

Corporate Medical Policy

Surgical Treatment of Gender Dysphoria

Description of Procedure or Service

For the purposes of this policy, surgical treatment of gender dysphoria also refers to:

- Transgender surgery
- Genital reconstruction surgery
- Sex affirmation surgery
- Sex change surgery
- Gender confirmation surgery
- Gender reassignment surgery

These services refer to a series of surgical procedures designed to change a person's physical appearance and sexual function with intent to resemble that of the other sex. This is done as part of the treatment for patients with gender dysphoria, also known as gender identity disorder (GID) and transsexualism.

Gender Identity Disorder is characterized by the following diagnostic criteria: 1.) A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex). 2.) Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex. The disturbance is not concurrent with a physical intersex condition. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. 3.) The transsexual identity has been present persistently for at least two years. 4.) The disorder is not a symptom of another mental disorder or a chromosomal abnormality.

Background

Transsexualism is a gender identity condition in which the person consistently manifests the desire to live as a member of the opposite sex and actively strives to live as a member of the opposite sex fulltime. People who wish to change their sex may be referred to as "Transsexuals" or as people suffering from "gender dysphoria". Surgical treatment of gender dysphoria is intended to be a permanent change to a patient's sexual identity and is not reversible. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history, gynecological, endocrinological urological examination, and a clinical psychiatric/psychological examination. A patient's self-evaluation and desire for sex reassignment are not considered a reliable indicator of GID.

Procedures for the chest, also known as "top surgery", and those for the groin and reproductive organs, also known as "bottom surgery", do not need to be done in conjunction. Additionally, individuals undergoing top surgery do not need to subsequently undergo bottom surgery, or vice versa. The

selection of appropriate procedures should be based on the needs of the individual in relation to the treatment of their diagnosis of gender dysphoria.

Regulatory Status

Surgical treatment of gender dysphoria procedures and, therefore, not subject to FDA regulation. However, any medical devices, drugs, biologics, or tests used as part of the procedure may be subject to FDA regulation.

Benefit Application

The GEHA Benefit Plan defines the following requirements to be considered eligible for coverage of surgical treatment of gender dysphoria. (All of the following apply)

- Must be 18 years of age or older.
- Must have documented evidence of persistent gender dysphoria.
- Must have evidence of well-controlled physical and mental health conditions.
- Must have letter from qualified mental health professional supporting decision for procedure. (Two letters, if requesting genital reconstructive surgery)
- Genital reconstructive surgeries require: (All of the following apply)
 1. An additional letter of support from a qualified mental health provider.
 2. 12 months of hormone therapy as appropriate for member's gender goal.
 3. Greater than 12 months living a gender role congruent with gender identity.
- Augmentation mammoplasty requires: (All of the following apply)
 1. 18 months of hormone therapy as appropriate for member's gender goal.
 2. Documentation that size is not sufficient for comfort in social role.

Policy Statement

Surgical treatment of gender dysphoria, including procedures for the chest and/or groin, may be considered when a member has all of the following: 1.) Has been diagnosed with gender dysphoria. 2.) Undergone proper management for that condition. 3.) Has been evaluated in a multidisciplinary approach with a professional recommendation for covered procedures, as defined herein.

When surgical treatment of gender dysphoria is covered

Surgical treatment of gender dysphoria may be considered medically necessary when all of the criteria listed below are met:

- The individual is 18 years of age or older.
- The individual has capacity to make a fully informed decision and to consent for treatment.
- The individual is diagnosed as having a gender identity disorder (GID), including a diagnosis of transsexualism that includes ALL of the following criteria:

- The individual has demonstrated the desire to live and be accepted as a member of the opposite sex, in addition to, a desire to make his/her body as consistent as possible with the preferred sex utilizing surgery and hormone replacement.
- GID has been present continuously for at least two years.
- There is no genetic or psychiatric condition present that would account for the condition.
- GID causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The individual is actively engaged in a recognized gender identity treatment program which includes
 - (1) Any underlying co-existing medical conditions are documented to be well-controlled.
 - (2) The covered person must complete 12 months of successful continuous full time real life experience in the desired gender without returning to the original gender.
 - (3) The recommendation by a mental health professional and provider under the supervision of a physician for initiation of hormonal therapy or breast surgery with a written referral to the physician who will be managing the medical treatment.
 - (4) Two referrals from qualified mental health professionals who have independently assessed the individual. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. 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.
 - (5) The individual has undergone evaluation by the physician performing the genital surgery.
 - (6) 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.

When surgical treatment of gender dysphoria is not medically necessary

Surgical treatment of gender dysphoria is considered not medically necessary when one or more of the criteria above have not been met.

Not Covered

The following services are not considered a covered benefit per the member's benefit brochure:

- Rhinoplasty
- Face lifting
- Lip enhancements
- Fascial bone reduction

- Blepharoplasty
- Body contouring
- Reduction thyroid chondroplasty
- Hair removal
- Voice modification surgery
- Skin resurfacing
- Other procedures used for feminization
- Chin implants
- Nose implants
- Lip reductions
- Other procedures for masculization
- Transgender reversal unless secondary to surgical complication

The following are not considered medically necessary:

- Abdominoplasty
- Calf implants
- Electrolysis
- Face lift
- Facial bone reconstruction
- Facial implants
- Gluteal augmentation
- Hairplasty, when the criteria above have not been met
- Jaw reduction (jaw contouring)
- Lipofilling/collagen injections
- Liposuction
- Pectoral implants
- Voice therapy

Policy Guidelines

Photographs that demonstrate breasts are outside the normal size for the normal adult female spectrum are necessary for breast augmentation.

The DSM 5 Criteria for Gender Dysphoria in Adults and Adolescents are:

- 1) A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by two or more of the following:

- A) A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
 - B) 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 (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
 - C) A strong desire for the primary and/or secondary sex characteristics of the other gender
 - D) A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
 - E) A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
 - F) 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)
- 2) The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Physician documentation

ICD10 Applicable Codes

- F64.0 Transsexualism
- F64.1 Dual role transvestism
- F64.2 Gender identity disorder of childhood
- F64.8 Other gender identity disorders
- F64.9 Gender identity disorder, unspecified
- Z87.890 Personal history of sex reassignment

Scientific References

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Cohen-Kettenis PT, Schagen SE, Steensma TD, et al. Puberty suppression in a gender-dysphoric adolescent: a 22-year follow-up. Arch Sex Behav. 2011 Aug;40(4):843-7. doi: 10.1007/s10508-011-9758-9. Epub 2011 Apr 19.

Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

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Policy implementation and updates

2/2019 – Changed title of policy and content to reflect member benefit brochure terminology. Provided guideline for breast augmentation.