

For Gender-Affirming Surgery Revision Requests, ALL of the following must be satisfied in the submitted documentation

- Submitted CPT codes clearly denote which procedures are revision versus primary
 - Must include medical necessity explanation for each code/procedure
 - Explanation must include specific results of previous surgery, and why they necessitate revision (cannot be templated as every revision is unique)
- Recent clinical note with detailed medical and surgical history including all prior gender-affirming procedures
- All relevant prior operative reports **waived only in cases of non-recoverable out-of-country reports, or permanently closed practices*
- Clinical note includes why prior procedures failed and what will be different; comments on reasonability of revision surgery
- Clinical note with detailed physical exam:
 - Exam is NOT templated and documents specific characteristics
 - Exam includes body part/characteristic to be revised surgically
 - Exam clearly notes functional issue; deformity; or other objective issue
- Consideration of other motivations for pursuing revision (body dysmorphia, member preference, another diagnosis) is documented in the clinical note(s) or mental health letter(s) of support
- Clinical note includes documentation that risks/benefits were discussed with member
- Clinical note includes that the following were discussed with member:
 - Surgical prognosis
 - Reasonable expected result versus idealized result
 - Likelihood of repeat surgery, and safety of repeat surgery

The following must be satisfied if they apply to the revision request:

- IF staged procedure, justification of staging included
- IF facial fat grafting included, only includes approved sites (feminizing: lip, cheek; masculinizing: brow, chin, jawline)
- IF non-invasive alternative available, clinical note documents discussion regarding:
 - Wigs as alternative to feminizing hair transplant
 - Filler as alternative to surgical feminizing lip/cheek augmentation
 - Filler as alternative to surgical masculinizing brow/jaw/nose augmentation



**Listed non-invasive procedures are not considered preferred, but members must know non-invasive options exist before choosing surgery*

- IF hardware replacement is possible, (frontal sinus setback, genioplasty, mandibular angle reduction, implants, or bone grafts, ...) a new CT scan is included and the surgical plan includes discussion of hardware.
→ If the hardware will not be replaced or manipulated, and the location is known, a new CT scan is not required but this should be noted in the surgical plan
- IF rhinoplasty/septoplasty due to breathing problems, includes consult note from board-certified ENT specialist
- IF body contouring, includes pre and post operative wait-to-hip ratios
- IF feminizing hair transplantation, includes pre and post operative Norwood stages
- IF any hair transplantation, documentation of maintenance hair loss medication use & adherence, and lifetime number of units received (limit 800 units/8,000 grafts)
- IF filler, appropriate volume, site, and planned treatment interval are documented

**Please see Gender-Affirming Surgery Clinical Criteria documents for more specific information on requirements, as well as requirements for primary surgeries. The Clinical Criteria can be found on the [Amida Care Website](#) under “Provider Resources” which is on the “For Providers” tab*