

Medical Policy

Transgender Affirmation Surgery

Policy Number: 1069

Policy History

Approve Date:	06/01/2018	Effective Date:	06/01/2018
Reviewed/Revised Dates:	05/09/2019, 04/28/2020, 04/14/2021		

Preauthorization

All Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.
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Policy

Indications of Coverage

- I. For members requesting sex reassignment surgery, Health Tradition considers bilateral mastectomy medically necessary when ALL of the following criteria are met:
 - A. The member is at least 18 years of age AND
 - B. The member has capacity to make fully informed decisions and consent for treatment and
 - C. The member has been diagnosed with gender dysphoria and exhibits all of the following:
 - i. 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
 - ii. The transsexual identity has been present persistently for at least two years AND
 - iii. The disorder is not a symptom of another mental disorder AND
 - iv. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning AND
 - D. If the member has significant medical or mental health issues present, they must be reasonably well controlled. If the member 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
 - E. One referral from a qualified mental health professional who has independently assessed the member. One letter signed by the referring mental health professional is required; the letter must have been signed within 12 months of the request submission AND
 - i. The letters from the mental health professions need to include the following:
 1. Member's general identifying characteristics AND
 2. Results of the member's psychosocial assessment, including any diagnoses AND
 3. The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date AND
 4. An explanation that the WPATH criteria for surgery have been met, and a brief description of the clinical rationale for supporting the member's request for surgery AND
 5. A statement about the fact that informed consent has been obtained from the member AND
 6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this AND

F. The member is a female desiring gender transition to male.

Note: Nipple reconstruction, including tattooing, following a mastectomy that meets the medically necessary criteria above is considered medically necessary.

- II. For members requesting sex reassignment surgery, Health Tradition considers any of the following; hysterectomy, salpingo-oophorectomy, ovariectomy, or orchiectomy medically necessary when ALL of the following criteria are met:
- A. The member is at least 18 years of age AND
 - B. The member has capacity to make fully informed decisions and consent for treatment AND
 - C. The member has been diagnosed with gender dysphoria, and exhibits all of the following
 - D. 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
 - E. The transsexual identity has been present persistently for at least two years AND
 - F. The disorder is not a symptom of another mental disorder AND
 - G. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning AND
 - H. For members without a medical contraindication, the member 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
 - I. If the member has significant medical or mental health issues present, they must be reasonably well controlled. If the member 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
 - J. Two referrals from qualified mental health professionals who have independently assessed the member. If the first referral is from the member's psychotherapist, the second referral should be from a person who has only had an evaluative role with the member. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter(s) must have been signed within 12 months of the request submission.
 - i. The letters from the mental health professionals need to include the following:
 - 1. Member's general identifying characteristics AND
 - 2. Results of the member's psychosocial assessment, including any diagnoses AND
 - 3. The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date AND
 - 4. An explanation that the WPATH criteria for surgery have been met, and a brief description of the clinical rationale for supporting the member's request for surgery AND
 - 5. A statement about the fact that informed consent has been obtained from the member AND
 - 6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.
- III. For members requesting sex reassignment surgery, consisting of any of the following, metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty, or placement of testicular prostheses, Health Tradition considers it medically necessary when ALL of the following criteria are met:
- A. The member is at least 18 years of age AND
 - B. The member has capacity to make fully informed decisions and consent for treatment AND
 - C. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
 - i. 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
 - ii. The transsexual identity has been present persistently for at least two years AND
 - iii. The disorder is not a symptom of another mental disorder AND
 - iv. The disorder causes clinically significant distress or impairment in social, occupational, or

other important areas of functioning AND

- D. 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
- E. Member has had regular participation in psychotherapy throughout the real-life experience defined as that the member has completed a minimum of 12 months of successful continuous full-time real-life experience in the 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) when recommended by a treating medical or behavioral health practitioner AND
- F. If member has significant medical or mental health issues present, they must be reasonably well controlled. If the member has a diagnosis of 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
- G. Two referrals from qualified mental health professionals who have independently assessed the individual. If the first referral is from the member's psychotherapist, the second referral should be from a person who has only had an evaluative role with the member. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter(s) must have been signed within 12 months of the request submission.
 - i. The letters from the mental health professionals need to include the following:
 1. Member's general identifying characteristics AND
 2. Results of the member's psychosocial assessment, including any diagnoses AND
 3. The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date AND
 4. An explanation that the WPATH criteria for surgery have been met, and a brief description of the clinical rationale for supporting the member's request for surgery AND
 5. A statement about the fact that informed consent has been obtained from the member AND
 6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

Note: The use of hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure is considered medically necessary.

- IV. Gender dysphoria as defined by WPATH: Distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).
- V. Procedures to address postoperative complications of sex reassignment surgery procedures (for example, stenosis, scarring, chronic infection, or pain) are not considered a separate sex reassignment surgery procedure.
- VI. Reversal of a prior sex reassignment surgery procedure is considered sex reassignment surgery and the medical necessity criteria above would apply.
- VII. Health Tradition considers the following services cosmetic when used to improve the gender specific appearance of a member who has undergone or is planning to undergo sex reassignment surgery, and therefore not covered by the health plan. Services consider cosmetic include, but not limited to, the following:
 - A. Abdominoplasty
 - B. Blepharoplasty
 - C. Breast augmentation
 - D. Brow lift
 - E. Calf implants
 - F. Face lift

- G. Facial bone reconstruction
- H. Facial implants
- I. Gluteal augmentation
- J. Hair removal (for example, electrolysis or laser) and hairplasty, when the criteria above have not been met
- K. Jaw reduction (jaw contouring)
- L. Lip reduction/enhancement
- M. Lipofilling/collagen injections
- N. Liposuction
- O. Nose implants
- P. Pectoral implants
- Q. Rhinoplasty
- R. Thyroid cartilage reduction (chondroplasty)
- S. Voice modification surgery
- T. Voice therapy

Background

I. Gender dysphoria

Commonly referred to as transsexualism, is a condition wherein an individual's psychological gender is the opposite of his or her anatomic sex. This results in the persistent feeling of being "trapped in the wrong body." This diagnosis should not be confused with cross dressing (transvestitism), refusal to accept homosexual orientation, psychotic delusions, or personality disorders.

In May 2013, the American Psychiatric Association published an update to their Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5). This update included a significant change to the nomenclature of conditions related to gender psychology. Specifically, the term "Gender Identity Disorder (GID)" was replaced with "Gender Dysphoria." Additionally, the DSM-5 provided updated diagnostic criteria for gender dysphoria for both children and adults. The new criteria are as follows:

A. Gender dysphoria in Children

- i. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months duration, as manifested by at least six of the following (one of which must be Criterion Ai1):
 - 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 or 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:*

- i. With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 2.55.2 [E25.0], congenital adrenal hyperplasia or 259.0 [E34.50] androgen insensitivity syndrome)
Coding note: Code the disorder of sex development as well as gender dysphoria

C. Gender dysphoria in Adolescents and Adults

- i. A marked incongruence between one's experienced/expressed gender and assigned gender,

of at least six 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 (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 (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)
- D. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning. *Specify* if:
- i. With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 2.55.2 [E25.0], congenital adrenal hyperplasia or 259.0 [E34.50] androgen insensitivity syndrome)
Coding note: Code the disorder of sex development as well as gender dysphoria.
 - ii. 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., appendectomy, vaginoplasty in the natal male; mastectomy or phalloplasty in the natal female).

References

The above policy is based on the following references:

1. World Professional Association for Transgender Health (WPATH). Standards of care for the health of transsexual, transgender, and gender nonconforming people. 7th version. 2012. Available at: <https://www.wpath.org/publications/soc>. Accessed on January 24, 2019.
2. World Professional Association for Transgender Health (WPATH) (formerly The Harry Benjamin International Gender Dysphoria Association). Standards of Care for Gender Identity Disorders. 6th version. 2001 Feb