

Gender Reassignment Treatment (Formerly Gender Dysphoria Treatment)

Policy Number: **M20151112001**
Effective Date: **1/1/2015**
Sponsoring Department: **Health Care Services**
Impacted Department(s): **Health Care Services**

Type of Policy: Internal External

Data Classification: Confidential Restricted Public

Applies to (Line of Business):

- Corporate (All)
- State Products, if yes which plan(s): MediSource; MediSource Connect; Child Health Plus; Essential Plan
- Medicare, if yes, which plan(s): MAPD; PDP; ISNP; CSNP
- Commercial, if yes, which type: Large Group; Small Group; Individual
- Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

Applicable to Vendors? Yes No

Purpose and Applicability:

To set forth the medical necessity criteria for hormonal and surgical treatment for **gender reassignment**. Independent Health will not discriminate based on a member's or prospective member's actual or perceived sexual orientation, gender identity or expression, or transgender status.

Policy:

Commercial, Self-Funded Plans and Medicare Advantage:

Hormone Treatment:

Hormone treatment for **gender dysphoria**, whether or not in preparation for gender reassignment surgery, is considered medically necessary for members when:

1. The member has experienced puberty to at least Tanner stage 2 and pubertal changes have resulted in an increase in gender dysphoria; and
 2. The diagnosis of gender dysphoria has been made by a licensed mental health professional and fulfills DSM -5 criteria; and
 3. After an initial evaluation by a qualified medical professional, the pharmacy treatment plan is managed on an ongoing basis; and
 4. Has adequate psychological and social support during treatment; and
 5. The member does not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment; and
 6. The member demonstrates knowledge and understanding of the expected outcomes of hormone treatment, as well as the medical and social risks and benefits.
- ❖ **Note:** Post-pubertal adolescents of at least Tanner Stage 2 under the age of 18 must meet the same criteria and documentation requirements as listed above for adults. If those criteria are met, they are eligible for hormone treatment.
- ❖ **Note:** Laboratory testing to monitor continuous hormone therapy and continued psychotherapy are considered medically necessary during hormone treatment.

Surgical Treatment:

Gender reassignment surgery for gender dysphoria is considered medically necessary for members when:

1. The member is diagnosed as having gender dysphoria by a licensed mental health professional and fulfills DSM -5 TR criteria; and
 - The member has demonstrated 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 replacement.
 - The disorder is not due to another psychiatric disorder.
2. The member must be 18 years of age or older*; and

3. The member has the capacity to make a fully informed decision and to consent to treatment; and
 4. The member has successfully lived full-time in the preferred gender for at least 12 months prior to genital reassignment surgery without periods of returning to their original gender (real-life experience); and
 5. Health care professionals may consider gender-affirming surgical interventions in the absence of hormonal treatment, unless hormone therapy is required to achieve the desired surgical result. Hormone therapy as appropriate to the member's gender goals, recommended by the member's treating provider, clinically appropriate for the type of surgery requested, not medically contraindicated and the member is otherwise able to take hormones.
 - Hormone therapy is not required when performing a mastectomy, reduction mastoplasty or for breast augmentation. However, it is recommended that patients undergo feminizing hormone therapy (minimum of 12 months) prior to breast augmentation surgery in order to maximize breast growth to obtain better surgical outcomes; and
 6. A mental health screening and/or assessment by a licensed mental health provider is required for referral to hormone and surgical treatments for gender dysphoria (refer to documentation requirements below). Although highly recommended, continued psychotherapy is not an absolute requirement unless a mental health professional's initial assessment leads to a recommendation for psychotherapy that specifies the goals of treatment, estimates its frequency and duration (usually a minimum of three months); and
 7. If significant medical or mental health concerns are present, there must be documentation prior to surgery that such conditions are reasonably well controlled; and
 8. It is recommended health care professionals counsel and assist transgender and gender diverse people in becoming abstinent from tobacco/nicotine prior to gender-affirmation surgery; and
 9. Once medically necessary criteria have been met, and gender reassignment surgery is approved, the enrollee must undergo a complete physical examination by the physician performing the surgery; and
 10. Surgeons who perform gender-affirming surgical procedures must have the following credentials:
 - a. Training and documented supervision in gender-affirming procedures;
 - b. Maintenance of an active practice in gender-affirming surgical procedures;
 - c. Knowledge about gender diverse identities and expressions;
 - d. Continuing education in the field of gender-affirmation surgery
 - e. Tracking of surgical outcomes.
- ❖ Note: Gender reassignment surgery is rarely appropriate for members under the age of 18. Requests for procedures for members under the age of 18 may be considered only in exceptional circumstances on an individual consideration basis.

The following gender reassignment surgeries, services, and procedures are covered based upon a determination of medical necessity made by a qualified medical professional:

- Mastectomy
- Hysterectomy
- Salpingectomy
- Oophorectomy
- Vaginectomy
- Urethroplasty
- Metoidioplasty
- Phalloplasty
- Scrotoplasty
- Penectomy
- Orchiectomy
- Vaginoplasty
- Labiaplasty
- Clitoroplasty, and/or placement of a testicular prosthesis and penile prosthesis
- Breast augmentation, provided that:
 - the patient has completed a minimum of 24 months of hormone therapy, during which time breast growth has been negligible; or hormone therapy is medically contraindicated; or the patient is otherwise unable to take hormones;
- Electrolysis when required for vaginoplasty or phalloplasty; and,
- Services done to change the member's physical appearance to more closely conform secondary sex characteristics to those of the member's identified gender, shall be covered if it is demonstrated that such surgery, service, or procedure is medically necessary to treat a particular member's gender dysphoria.

Coverage is not available for surgeries, services, or procedures that are purely cosmetic, i.e., that enhance a patient's appearance but are not medically necessary to treat the patient's underlying gender dysphoria.

Documentation Requirements for Surgical Treatment:

Documentation must be submitted by a licensed mental health provider, to include all the following:

1. A letter from one qualified New York State licensed health professional** who has independently assessed the member and are referring the individual for the surgery:
 - Has a persistent and well-documented case of gender dysphoria;
 - Has received hormone therapy appropriate to the individual's gender goals, which shall be for a minimum of 12 months in the case of an individual seeking genital surgery, unless such therapy is medically contraindicated, or the individual is otherwise unable to take hormones;
 - Has lived for 12 months in a gender role congruent with the individual's gender identity, and has received mental health counseling, as deemed medically necessary, during that time;

- Has no other significant medical or mental health conditions that would be a contraindication to gender reassignment surgery, or if so, that those are reasonably well-controlled prior to the gender reassignment surgery; and
 - Has the capacity to make a fully informed decision and to consent to the treatment.
2. The physician completing the physical exam must indicate in writing there are no medical contraindications to surgical gender reassignment.

**Psychiatrist, psychologist, psychiatric nurse practitioner, or licensed clinical social worker with whom the individual has an established and ongoing relationship.

MediSource, MediSource Connect and Essential Plan:

For hormone treatment for MediSource, MediSource Connect, and Essential Plan, please refer to Independent Health Pharmacy Policy Gender Dysphoria Treatment-MediSource, M20150519031 (Independent Health Hormone Therapy for MediSource members).

Gender Reassignment Surgery:

Per the New York State clinical criteria, gender reassignment surgery may be covered for an individual who is:

1. 18 years of age or older who meet all criteria for surgery, regardless of whether surgery will result in sterilization, and
2. Has letters from two qualified New York State licensed health professionals who have independently assessed the individual and are referring the individual for the surgery. One of these letters must be from a psychiatrist, psychologist, psychiatric nurse practitioner or a licensed social worker with whom the individual has an established and ongoing relationship. The other letter may be from a licensed psychiatrist, psychologist, physician, psychiatric nurse practitioner or licensed clinical social worker acting within the scope of his or her practice and are not required to be from a different organization from the other certified professional, who has only had an evaluative role with the individual. The recommendation for surgery in each letter must be based on an independent assessment/evaluation of the individual. Together, the letters must establish that the individual:
 - (i) has a persistent and well-documented case of gender dysphoria;
 - (ii) has received hormone therapy appropriate to the individual's gender goals, which shall be for a minimum of 12 months in the case of an individual seeking genital surgery, unless such therapy is medically contraindicated, or the individual is otherwise unable to take hormones;
 - (iii) has lived for 12 months in a gender role congruent with the individual's gender identity, and has received mental health counseling, as deemed medically necessary, during that time;
 - (iv) has no other significant medical or mental health conditions that would be a contraindication to gender reassignment surgery, or if so, that those are reasonably well-controlled prior to the gender reassignment surgery; and
 - (v) has the capacity to make a fully informed decision and to consent to the treatment.

The following gender reassignment surgeries, services and procedures are available without requiring a medical necessity review:

- mastectomy
- hysterectomy
- salpingectomy
- oophorectomy
- vaginectomy
- urethroplasty
- metoidioplasty
- phalloplasty
- scrotoplasty
- penectomy
- orchiectomy
- vaginoplasty
- labiaplasty
- clitoroplasty, and/or placement of a testicular prosthesis and penile prosthesis;
- breast augmentation, provided that: the individual has completed a minimum of 24 months of hormone therapy, during which time breast growth has been negligible; or hormone therapy is medically contraindicated; or the patient is otherwise unable to take hormones; and
- electrolysis when required for vaginoplasty or phalloplasty

Any other surgeries, services, and procedures in connection with gender reassignment not listed above, or to be performed in situations not described above, including those done to change the patient's physical appearance to more closely conform secondary sex characteristics to those of the patient's identified gender, will be covered if it is demonstrated that such surgery, service, or procedure is medically necessary to treat a particular patient's gender dysphoria, and medical necessity prior approval is received. Requested services, surgeries, and procedures for the treatment of gender dysphoria shall not be automatically denied on the basis that they are cosmetic in nature and will be reviewed to determine medical necessity for the treatment of the member's gender dysphoria.

Although the minimum age for Medicaid coverage of gender reassignment surgery is generally 18 years of age, the revised regulations allow for coverage for individuals under 18 in specific cases if medical necessity is demonstrated and prior approval is received.

- ❖ Note: Independent Health will allow one attempt to conduct a peer-to-peer consultation with the ordering provider upon request for treatment being related to gender dysphoria being requested. The internal peer reviewer will have clinical expertise in the treatment of gender dysphoria.

Per New York State Department of Health clinical criteria, payment will not be made for the following services and procedures:

- (i) Cryopreservation, storage, and thawing of reproductive tissue, and all related services and charges;
- (ii) Reversal of genital and/or breast surgery;
- (iii) Reversal of surgery to revise secondary sex characteristics;

- (iv) Reversal of any procedure resulting in sterilization; and
- (v) Cosmetic surgery, services, and procedures, including but not limited to:
 - a. abdominoplasty, blepharoplasty, neck tightening, or removal of redundant skin;
 - b. breast augmentation;
 - c. breast, brow, face, or forehead lifts;
 - d. calf, cheek, chin, nose, or pectoral implants;
 - e. collagen injections;
 - f. drugs to promote hair growth or loss;
 - g. electrolysis, unless required for vaginoplasty;
 - h. facial bone reconstruction, reduction, or sculpturing, including jaw shortening and rhinoplasty;
 - i. hair transplantation;
 - j. lip reduction;
 - k. liposuction;
 - l. thyroid chondroplasty; and
 - m. voice therapy, voice lessons, or voice modification surgery.

- For purposes of this subdivision, cosmetic surgery, services, and procedures refer to anything solely directed at improving an individual’s appearance.
- Requested services, surgeries, and procedures for the treatment of gender dysphoria shall not be automatically denied on the basis that they are cosmetic in nature and will be reviewed to determine medical necessity for the treatment of the member’s gender dysphoria.
- All legal and program requirements related to providing and claiming reimbursement for sterilization procedures must be followed when transgender care involves sterilization (such as LDSS-3113 “Acknowledgment of Receipt of Hysterectomy Information”).

❖ Note: Augmentation mammoplasty must be considered for all genders (for example, male gender to non-binary gender) medically necessary, regardless of whether the individual plans to pursue genital surgery, when both of the following criteria are met:

1. The patient meets all the pre-requisites for gender reassignment surgery set forth in the regulation; and
2. The patient has completed a minimum of 24 months of hormone therapy during which time no breast growth has occurred, or hormone therapy is medically contraindicated, or the patient is otherwise unable to take hormones.

For all genders (for example, female gender to non-binary gender), mastectomy is a covered service, provided that the pre-requisites for surgery have been met.

Background

Gender dysphoria (GD) causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. The goal of gender reassignment surgery is to change the body so that it better aligns with an individual’s gender identity. Individuals with gender dysphoria vary in their desire for genitalia surgery, breast/chest surgery, and additional feminizing, masculinizing, or aesthetic procedures. There is no recommended order in which the procedures should occur and not all patients will desire all procedures. Gender reassignment surgery refers to one or more reconstruction

procedures that may be part of a multidisciplinary treatment plan involving medical, surgical, and behavioral health interventions available for the treatment of gender dysphoria. The work-up for medical treatments and surgical interventions includes an extensive medical history; gynecological, endocrinological and urological examination, and a clinical psychiatric/psychological examination.

The World Professional Association for Transgender Health or WPATH (formerly known as the Harry Benjamin International Gender Dysphoria Association) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People are widely accepted as the definitive guidelines for the treatment of gender dysphoria.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

Pre-Authorization Required? Yes No Other

Pre-authorization is required for surgical treatment for Commercial, Self-Funded and Medicare Advantage Members

Please see the MediSource, MediSource Connect, Essential Plan section for pre-authorization requirements.

Pre-authorization is not required for hormone treatment. Criteria above will be utilized upon retro-review.

Note: Providers would be held liable for treating any Independent Health members regardless of Independent Health product.

Definitions

Gender dysphoria is a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. Gender dysphoria is manifested in a variety of ways, including strong desires to be treated as the other gender or to be rid of one's sex characteristics, or a strong conviction that one has feelings and reactions typical of the other gender and is not limited to binary gender identities. Binary gender describes the genders female/male or woman/man; in the case of those individuals who identify with one specific binary (male or female), differing from the sex assigned at birth (male or female).

Gender expression is the external manifestation of a person's gender identity, which may or may not conform to the socially defined behaviors and external characteristics that are commonly referred to as either masculine or feminine. These behaviors and characteristics are expressed through carriage (movement), dress, grooming, hairstyles, jewelry, mannerisms, physical characteristics, social interactions, and speech patterns (voice).

Gender reassignment surgery is the term used to describe genital surgeries for gender transformation. Possible surgical procedures include, but are not limited to, castration, penectomy, vulva-vaginal construction, bilateral mastectomy, hysterectomy and salpingo-oophorectomy.

Real-life experience is defined as the act of fully adopting a new or evolving gender role or gender presentation in everyday life and is an essential step in transitioning to the gender role that is in agreement with the patient's gender identity. The real-life experience tests the individual's resolve, the capacity to function in the preferred gender, and the adequacy of social, economic, and psychological supports.

Transgender is an umbrella term for people whose gender identity and/or gender expression differs from their assigned sex at birth (i.e., the sex listed on their birth certificates).

References

Related Policies, Processes and Other Documents

Gender Dysphoria Treatment-MediSource, M20150519031 (Independent Health Hormone Therapy for MediSource members).

Non-Regulatory references

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Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, et al; Endocrine Society. Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2009 Sep;94(9):3132-54.

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Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. National Coverage Determination (NCD) for Gender Dysphoria and Gender Reassignment Surgery (140.9). Available at: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=368&ncdver=1&DocID=140.9&kq=true&bc=gAAAABAAAAAAAA%3d%3d&> Accessed February 28, 2024.

Medicaid regulations 18 NYCRR 505.2(l)

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New York State Medicaid Update [web site]. May 2016 Volume 32 – Number 5; p.19. Available at: https://www.health.ny.gov/health_care/medicaid/program/update/2016/may16_mu.pdf Accessed February 28, 2024.

New York State Medicaid Update [web site]. January 2017. Volume 33 – Number 1; pp.3-4. Available at: https://www.health.ny.gov/health_care/medicaid/program/update/2017/jan17_mu.pdf Accessed February 28, 2024.

New York State Medicaid Update [web site]. April 2017 Volume 33 - Number 4; p.7. Available at: https://www.health.ny.gov/health_care/medicaid/program/update/2017/apr17_mu.pdf Accessed February 28, 2024.

New York State Medicaid Update [web site]. December 2019 Volume 35 – Number 12 pp.3-4. Available at: https://www.health.ny.gov/health_care/medicaid/program/update/2019/dec19_mu.pdf Accessed February 28, 2024 .

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes No

Revision Date	Owner	Notes
9/1/2024	Health Care Services	Revised
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10/1/2018	Medical Management	Revised
9/1/2018	Medical Management	Revised
8/1/2017	Medical Management	Revised
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