



## Gender Affirming Surgery and Related Procedures

State(s):

Idaho     Montana     Oregon     Washington     Other:

LOB(s):

Commercial     Medicare     Medicaid     PSA

### Commercial Policy

#### BACKGROUND

The American Psychiatric Association’s Diagnostic and Statistical Manual, 5th Edition (DSM 5) defines criterion A of Gender Dysphoria as “a marked incongruence between one’s experience/expressed gender and assigned gender.” These individuals must meet additional criteria which include persistence over time and clinically significant distress or impairment in social, occupational or other important areas of functioning.

According to DSM 5, some individuals who meet criteria for Gender Dysphoria may also identify as being transsexual in that they “seek or have undergone, a social transition from male to female or female to male, which in many, but not all, cases also involves a somatic transition by cross-sex hormone treatment and gender affirming surgery.”

#### **Commercial: Idaho and Montana and Oregon self-insured plans are not subject to the Oregon Insurance Code.**

Most PacificSource benefit plans do not include coverage of gender affirming surgery, procedures or other related treatment. Coverage is available only if the employer group contract (benefit plan) includes such coverage. Groups may elect to customize these benefits; therefore, benefit determinations are based on specific contract language and subject to the lifetime maximum benefits defined in the policy, if applicable.

#### CRITERIA

#### Commercial – Oregon

Oregon fully insured plans cover gender affirming surgery when medically necessary and subject to all policy provisions, per the Oregon Insurance Divisions interpretation of mental health Essential Health Benefits and the Bulletins it has issued. Self-insured plans that are subject to the Oregon Insurance Code also cover gender affirming surgery when medically necessary and subject to all policy provisions. Always refer to the member’s medical policy to determine if the member has this benefit and, if so, the specific coverage. If a large employer plan does NOT include mental health coverage, then NO coverage is available for mental health services.

The member should be placed into case management by Health Services as a way to help the member understand their benefits and required criteria related to gender affirming surgery and treatment, and to assist her/him to navigate the system and promote an optimal outcome.

### **Exclusions and Covered Services**

1. Commercial Oregon (fully insured and self-insured are subject to the Oregon Insurance Code)
  - a. Core surgical procedures considered medically necessary for female to male persons include: hysterectomy, vaginectomy, salpingo-oophorectomy, metoidioplasty, phalloplasty, urethroplasty, scrotoplasty and placement of testicular implant and mastectomy including nipple reconstruction.
  - b. Core surgical procedures considered medically necessary for male to female persons include: penectomy, orchidectomy, vaginoplasty, clitoroplasty, perineal electrolysis and labiaplasty.
2. Surgical treatment or other services that are related primarily to changing appearance in order to be more consistent with the reassigned gender are generally excluded, unless the requested service is deemed medically necessary for that member. Examples include, but are not limited to, treatments related to hair distribution or anatomic contouring, such as chest wall reconstruction or breast augmentation, electrolysis/laser hair removal, rhinoplasty, facial bone reduction, reduction thyroid chondroplasty, laryngoplasty or shortening of the vocal cords and other cosmetic surgery that is directly related to gender affirming surgical procedures for anatomic contouring.
3. Gender-specific core services that may be medically necessary for transgender persons appropriate to their anatomy include:
  - a. Breast cancer screening for female to male transgender persons who have not undergone a mastectomy;
  - b. Prostate cancer screening for male to female transgender individuals who have retained their prostate.
4. In addition to core surgical procedures, specific plans may have benefits that include, but are not be limited to; penile implants, mammoplasty, and/or travel benefits (refer to the GID travel benefit procedure). For Commercial plan in Oregon (fully insured and self-insured subject to the Oregon Insurance Code), these additional services are reviewed for approval or denial based on medical necessity.
5. Gender affirming surgery benefits are limited to only one attempt at reconstruction (may be a multistage reconstructive procedure).
6. Gender affirming surgery conducted on infantile or early childhood intersexed individuals is a common medical practice and is not a contract exclusion.

### **Criteria for Eligibility and Readiness for Hormone Therapy – Commercial, PSA**

Coverage for initial hormone therapy is available when the member has met all the following criteria and such coverage is available under the member's policy:

1. Is at least 18 years old. Request for services for members under 18 years of age requires Medical Director review.

2. Member has persistent, well-documented Gender Dysphoria.
3. Member has any significant medical or behavioral health concerns reasonably well-controlled.
4. Member has capacity to make a fully informed decision and to consent for treatment.
  - a. A licensed mental health professional (LMHP) has supplied a letter to the medical professional who will be responsible for the patient's endocrine treatments addressing the following points:
    - i. The patient's general identifying characteristics;
    - ii. The initial and evolving gender and any associated mental health concerns, and other psychiatric diagnoses;
    - iii. The duration of the referring licensed mental health professional's relationship with the client, including the type of evaluation and psychotherapy to date;
    - iv. The clinical rationale for supporting the client's request for hormone therapy and statement that the client meets eligibility criteria; and
    - v. Permission to contact the licensed mental health professional for coordination of care, or
  - b. As an alternative to the letter from LMHP:
    - i. Obtaining informed consent for hormone therapy is an important task of providers to ensure that patients understand the psychological and physical benefits and risks of hormone therapy, as well as its psychosocial implications.

Providers prescribing the hormones or health professionals recommending the hormones should have the knowledge and experience to assess gender dysphoria. They should inform individuals of the particular benefits, limitations, and risks of hormones, given the patient's age, previous experience with hormones, and concurrent physical or mental health concerns.

The treating provider will obtain and document informed consent from the individual including the risks associated with hormone therapy (e.g., the impact of masculinization/feminization on how one is perceived and its potential impact on relationships with family, friends, and coworkers).

### **Criteria for Gender Affirming Surgery Coverage – Commercial, PSA**

Genital affirming *genital* surgical procedures requires Medical Director review.

Preauthorization is required for gender affirming surgical procedures.

Coverage for gender affirming surgery is available when all of the following criteria are met as such coverage is available under the member's policy:

1. Member is at least 18 years old. Request for services for members under 18 years of age requires Medical Director review; and
2. Member has met criteria for the diagnosis of Gender Dysphoria, Post transition"; and
3. Member has met the criteria for hormonal therapy above; and

4. Member has capacity to make a fully informed decision and to consent for treatment; and
5. Condition is not due to another biological, chromosomal or associated psychiatric disorder, such as schizophrenia; and
6. Member has any significant medical or behavioral health concerns reasonably well controlled;
7. Member has completed all of the following in preparation for gender affirming surgery, either at a specialized gender dysphoria treatment center or under the direction of a Gender Dysphoria specialist:
  - a. Member has had 12 continuous months of living in a gender role that is congruent with his/her gender identity unless a medical and licensed mental health professional both determine that this requirement is not safe for the patient; and
  - b. Unless medically contraindicated, member has received at least 12 months of continuous hormonal gender affirming therapy recommended by a mental health professional and carried out by or under the supervision of an endocrinologist or comparably qualified specialist (which can be simultaneous with the real-life experience). Hormone therapy is not required for chest surgery in female-to-male members; and
  - c. Recommendation for chest surgery must be made by one qualified, licensed mental health professional who has experience in the evaluation of gender dysphoria with written documentation submitted to the physician performing the surgery.
  - d. Recommendation for genital affirming surgery must be made by two qualified, licensed mental health professionals who have experience in the evaluation of gender dysphoria with written documentation submitted to the physician performing the surgery (where medically appropriate and given a well-established patient relationship, PacificSource may accept one of the two recommendations from a physician who has clinical experience with gender dysphoria even if not a licensed mental health professional).
    - I. Documentation must include a written comprehensive psychological evaluation second concurring opinion in the form of a written expert opinion. One of these letters must be within 90 days of the pre-service determination request.
    - II. At least one of the two licensed mental health professionals making the favorable recommendation for surgical (genital and /or breast) gender affirming procedures must possess a doctoral degree and be capable of adequately evaluating co-morbid psychiatric conditions.
    - III. The referring health professionals have supplied a letter to the medical professional who will be responsible for the patient's surgical treatments addressing the following points:
      1. The patient's general identifying characteristics;
      2. The initial and evolving gender and any associated mental health concerns, and other psychiatric diagnoses;
      3. The duration of the referring health professional's relationship with the client, including the type of evaluation and psychotherapy to date;

4. The clinical rationale for supporting the client's request for surgical treatment and statement that the client meets eligibility criteria; and
5. Permission to contact the mental health professional for coordination of care.

Completion of a urological examination to identify and possibly treat any underlying abnormalities

### **Post-Surgery Coverage and Continuation Hormone Therapy**

Once surgical gender affirming surgical procedure has been completed, hormone replacement therapy and medical treatment appropriate to the reassigned gender will be covered, as well as gender specific services that may be medically necessary for transgender persons appropriate to their anatomy.

If a member has been on hormone therapy for 6 months or more prior to coming onto the plan and the plan does not include coverage for Gender Dysphoria, continuation of hormone therapy may be covered under supplemental benefits.

#### **CODING INFORMATION**

#### **Diagnosis Codes (ICD-9):**

302.6 Gender Identity Disorder in Children

302.85 Gender Identity Disorder in Adolescents or Adults

#### **Diagnosis Codes (ICD-10):**

F64.1 – Gender identity disorder in adolescence and adulthood

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

#### **CPT Codes:**

55970 Intersex surgery; male to female

55980 Intersex surgery; female to male

### **References**

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American Psychiatric Association's Diagnostic and Statistical Manual, 4th edition (DSM-IV)

The World Professional Association for Transgender Health (WPATH): (formerly Harry Benjamin International Gender Dysphoria Association) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version, 2011, <http://www.wpath.org>

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM- IV-TR)

Schlatterer K, von Werder K, Stalla GK. Multistep treatment concept of transsexual patients. Exp Clin Endocrinol Diabetes. 1996; 104(6): 413-419

Smith YL, Van Goozen SH, Kuiper AJ, Cohen-Kettenis PT. Sex reassignment: outcomes and predictors of treatment for adolescent and adult transsexuals. Psychol Med. 2005; 35(1):89-99

Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline. 2009, <http://www.endo-society.org/guidelines/final/upload/Endocrine-Treatment-of-Transsexual-Persons.pdf>

American College of Obstetricians and Gynecologists (ACOG). Health Care for Transgender Individuals. Committee Opinion. Number 512, December 2011, [http://www.acog.org/Resources\\_And\\_Publications/Committee\\_Opinions/Committee\\_on\\_Health\\_Care\\_for\\_Underserved\\_Women/Health\\_Care\\_for\\_Transgender\\_Individuals](http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Health_Care_for_Transgender_Individuals)

## Appendix

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Policy Number: [Policy Number]

Effective: 9/13/2016

Next review: 9/1/2017

Policy type: Commercial

Author(s): i:0#.w|pacificsourcele1593

Depts: Health Services

Applicable regulation(s): N/A

External entities affected: [External Entities Affected]

Approved by:

## Modification History

Date	Modified By	Reviewed By	Modifications
09/13/2016	M. Franz, MD, M. Gabbard and S. Mainard	Mike Franz, MD and Justin Montoya, MD	Approved as written. Changed gender reassignment to “gender affirming” surgery throughout policy. Page 2 #2 - related to gender “surgical procedures for” anatomic contouring Page 3 changed header to Criteria for “Gender Affirming Surgery” Coverage and Genital “surgical procedures require”. Page 4, II – changed to state “for surgical (genital and /or breast) gender affirming

			procedures” Page 5 1 <sup>st</sup> paragraph reworded to state: Once gender surgical procedure has been completed
06/07/2016	M. Gabbard	Justin Montoya, MD, Alison Little, MD and Mike Franz, MD	Approved as written. Page 4 #7 d. I – revised to state: “Documentation must include a written comprehensive psychological evaluation second concurring opinion in the form of a written expert opinion. One of these letters must be within 90 days of the pre-service determination request”
02/24/2016	M. Gabbard	CQUM	Approved as written. Dr. Franz identified that some additional revisions need to be made. Policy will be published with additional revisions and the revised unmarked policy will go back to CQUM.
01/26/2016	M. Gabbard J. Montoya, MD and M. Franz MD.	Justin Montoya, MD	Revised to match The American Psychiatric Association’s Diagnostic, the Statistical Manual, 5 <sup>th</sup> , the Oregon Insurance Code and HERC, and WPath,
7/27/2015	M. Gabbard	Justin Montoya, MD	Approved as written.
7/23/2015	Daniel Roth, MD K. Kernutt and M. Gabbard		Added Dr. Roth’s and EMG recommended changes due to change to the Oregon Insurance Divisions changes.
7/7/2015	P. Ramirez, L. Mason	Daniel Roth, MD	Converted back to a Commercial policy from an Enterprise policy. Removed “Criteria for Gender Reassignment Surgery Coverage-Medicaid”.  Removed “CRITERIA FOR ELIGIBILITY AND READINESS FOR HORMONE THERAPY – MEDICAID”  Removed penile implant from female to male core surgical procedures; added penile implant to endorsed procedures; added mastectomy to female to male core procedures; added perineal electrolysis to male to female core surgical procedures.
05/05/2015	M. Franz, MD and M. Gabbard		Page 1 paragraph 1 change benefit to “Commercial”. Redefined BackGround information to match current accepted DSM 5 criterion. Page 2 Replace GID to Gender Dysphoria and under Criteria for Eligibility and Readiness for Hormone Therapy to include the diagnosis of Gender Dysphoria be required as part of this criteria. Page 3 transsexualism replaced with Gender Dysphoria, Posttransition. #5 GID specialist to Gender Dysphoria Specialist. Page 4 GID replaced with Gender Dysphoria. Under coding information deleted 302.5-305.53 Transsexualism (not in DMS 5). References of the American Psychiatric Association’ Diagnostic and Statistical Manual with DSM 5.
05/01/2015	Marylou Buyse, MD, Alison Little, MD		Added Medicare and Medicaid criteria policy will now be an Enterprise policy. Hormone Therapy – Medicaid page 3 changed to state “patient must meet all of the following”:
11/06/2014	M. Gabbard, J Halligan	Daniel Roth, MD	Page 1 1 <sup>st</sup> paragraph to read “Groups may elect to customize the benefits provided within the endorsement therefore, benefit determinations.....Under Exclusions and Covered Services #1 to state Unless required in order to

			perform a surgical procedure. #2 changed to read placement of testicular implant and penile implant.
01/03/2014	Laurie Mason	Mary Dax, Jim Riopelle	Added ICD-10 diagnosis codes (translated from PS ICD9 to ICD10 crosswalk).
08/22/2013	Laurie Mason	James Riopelle, MD, Kristi Kernutt	No changes
08/15/2013	Mindy Reeves		Updated to new template
07/01/2012	N Hayner	L Mason; B Healy; Dr. S Marks	Changed title from Sex Reassignment to Gender Reassignment; updated references; added criteria; expanded exclusions and covered services; added conditions for provision of hormone therapy
11/04/2009	L. Mason	Dr. Steve Marks	Expanded description of genital reconstruction surgeries, updated References.
08/23/2006		Dr. Steve Marks	Barb Healy – original author