

MEDICA®

UTILIZATION MANAGEMENT POLICY

TITLE: ADULT GENDER REASSIGNMENT SURGERY

Origination Date: October, 1998

Subsequent Endorsement Date(s): 10/1999, 09/2000, 06/2001, 06/2002, 07/2003, 06/2004, 06/2005, 06/2006, 06/2007, 06/2008, 06/2009, 06/2010

This policy was developed with input from specialists in psychiatry, urology, plastic surgery, and general surgery, and endorsed by the Medical Policy Committee.

PRODUCT APPLICATION

This policy provides general information concerning Medica's administrative processes. It applies to all fully insured Medica Health Plans, Medica Insurance Company, and Medica Health Plans of Wisconsin products, unless a specific limitation or exception exists. For self-insured plans, consult individual plan sponsor benefit documents. If there is a discrepancy between a Utilization Management Policy and a self-insured benefit plan, the provisions of the benefit plan will govern.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

Medica updates its Utilization Management Policies regularly, and reserves the right to amend these policies without notice to Medica members. Medica also reserves the right to amend these policies without notice to contracted health care providers unless the amendment materially alters the policy. If the amendment materially alters the policy, Medica will disclose the change to contracted health care providers not less than 45 days prior to implementation of the policy. Medica's Utilization Management Policies contain general information only and do not guarantee coverage. Receipt of benefits is subject to all terms and conditions of the member's coverage document. Members should consult their Certificates of Coverage or Plan Documents/Summary Plan Descriptions to review the provisions relating to a specific coverage determination. If there is a conflict between a Utilization Management Policy and the applicable coverage document, the coverage document will govern. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Utilization Management Policy may call Medica's Provider Service Center toll free at 1-800-458-5512.

Medica's Utilization Management Policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

PURPOSE

To promote consistency between reviewers in utilization management decision-making by providing the criteria that generally determine the medical necessity of gender reassignment surgery. The Coverage Issues box below outlines the process for addressing the needs of individuals who do not meet these criteria.

BACKGROUND

I. Definitions

- A. Gender Identity Disorder (GID)** is a term defined in the Diagnostic and Statistical Manual of Mental Disorders [DSM IV-TR, 2000] section 302.85. Criteria for a diagnosis of GID includes:
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 intense sense of inappropriateness in the gender role of that sex.
 3. The disturbance is not concurrent with a physical intersex condition (e.g., androgen insensitivity syndrome or congenital adrenal hyperplasia).

4. The disturbance causes clinically significant distress or impairment in social, occupation, or other important areas of functioning.

- B. **Genital surgical gender reassignment** is surgery of the genitalia performed for the purpose of altering the morphology in order to approximate the physical appearance of the genetically-other gender in persons diagnosed with GID. Such surgical procedures as castration, orchiectomy, urethrostomy, penectomy, vaginoplasty, labiaplasty, hysterectomy, salpingectomy, vaginectomy, oophorectomy, and phalloplasty, that occur in the absence of any diagnosable birth defect or other medically defined pathology other than GID, are included in this category. Genital electrolysis is not considered a surgical procedure, but is performed in conjunction with genital surgery.
- C. **Hormonal gender reassignment** is the administration of androgens to genotypic and phenotypic females, and the administration of estrogen and/or progesterones to genotypic and phenotypic males, for the purpose of effecting somatic changes in order for the patient to more closely approximate the physical appearance of the genotypically-other gender in persons diagnosed with GID. Hormonal gender reassignment does not refer to the administration of hormones for the purpose of medical care and/or research conducted for the treatment or study of non-gender dysphoric medical conditions (e.g., aplastic anemia, impotence, cancer).
- D. **Non-genital surgical gender reassignment** is any and all other surgical procedures of non-genital sites (breasts, skin, nose, throat, chin, cheeks, hips, waist, etc.) conducted for the purpose of effecting a more masculine appearance in a genetic female or a more feminine appearance in a genetic male.
- E. The **Transgender Real-Life Experience** is undertaken to assess the ability and resolve of persons undergoing gender reassignment to fully adapt to and successfully function in their new or evolving gender role or presentation. The transgender real-life experience allows persons with GID and their clinicians to determine whether or how to proceed with further treatment.

II. Comments

- A. Treatment of GID consists of three elements: a real-life experience in the other gender role, receiving hormones of the other gender, and surgery. Once the diagnosis of GID is made, a variety of options should be considered. However, not all persons with GID need or want all three elements of therapy. Some persons with GID require only psychotherapy to adapt to a more comfortable gender identity. Others may require hormonal treatments in conjunction with psychotherapy.
- B. Members considering surgery must demonstrate knowledge of the length and associated cost of treatment, required lengths of hospitalizations, likely complications, and post-surgical rehabilitation requirements of various surgical approaches.
- C. Information on different competent surgeons must be provided to members prior to undergoing surgery.

MEDICAL NECESSITY CRITERIA

I. Indications

All of the following criteria, adapted from the World Professional Association for Transgender Health Inc., *Standards of Care for Gender Identity Disorders*, (Sixth Edition) February 2001, must be met:

- A. Member must have a diagnosis of GID (transsexualism) from the Diagnostic and Statistical Manual of Mental Disorders [DSM IV-TR, 2000] section 302.85.
- B. Eligibility Criteria for Surgery
 - 1. Member must be 18 years of age or older.
 - 2. Member must have received a minimum of at least 12 months of continuous hormonal gender reassignment unless contraindicated.
 - 3. Eighteen months of continuous hormonal gender reassignment treatment must be completed prior to breast augmentation for male to female surgical reassignment.
 - 4. Member must have completed at least 12 months of transgender real-life experience in the new or evolving gender role prior to surgical gender reassignment.
 - 5. If required by the mental health professionals, member must have had regular participation in psychotherapy throughout the real life experience at a frequency determined jointly by the patient and the mental health professionals.
 - 6. Member must have a complete physical examination including urogenital exam and blood chemistry within three months prior to initiation of surgical gender reassignment. Identified co-existing medical

conditions must have been treated by procedures accepted as appropriate in the community and optimized prior to surgery.

C. Readiness Criteria:

1. Member must demonstrate progress in consolidating their gender identity.
2. Member must demonstrate progress in dealing with work, family, and interpersonal issues, resulting in improved states of mental health. For example, behavioral issues that may be present, such as sociopathy, substance abuse, psychosis, and suicidality, are satisfactorily controlled.

D. If the member has a co-existing diagnosis of a mental disorder in addition to a diagnosis of GID, member must be optimally treated by procedures accepted as appropriate in the community for such non-transsexual psychiatric diagnosis, with symptoms controlled prior to requesting surgical gender reassignment. For example, there have been no episodes of inpatient care in the last year directly resulting from the coexisting condition.

II. Documentation Required

- A. Two letters of recommendation from: (1) a psychologist or psychiatrist who has treated the member for 12 months and is currently treating the member and (2) a consulting psychologist or psychiatrist. Both letters must be dated not more than three months prior to the request for authorization: Each letter must contain:
1. The member's general identifying characteristics, and
 2. The initial and evolving gender, sexual, and other psychiatric diagnoses, and
 3. The duration of their professional relationship including the type of psychotherapy or evaluation that the member has undergone, and
 4. The eligibility and readiness criteria that have been met and the clinician's rationale for surgery, and
 5. Whether the author of the report is part of a multi-disciplinary gender team
- B. The physician completing the physical examination must indicate in writing that there are no identified medical contraindications to surgical gender reassignment.
- C. Medica must receive all medical records pertaining to the diagnosis of GID.

III. Contraindications include but are not limited to:

- A. Multisystem organ failure
- B. Active systemic infection
- C. Current substance abuse
- D. Terminal illness

COVERAGE ISSUES

1. All services related to surgical gender reassignment require prior authorization by Medica, and review by a Medica medical director. Member must meet all medical necessity requirements for genital surgical gender reassignment for services to be authorized.
2. Coverage may vary according to the terms of the member's coverage document.
3. For Medicare and Medicaid members, refer to the following, as applicable:
 - Centers for Medicare and Medicaid Services (CMS) do not cover gender reassignment surgery or related services. Refer to National Coverage Determination (NCD) for Transsexual Surgery (140.3). Available at http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=140.3&ncd_version=1&basket=ncd%3A140%2E3%3A1%3ATranssexual+Surgery. Accessed June 9, 2010.
 - Gender reassignment surgery is not a covered service under the programs of the Minnesota Department of Human Services (GAMC and MA) under the omnibus health and human services bill that went into effect August 1, 2005. Available at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_006932. Accessed June 9, 2010.
4. Hormonal treatments for gender reassignment do not require prior authorization.
5. Services eligible for coverage which are paid under the Mental Health section of the member's coverage document, are subject to all service frequency and visit limitations described in that section of the member's coverage document:

- a. Pre-gender assignment counseling services.
 - b. Services of a licensed psychiatrist or psychologist to diagnose and counsel the patient in the area of Gender Identity Disorder.
 - c. Psychological/psychiatric evaluation.
 - d. Hormonal and Genital gender assignment counseling services (includes all counseling services immediately preceding and following surgical gender reassignment as well as the psychology consult for the second letter of recommendation).
 - e. All mental health services provided to the member before, during and after initiation of hormonal therapy.
5. Services eligible for coverage paid according to the appropriate medical section of the member's coverage document, subject to all service frequency and visit limitations as outlined in the member's coverage document:
- a. Pre-gender assignment medical evaluation.
 - b. Hormonal gender assignment medical services. Includes all medical services directly related to the administration and monitoring of hormonal therapy.
 - c. Genital surgical gender reassignment medical services.
 - d. Pre-operation physical examination.
 - e. Genital surgical gender reassignment inpatient and outpatient stays for eligible procedures.
 - f. Includes all ambulatory follow-up care directly related to the genital surgical gender reassignment.
 - g. Breast augmentation for male to female reassignment when all medical necessity criteria have been met.
 - h. Mastectomy for female to male reassignment when all medical necessity criteria have been met.
6. Services not eligible for coverage:
- a. Secondary sex change procedures (e.g., thyroid shaving, larynx change, electrolysis, liposuction of the waist, facial bone reduction, face-lift, blepharoplasty, etc.). If one of these procedures is being requested for a reason unrelated to gender reassignment, it is subject to all terms and conditions of the member's coverage document and must meet Medica's medical necessity requirements.
 - b. Services for the purpose of research or experimentation.
7. If the Medical Necessity and Coverage Criteria are met, Medica staff will authorize benefits within the limits in the member's coverage document.
8. If it appears that the Medical Necessity and Coverage criteria are not met, the case is submitted to the medical director or external review for individual consideration. Practitioners are advised of the appeals process in their Medica Provider Administrative Manual.

References:

1. DSM-IV-TR Diagnostic and Statistical Manual of Mental Disorders. 4th edition. American Psychiatric Press. 2000.
2. ECRI Institute. *Custom Hotline Response: Sexual Reassignment for Gender Identity Disorders*. December 2009. Plymouth Meeting, PA.
3. Hayes, Inc. *Hayes Report: Sex Reassignment Surgery and Associated Therapies for the Treatment of Gender Identity Disorder*. December 2004. Search last updated January 2009. Lansdale PA. Report archived January 01, 2010.
4. World Professional Association for Transgender Health Inc, *Standards of Care for Gender Identity Disorders*. Sixth Version. Available at: <http://wpath.org/Documents2/socv6.pdf>. Accessed April 26, 2010.