

Medical Policy

Transgender Reassignment Surgery

Policy Number: 1069

Policy History

Approve Date:	12/15/2016	Effective Date:	01/01/2017
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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. WEA Trust considers gender reassignment surgery consisting of any combination of the following hysterectomy, salpingo-oophorectomy, ovariectomy or orchiectomy medically necessary when ALL of the following criteria are met:
 - A. The individual is at least 18 years old AND
 - B. The individual 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 the use of surgery and hormone therapy AND
 - ii. The transsexual identity has been present persistently for at least two years AND
 - iii. The symptom is not a symptom of another mental health 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. If the individual has significant medical or mental health issues present, they must be reasonably well controlled AND
 - F. If the individual is diagnosed with severe psychiatric disorders and impaired reality test (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder) member must be treated with at least a six month trial of psychotropic medications and/or psychotherapy to improve these conditions before surgery is contemplated AND
 - G. Two referrals from qualified mental health professionals (refer to definition below) who have independently assessed the individual. One of the two health care professionals must have been acquainted and involved in the individual's care for at least 18 months. Two separate letters are required and the letters must be dated and signed within six months of the requested submission. Letters must include all of the following at minimum:

- i. Whether the author of the letter is part of a gender identity disorder treatment team AND
 - ii. The individual's general identifying characteristics AND
 - iii. The initial and evolving gender, sexual, and other psychiatric diagnoses AND
 - iv. The duration of their professional relationship including the type of psychotherapy or evaluation that the individual underwent AND
 - v. That the eligibility criteria have been met by the individual requesting the transgender reassignment surgery AND
 - vi. The physician or mental health professional's rationale for surgery AND
 - vii. The degree to which the individual has followed the treatment and experiential requirements to date and the likelihood of future compliance AND
 - viii. The extent of participation in the psychotherapy throughout the 12 month real life trial AND
 - ix. That during the 12 month real trial persons other than the therapist were aware of individual's experience in the desired gender role and could attest to the individual's ability to function in the new role
- H. Clinical documentation from the treating surgeon must include and confirm the following:
- i. The individual meets the criteria listed in this medical policy
 - ii. That he feels the individual is likely to benefit from the surgery AND
 - iii. That he has personally communicated with the treating mental health provider or the physician treating the individual AND
 - iv. That he has personally communicated with the individual and that the individual understands the ramifications of surgery including:
 1. The required length of hospitalizations
 2. Possible complications of the surgery AND
 3. The post-surgical rehabilitation requirements of the various surgical approaches of the planned surgery
- II. WEA Trust considers gender reassignment surgery consisting of any combination of the following metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty or placement of testicular prosthesis medically necessary when ALL of the following criteria are met:
- A. The individual is at least 18 years of age AND
 - B. The individual 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 the use of surgery and hormone therapy AND
 - ii. The transsexual identity has been present persistently for at least two years AND
 - iii. The symptom is not a symptom of another mental health 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. Individual has undergone urological exam to identify and possibly treat any abnormalities of the genitourinary (GU) tract prior to any surgery as genital surgical sex reassignment includes invasion and alteration of the GU tract
 - F. There is 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 including but not limited to family events, holidays, vacations, season specific work or school experiences which includes coming out to partners, family, friends, and

community members in a variety of settings including but not limited to school, work, and other social settings. The documentation must include the following:

- i. The start date of living full time in the new gender
 - ii. Verification via communication with individuals who have related to the individual in an identity congruent gender role, or requesting documentation of a legal name change may be reasonable in some cases AND
- G. If the individual is diagnosed with severe psychiatric disorders and impaired reality test (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder) member must be treated with at least a six month trial of psychotropic medications and/or psychotherapy to improve these conditions before surgery is contemplated
- H. Two referrals from qualified mental health professionals (refer to definition below) who have independently assessed the individual. One of the two health care professionals must have been acquainted and involve in the individual's care for at least 18 months. Two separate letters are required and the letters must be dated and signed within six months of the requested submission. Letters must include all of the following at minimum:
- i. Whether the author of the letter is part of a gender identity disorder treatment team AND
 - ii. The individual's general identifying characteristics AND
 - iii. The initial and evolving gender, sexual, and other psychiatric diagnoses AND
 - iv. The duration of their professional relationship including the type of psychotherapy or evaluation that the individual underwent AND
 - v. The eligibility criteria have been met by the individual requesting the transgender reassignment surgery AND
 - vi. The physician or mental health professional's rationale for surgery AND
 - vii. The degree to which the individual has followed the treatment and experiential requirements to date and the likelihood of future compliance AND
 - viii. The extent of participation in the psychotherapy throughout the 12 month real life trial AND
 - ix. That during the 12 month real life trial persons other than the therapist were aware of individual's experience in the desired gender role and could attest to the individual's ability to function in the new role
 - x. That the individual has, intends to, or is in the process of acquiring legal gender identity appropriate name change AND
 - xi. There is demonstrable progress on the part of the candidate in consolidating the new gender identity, including improvements in the ability to handle:
 1. Work, family, and interpersonal issues
 2. Behavioral health issues, should they exist. This implies satisfactory control of issues such as:
 - a. Sociopathy
 - b. Substance abuse
 - c. Psychosis
- I. Clinical documentation from the treating surgeon must include and confirm the following:
- i. The individual meets the criteria listed in this medical policy
 - ii. That he feels the individual is likely to benefit from the surgery AND
 - iii. That he has personally communicated with the treating mental health provider or the physician treating the individual AND
 - iv. That he has personally communicated with the individual and that the individual understands the ramifications of surgery including:
 1. The required length of hospitalizations
 2. Possible complications of the surgery AND
 3. The post-surgical rehabilitation requirements of the various surgical approaches of the planned surgery

NOTE: At least one of the professionals submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field

(for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating co-morbid psychiatric conditions.

- J. If any of the following exist, the individual should be ruled out for surgery:
 - i. Active substance abusers within six months prior to request for surgery
 - ii. Active suicidal ideation or failed suicide attempt in one year prior to request for surgery
 - iii. Inpatient psychiatric hospitalization one year prior to request for surgery
 - iv. Positive diagnosis of body dysmorphic disorder, psychotic disorder (e.g. Schizophrenia, psychotic disorder not otherwise specified or schizoaffective disorder)

- III. WEA Trust does not cover cosmetic procedures when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo gender reassignment surgery, including, but not limited to, the following:
 - A. Abdominoplasty – except if abdominoplasty criteria are met – refer to MCG criteria
 - i. Blepharoplasty - except if blepharoplasty criteria are met – refer to MCG criteria
 - ii. Brow lift
 - iii. Breast augmentation
 - iv. Autologous tissue flap breast reconstruction
 - v. Breast implants or prosthesis
 - vi. Collagen injections
 - vii. Calf implants
 - viii. Electrolysis
 - ix. Face lift
 - x. Facial bone reconstruction
 - xi. Facial implants
 - xii. Gluteal augmentation
 - xiii. Hair removal/hairplasty, when the criteria above have not been met
 - xiv. Jaw reduction (jaw contouring)
 - xv. Lip reduction/enhancement
 - xvi. Lipofilling/collagen injections
 - xvii. Liposuction
 - xviii. Nose implants
 - xix. Pectoral implants
 - xx. Rhinoplasty
 - xxi. Thyroid cartilage reduction (chondroplasty)
 - xxii. Voice modification surgery
 - xxiii. Voice therapy

- IV. WEA Trust does not cover reproductive services including but not limited to the following:
 - A. Sperm preservation in advance of hormone replacement of gender reassignment surgery
 - B. Cryopreservation of fertilized embryos
 - C. Oocyte preservation
 - D. Surrogate parenting
 - E. Donor eggs
 - F. Donor sperm
 - G. Host uterus

- V. WEA Trust does not cover the following services:
 - A. Treatment received outside of the United States
 - B. Drugs for hair loss or growth

- C. Drugs for sexual performance for patients that have undergone genital reconstruction
- D. Reversal of genital surgery
- E. Reversal of surgery to revise secondary sex characteristics

Background

I. Sex Reassignment Surgery

Surgical procedures that change one's body to better reflect a person's gender identity. This may include different procedures, including those sometimes also referred to as "top surgery" (breast augmentation or removal) or "bottom surgery" (altering genitals). Contrary to popular belief, there is not one surgery; in fact there are many different surgeries. These surgeries are medically necessary for some people, however not all people want, need, or can have surgery as part of their transition. "Sex change surgery" is considered a derogatory term by many.

II. 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. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. 2013. Washington, DC. Pages 451-459.
2. Day P. Trans-gender reassignment surgery. New Zealand health technology assessment (NZHTA). The clearing house for health outcomes and Health technology assessment. February 2002; Volume 1 Number 1 Available at: http://nzhta.chmeds.ac.nz/publications/trans_gender.pdf. Accessed on December 24, 2015.
3. 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: http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655. Accessed on December 24, 2015.
4. 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.