th>Chest Feminization</th>
<th>Genital Feminization</th>
<th>Voice Surgery</th>
<th>Body Contouring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health &amp; Social Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatologist / Dermatologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Physical Therapy*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Speech Language Pathologist</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Radiologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>About health professional (NP, PA, etc)</td>
<td></td>
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</table>


* Other professionals may be required on an as needed basis

Medically Necessary SOC 7 vs. SOC8

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Medical Evaluation</th>
<th>Social Transition</th>
<th>Hormones</th>
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<tbody>
<tr>
<td>Mental health letter</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Mental health letter</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Hormones 12 months (if indicated/desired)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Hormones 12 months (if indicated/desired)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Social Transition &lt;12 months</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

*Recommended not required

Common issues in gender-affirming surgery

- Use of gendered codes (with discordance between cpt code and gender markers)
- Staged and/or revision procedures do not require resubmission of assessment letters (unless clinically indicated)
- Denial of medically necessary codes
  - Nipple-areola reconstruction in chest masculinizing surgery
  - Skin graft codes in vaginoplasty
- Approval for Skilled Nursing Facility (SNF) follow surgery
- Age-related denials for medically necessary procedures
  - Mastectomy under the age of 18 yrs
- Epilation (i.e., electrolysis/laser hair removal) is medically necessary (CPT codes 17380, 17999)
  - Vaginoplasty
  - Phalloplasty
  - Facial Surgery
Feminizing Surgeries Overview

- Facial Feminization Surgery
- Chest Feminization
- Orchiectomy
- Vulvoplasty (0-depth vaginoplasty)
- Vaginoplasty
  - Penile Inversion Vaginoplasty
  - Robotic assist Vaginoplasty
  - Intestinal Vaginoplasty
- Body Contouring
- Voice Surgery

Facial Feminization Surgery

**Indication:**
AMAB (assigned male at birth) individuals with facial gender markers incongruent with their gender identity

Multimodal and multi-disciplinary approach

- Mental Health (specific to FFS)
  - Understanding expectations
  - Management of postoperative care
  - Societal response / mental health impact of persistent misgendering
- Gender Expression / Styling
- Hair removal (!)
- Effects of exogenous hormones
- Surgeries -> Structural & Soft Tissue

Surgeries Structural

**Methods:**
- Ostectomy
- Osteotomies with refixation in new position
- Osteoplasty by burring/rasping
- Alloplastic augmentation (silicone, medpore)
- Autologous augmentation (bone from separate site vs. cadaveric)
- Cartilage excision, reshaping, repositioning
- 3D Virtual surgical planning (CPT 76377)

**Intent:**
- Alteration of vertical (ver), horizontal (hor) or antero-posterior dimensions (ap).
- Either through augmentation (aug) or reduction (red).
Soft Tissue Surgeries

Methods:
- Skin, fat excision
- Liposuction
- Fat grafting, fillers
- Adjacent tissue transfer

Intent:
- Reverse iatrogenic soft tissue ptosis
- Augment by addition of volume in certain areas (e.g., lips, cheeks)

Structural Surgeries Upper Third

<table>
<thead>
<tr>
<th>Osteoplasty forehead</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frontal bone reduction a/p</td>
<td>21209</td>
</tr>
<tr>
<td>Temporal crest reduction</td>
<td>21137 Modifier 22</td>
</tr>
<tr>
<td>Orbital rim red (a/p + ver)</td>
<td></td>
</tr>
<tr>
<td>Zygomaticofrontal red (ap)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Osteotomy forehead</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frontal sinus set back</td>
<td>21139</td>
</tr>
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</table>

Surgical Procedures

<table>
<thead>
<tr>
<th>Forehead Feminization</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brow lift</td>
<td>67900</td>
</tr>
<tr>
<td>Reduction of forehead height (ver)</td>
<td>14021, 14060, 14301, 14302</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Others</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blepharoplasty Upper</td>
<td>15822</td>
</tr>
<tr>
<td>Blepharoplasty Lower</td>
<td>15822</td>
</tr>
<tr>
<td>Fat grafting (temporal)</td>
<td>15773</td>
</tr>
<tr>
<td>Temporal augmentation</td>
<td></td>
</tr>
<tr>
<td>Fat grafting</td>
<td>15773</td>
</tr>
<tr>
<td>Dermal grafts</td>
<td>15770</td>
</tr>
<tr>
<td>Alloplastic</td>
<td>21208</td>
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</table>
Structural & Soft Tissue Middle Third

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheek Augmentation</td>
<td></td>
</tr>
<tr>
<td>Midface osteotomies (rare)</td>
<td>21188, 21141-7</td>
</tr>
<tr>
<td>Cheek implant</td>
<td>21270</td>
</tr>
<tr>
<td>Fatgrafting</td>
<td>15773</td>
</tr>
<tr>
<td>Nose and upper lip</td>
<td></td>
</tr>
<tr>
<td>Rhinoplasty</td>
<td>3400/10/20</td>
</tr>
<tr>
<td>Incl. cartilage harvest</td>
<td>20912, 21235</td>
</tr>
<tr>
<td>Septoplasty</td>
<td>30520, 30465</td>
</tr>
<tr>
<td>Liplift (red ver)</td>
<td>14060-1</td>
</tr>
<tr>
<td>Fat grafting</td>
<td>15773</td>
</tr>
<tr>
<td>Rhytidectomy</td>
<td>15828-9</td>
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</table>

Structural Surgeries Lower Face

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chin</td>
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</tr>
<tr>
<td>Genioplasty aug vertical</td>
<td>21120</td>
</tr>
<tr>
<td>(graft/prosth)</td>
<td></td>
</tr>
<tr>
<td>Genioplasty, sliding</td>
<td>21121</td>
</tr>
<tr>
<td>(ap)</td>
<td></td>
</tr>
<tr>
<td>Genioplasty, multiple</td>
<td>21122</td>
</tr>
<tr>
<td>(ap/hor)</td>
<td></td>
</tr>
<tr>
<td>Jawline (bilateral modifier 50)</td>
<td></td>
</tr>
<tr>
<td>Mandibular bone osteotomy</td>
<td>21025, 21193</td>
</tr>
<tr>
<td>(ver/hor)</td>
<td></td>
</tr>
<tr>
<td>Mandibular osteoplasty</td>
<td>21209</td>
</tr>
<tr>
<td>(ver/hor)</td>
<td></td>
</tr>
<tr>
<td>Liplift (red ver)</td>
<td>14060-1</td>
</tr>
<tr>
<td>Liposuction neck</td>
<td>15876</td>
</tr>
<tr>
<td>Rhytidectomy</td>
<td>15828-9</td>
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</tbody>
</table>

Structural Surgeries Neck

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT Codes</th>
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</thead>
<tbody>
<tr>
<td>Larynx</td>
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<tr>
<td>Laryngosondroplasty</td>
<td>31750, 31599</td>
</tr>
<tr>
<td>Voice Feminization</td>
<td>31599</td>
</tr>
</tbody>
</table>

Chest Feminization Surgery

Indication:
AMAB (assigned male at birth) individuals with gender dysphoria due to insufficient breast tissue.
Chest Feminization

<table>
<thead>
<tr>
<th>Mammaplasty (MP)</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammaplasty with implant</td>
<td>19325</td>
</tr>
<tr>
<td>Mammaplasty with fat grafting</td>
<td>20926</td>
</tr>
<tr>
<td>Capsulotomy, capsulectomy</td>
<td>19370, 19371</td>
</tr>
<tr>
<td>Use of acellular dermal matrix (capsular contracture)</td>
<td>15777</td>
</tr>
<tr>
<td>Immediate breast implant at time of mastopexy, mastectomy, or reconstruction</td>
<td>19340</td>
</tr>
<tr>
<td>Delayed insertion of breast implant</td>
<td>19342</td>
</tr>
<tr>
<td>Tissue expander in breast reconstruction</td>
<td>19357</td>
</tr>
<tr>
<td>Hair removal</td>
<td>17380, 17999</td>
</tr>
</tbody>
</table>

Orchiectomy isolated

Indication:
AMAB (assigned male at birth) individuals with gender dysphoria who undergo removal of gonads
May proceed with genital surgery at later date (scrotectomy may be performed)
Fertility counseling, if appropriate, provided.

<table>
<thead>
<tr>
<th>Orchiectomy</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orchiectomy</td>
<td>54530, 54520, modifier 50</td>
</tr>
<tr>
<td>Scrotectomy</td>
<td>55150</td>
</tr>
</tbody>
</table>

Feminizing Genital Surgery

Indication:
AMAB (assigned male at birth) individuals with gender dysphoria who undergo creation of a vulva and/or vagina.

(The following slides courtesy of Oregon Health & Science University Department of Urology)

Vulva Defined—Outer anatomy

**Parts of the Vulva**
- Opening to Vagina = internal canal
- Labia = inner and outer skin folds
- Clitoris = erectile tissue at the top of vulva
- Urethra = opening for urine to exit the body
Vaginoplasty Procedure

Inversion of the penis skin tube
The vagina is inserted into the space between the bladder and rectum, and cuts are made to expose the clitoris and urethra in their correct positions.

Vaginal Canal – Lining Options

Penile inversion vaginoplasty (open/perineal)
- Full-thickness skin graft uses penis/scrotal tissue as preferred option

Robotic peritoneal flap vaginoplasty
- Still uses penis/scrotal tissue
- While some moisture is created by peritoneum, it's not adequate for self lubrication for sexual activity

Colon
- Colonic flap used for vaginal lining, self moisturized, can have odor, higher morbidity.
- Usually reserved for complex revision surgeries.

Pelvic Floor Physical Therapy

- Pelvic floor is system of muscles that support urethra, bladder, rectum
- Space for vagina made through these muscles
- Physical therapist who specializes in this part of the body
- Will teach awareness and how to relax muscles that surround entrance to vagina
- Helpful to make dilation easier
**CPT Codes – Vulvoplasty / Vaginoplasty**

<table>
<thead>
<tr>
<th>Tissue Transfer</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hair removal</td>
<td>17380, 17999</td>
</tr>
<tr>
<td>Adjacent tissue transfer</td>
<td>14041, 14301-2</td>
</tr>
<tr>
<td>Full thickness skin graft for lining</td>
<td>15240-1</td>
</tr>
<tr>
<td>Island pedicled flap (glanplasty flap)</td>
<td>15734, 15740, 15750</td>
</tr>
<tr>
<td>Tissue grafts (incl. peritoneal graft)</td>
<td>20926</td>
</tr>
<tr>
<td>Urethroplasty</td>
<td>53430</td>
</tr>
<tr>
<td>Penectomy</td>
<td>54120, 54125</td>
</tr>
<tr>
<td>Orchectomy</td>
<td>54520, 54530</td>
</tr>
<tr>
<td>Introtal repair</td>
<td>56800</td>
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<tr>
<td>Clitoroplasty</td>
<td>55150</td>
</tr>
<tr>
<td>Colpopexy</td>
<td>57425</td>
</tr>
<tr>
<td>Intersex surgery</td>
<td>55970</td>
</tr>
</tbody>
</table>

---

**Chest Masculinization Surgery**

**Indication:**
AFAB (assigned female at birth) individuals with gender dysphoria who undergo mastectomy (and/or additional chest contouring procedures such as liposuction) and/or nipple reconstruction.

---

**Hysterectomy – Salpingo - Oophorectomy**

**Indication:**
AFAB (assigned female at birth) individuals with gender dysphoria who undergo removal of uterus and ovaries either in preparation for genital surgery or in isolation*.

Fertility counseling, if appropriate, provided.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hysterectomy (depending on technique and additional comorbidities) +/- oophorectomy</td>
<td>S8XXX</td>
</tr>
</tbody>
</table>

Fertility counseling, if appropriate, provided.
Masculinizing Genital Surgery

Indication:
AFAB (assigned female at birth) individuals with gender dysphoria who undergo creation of a phallic structure either by local tissue (plus buccal graft) known as a Metoidioplasty; or by using a combination of local tissue and distant tissue known as a Phalloplasty.

Overlapping CPT codes are often used for masculinizing genital surgery. The next slide provides an overview of various procedural combinations (although combinations may vary between surgeons and depending upon clinical circumstances).

Metoidioplasty

Metoidioplasty may be converted to phalloplasty at later date.

Masculinizing Genital Surgery (cont.)

Phalloplasty Simplified

Three main factors determine the surgical path a patient will go when having phalloplasty:

1. Design and composition of tissues
2. Where that tissue comes from
3. Number of stages*
Phalloplasty Design

**Phalloplasty**

- Standing Urination
- Sitting Urination
- Tube within a tube
- Preflation
- Split shaft and graft
- Shaft only

**Shaft Only**

- Uncircumcised genitalia
- Perineal masculinization with urostomy
- Vaginal preservation

**Composite Flap**

- Single stage
- Staged approach
- Metoidioplasty first

**Donor Sites**

- Forearm
- Thigh
- Lower Abdomen / Groin
- Back (rare)
- Others
Phalloplasty Staging

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>STAGE 1</th>
<th>STAGE 2</th>
<th>STAGE 3</th>
<th>STAGE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic Phalloplasty</td>
<td>Soft tissue and urological reconstruction</td>
<td>Testicular implants</td>
<td>+/- erectile implants</td>
<td></td>
</tr>
<tr>
<td>UK Technique (Dr. Nim)</td>
<td>Creation of neophallus + shaft urethra</td>
<td>Perineal masculinization</td>
<td>+/- glansplasty</td>
<td>Testicular implants</td>
</tr>
<tr>
<td>Metoidioplasty First</td>
<td>Complete metoidioplasty</td>
<td>Creation of shaft and shaft urethra</td>
<td>Testicular implants</td>
<td>+/- erectile implants</td>
</tr>
<tr>
<td>Grafted Urethra</td>
<td>Variety of ways</td>
<td>Variety of ways</td>
<td>Variety of ways</td>
<td>Testicular implants</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+/- erectile implants</td>
</tr>
</tbody>
</table>

CPT Codes – Tissue Transfer/Rearrangement

<table>
<thead>
<tr>
<th>Tissue Transfer</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjacent tissue transfer</td>
<td>14040-1, 14301-2</td>
</tr>
<tr>
<td>Split thickness skingraft</td>
<td>15100-1</td>
</tr>
<tr>
<td>Full thickness skingraft</td>
<td>15220, 15240</td>
</tr>
<tr>
<td>Buccal graft</td>
<td>15115</td>
</tr>
<tr>
<td>Skin substitute</td>
<td>15273-4</td>
</tr>
<tr>
<td>Fasciocutaneous flap (+/- nerve)</td>
<td>15734, 15738, 15740, 15750 (+ mod 22)</td>
</tr>
<tr>
<td>Formation tubed, pediced flap</td>
<td>15574</td>
</tr>
<tr>
<td>Free flap, fasciocutaneous</td>
<td>15751, 15757 (+mod 22)</td>
</tr>
</tbody>
</table>

CPT Codes – Genital Procedures

<table>
<thead>
<tr>
<th>Tissue Transfer</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hair removal</td>
<td>17380, 17999</td>
</tr>
<tr>
<td>Slit Meatoplasty</td>
<td>53020</td>
</tr>
<tr>
<td>Scrotoplasty</td>
<td>55180</td>
</tr>
<tr>
<td>Labiaplasty</td>
<td>56620</td>
</tr>
<tr>
<td>Vulvectomy</td>
<td>56625</td>
</tr>
<tr>
<td>Citroplasty</td>
<td>56805</td>
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<tr>
<td>Perinoplasty</td>
<td>56810, 13130-3</td>
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<tr>
<td>Vaginectomy</td>
<td>57110</td>
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<tr>
<td>Colposcisis</td>
<td>57120</td>
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<tr>
<td>Urethroplasty</td>
<td>53010, 53400, 53405, 53410, 53415, 53410, 53450, 53450, 54358, 54360</td>
</tr>
<tr>
<td>Testicular implants (placement and removal)</td>
<td>54660, 55120, 55180</td>
</tr>
<tr>
<td>Erectile Devices (placement and removal)</td>
<td>54440, 54405, 54406, 54410, 54415, 54660</td>
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</table>

CPT Codes – Other Procedures

<table>
<thead>
<tr>
<th>Tissue Transfer</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suprapubic catheter</td>
<td>51102, 51703</td>
</tr>
<tr>
<td>Cystoscopy/urethroscoopy</td>
<td>52000, 52281</td>
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<tr>
<td>Nerve surgeries</td>
<td>64857, 64856, 64859, 64910</td>
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<tr>
<td>Monoplasty</td>
<td>15839</td>
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<tr>
<td>Fat Grafting</td>
<td>15773</td>
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<tr>
<td>Vacuum assisted wound dressing</td>
<td>97606</td>
</tr>
<tr>
<td>Panniculectomy (to remove/repair some defatting)</td>
<td>15830</td>
</tr>
<tr>
<td>Gracilis flap</td>
<td>15738</td>
</tr>
<tr>
<td>Intersex surgery</td>
<td>55980</td>
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</tbody>
</table>