

## Medical Affairs Policy

**Service:** Gender Dysphoria Treatment

*PUM 250-0039*

<b>Medical Policy Committee Approval</b>	06/15/18
<b>Effective Date</b>	10/01/18
<b>Prior Authorization Needed</b>	Yes

**Disclaimer:** This policy is for informational purposes only and does not constitute medical advice, plan authorization, an explanation of benefits, or a guarantee of payment. Benefit plans vary in coverage and some plans may not provide coverage for all services listed in this policy. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and federal law. Some benefit plans administered by the organization may not utilize Medical Affairs medical policy in all their coverage determinations. Contact customer services as listed on the member card for specific plan, benefit, and network status information.

Medical policies are based on constantly changing medical science and are reviewed annually and subject to change. The organization uses tools developed by third parties, such as the evidence-based clinical guidelines developed by MCG to assist in administering health benefits. This medical policy and MCG guidelines are intended to be used in conjunction with the independent professional medical judgment of a qualified health care provider. To obtain additional information about MCG, email [medical.policies@wpsic.com](mailto:medical.policies@wpsic.com).

This policy is based on the World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7<sup>th</sup> version, Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), and American Psychiatric Association recommendations as well as other evidence based publications.

WPATH describes the transition from one gender to another in three stages:

1. Living in the gender role consistent with gender identity
2. The use of cross-sex hormone therapy after living in the new gender role for a least three months
3. Gender-affirmation surgery after living in the new gender role and using hormonal therapy for at least 12 months.

Clinical evidence for many of these services is limited and lacks long term safety data. Statistically robust randomized controlled trials are needed to address benefits versus clinical risks and long term health outcomes. Expert consensus recommendations include that diagnosis be made by qualified mental health professionals and that care is coordinated between the behavioral health professional, endocrinologists, and experienced surgeons.

This medical policy does not apply to individuals with ambiguous (uncertain or more than one type of) genitalia or disorders of sexual development, unless there is concurrent / concomitant diagnosed gender dysphoria.

### **Related Medical Policies**

- Omnibus Pharmacy Policy for Treatments Reviewed by Medical Affairs

### **Description:**

Gender dysphoria is a condition in which there is a marked incongruence (discrepancy or conflict) between an individual's physical or assigned (birth) gender and the gender with which the individual identifies.

### **Indications of Coverage:**

In the absence of health plan limits, more than one gender transformation reassignment (which may include several staged surgeries) per lifetime will be considered experimental investigational and unproven.

When criteria / requirements below are met, the following gender reassignment surgical procedures may be considered medically necessary:

#### **Female-to-Male (FtM)**

1. Bilateral mastectomy
2. Hysterectomy (removal of uterus)
3. Metoidioplasty (creation of penis using clitoris)
4. Penile prosthesis
5. Phalloplasty (creation of penis)
6. Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
7. Scrotoplasty (creation of scrotum)
8. Testicular prosthesis
9. Urethroplasty (reconstruction of male urethra)
10. Vaginectomy (removal of vagina)
11. Vulvectomy (removal of vulva)

12. Bilateral mastectomy may be done as a stand-alone procedure, without having genital reconstruction procedures. In those cases, the individual does not need to complete hormone therapy prior to procedure.

**Male-to-Female (MtF)**

1. Clitoroplasty (creation of clitoris)
2. Labiaplasty (creation of labia)
3. Orchiectomy (removal of testicles)
4. Penectomy (removal of penis)
5. Urethroplasty (reconstruction of female urethra)
6. Vaginoplasty (creation of vagina)

**A. Requirements for mastectomy for female-to-male (FtM) individuals**

1. Single letter of referral from a \*qualified mental health professional; and
  2. Persistent, well-documented gender dysphoria; and
  3. Capacity to make a fully informed decision and to consent for treatment; and
  4. Age 18 years or older; and
  5. If significant medical or mental health concerns are present, they must be reasonably well controlled
- Note: A trial of hormone therapy is not a prerequisite (required or necessary) to qualify for a mastectomy

**B. Requirements for gonadectomy (hysterectomy and oophorectomy in female-to-male individuals and orchiectomy in male-to-female individuals)**

1. Two referral letters from \*qualified mental health professionals (one in a purely evaluative role); and
2. Persistent, well-documented gender dysphoria; and
3. Capacity to make a fully informed decision and to consent for treatment; and

4. Age 18 years or older; and
5. If significant medical or mental health concerns are present, they must be reasonably well controlled; and
6. Twelve months of continuous hormone therapy as appropriate to the individual's gender goals (unless the individual has a medical contraindication or is otherwise unable or unwilling to take hormones)

**C. Requirements for genital reconstructive surgery**

1. Two referral letters from \*qualified mental health professionals, one in a purely evaluative role; and
2. Persistent, well-documented gender dysphoria; and
3. Capacity to make a fully informed decision and to consent for treatment; and
4. Age 18 years or older; and
5. If significant medical or mental health concerns are present, they must be reasonably well controlled; and
6. Twelve months of continuous hormone therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones); and
7. Twelve months of living in a gender role that is congruent with their gender identity (real life experience)

**Note:** Procedures commonly used in feminization or masculinization, including, but not limited to blepharoplasty, body contouring, liposuction, breast enlargement procedures (such as augmentation mammoplasty and implants), face-lifting, facial bone reduction, feminization of torso, hair removal, lip enhancement, reduction thyroid chondroplasty, rhinoplasty, skin resurfacing (such as dermabrasion and chemical peel), and voice modification surgery (laryngoplasty, cricothyroid approximation or shortening of the vocal cords), chin implants, lip reduction, masculinization of torso, and nose implants are considered cosmetic.

**\*Requirements for a Qualified Mental Health Professional:**

1. Master's degree or equivalent in a clinical behavioral science field granted by an institution accredited by the appropriate national accrediting board. The professional should also have documented credentials from the relevant licensing board or equivalent; **and**
2. Competence in using the Diagnostic Statistical Manual of Mental Disorders (5<sup>th</sup> Edition, DSM-5) and/or the International Classification of Disease for diagnostic purposes; **and**
3. Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria; **and**
4. Knowledgeable about gender nonconforming identities and expressions; and the assessment and treatment of gender dysphoria; **and**
5. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars, obtaining supervision from a mental health professional with relevant experience, or participating in research related to gender nonconformity and gender dysphoria.

**Limitations of Coverage:**

- A.** Review health plan and endorsements for exclusions and prior authorization or benefit requirements.
- B.** If used for a condition or diagnosis other than is listed in the Indications of Coverage, it will be denied as experimental, investigational, and unproven to affect health outcomes.
- C.** If used for a condition or diagnosis that is listed in the Indications of Coverage; but the criteria are not met, it will be denied as not medically necessary.
- D.** Certain ancillary procedures, including (but not limited to) the following, are exclusions of the health plan for all individuals or are considered cosmetic and will be denied, when performed as part of gender reassignment:
  1. Abdominoplasty (tummy tuck)
  2. Bicep implantation
  3. Blepharoplasty (eyelid surgery)

4. Body contouring or body sculpting (such as fat transfer, lipoplasty, panniculectomy, Ultherapy™, CoolSculpting™)
5. Body lift procedures
6. Brachioplasty (arm lift)
7. Breast enlargement, including augmentation mammoplasty and breast implants
8. Brow lift
9. Buttocks augmentation or buttocks enhancement procedures
10. Calf implants
11. Cheek, chin and nose implants
12. Injection of collagen, fillers, or neurotoxins
13. Face lift or forehead lift
14. Facial bone remodeling for facial feminization
15. Hair removal (such as electrolysis, laser hair removal, waxing)
16. Hair transplantation
17. Lip augmentation
18. Lip reduction
19. Liposuction (suction-assisted lipectomy)
20. Mastopexy
21. Neck tightening
22. Nipple/areola reconstruction
23. Otoplasty (ear shaping surgery)
24. Pectoral implants for chest masculinization
25. Removal of redundant skin

26. Reproductive services including, but not limited to, sperm or oocyte preservation, cryopreservation of fertilized embryos
27. Reversal of genital surgery or reversal of surgery to revise secondary sexual characteristics
28. Rhinoplasty
29. Skin resurfacing (such as dermabrasion, chemical peels, laser)
30. Thighplasty (Thigh lift)
31. Thyroid cartilage reduction/reduction thyroid chondroplasty/trachea shave (removal or reduction of the Adam's apple)
32. Voice modification surgery (such as laryngoplasty, glottoplasty or shortening of the vocal cords)
33. Voice lessons or voice therapy

**Documentation Required:**

- Referral letters from a \*qualified mental health professional containing all of the following:
  1. Client's general identifying characteristics (include pertinent clinical information such as preferred gender pronoun); **and**
  2. Results of the client'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 patient's request for surgery; **and**
  5. A statement about the fact that informed consent has been obtained from the patient; **and**
  6. A statement that the qualified mental health professional is available for coordination of care and how contact can be made

➤ Note: See **\*Requirements for a Qualified Mental Health Professional** in the Indications of Coverage section

- Medication Records
- Laboratory records if indicated

**WPS/Arise Review History:**

<b>Implemented</b>	08/21/17, 10/01/18
<b>Medical Policy Committee Approval</b>	06/16/17, 06/15/18
<b>Reviewed</b>	06/15/18
<b>Revised</b>	06/15/18*
<b>Developed</b>	06/16/17

\*Note: Title of policy changed from Treatment of Gender Dysphoria to Gender Dysphoria Treatment 06/15/18.

*Approved by the Medical Director*