Medical Policy
Gender Reassignment Surgery

Document Number: 024

<table>
<thead>
<tr>
<th>Authorization required</th>
<th>Commercial and Qualified Health Plans</th>
<th>MassHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification within 24 hours of service or next business day</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>No Prior Authorization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not covered</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overview
The purpose of this document is to describe the guidelines Neighborhood Health Plan (NHP) utilizes to determine the medical necessity for gender reassignment surgery (GRS). The treating specialist must request prior authorization.

Coverage Guidelines
NHP covers GRS for individuals when it is recommended by the member’s providers and when the request meets the medical necessity criteria indicated below.

NHP covers the following procedures for Male to Female:
1. Vaginoplasty
2. Orchietomy
3. Clitoroplasty
4. Penectomy
5. Labiaplasty
6. Augmentation Mammoplasty; and
7. Vulvoplasty

NHP covers the following procedures for Female to Male:
1. Vaginectomy
2. Urethroplasty
3. Phalloplasty
4. Metoidioplasty
5. Mastectomy
6. Scrotoplasty
7. Hysterectomy
8. Erectile and testicular prosthesis; and
9. Salpingo-oophrectomy

Gender Reassignment Surgery
NHP covers medically necessary GRS when all of the following requirements are met for individuals who are at least 18 years of age.

1. The treating surgeon must document all of the following:
   a. The member has the capacity to make fully informed decisions and consent to treatment
   b. The member has been diagnosed with gender dysphoria by a qualified behavioral health provider
   c. The member is likely to benefit from surgery
   d. The surgeon has consulted with the treating qualified behavioral health provider(s) and physician treating the member, and
   e. The surgeon has personally communicated with the member and validates that the member understands the ramifications of surgery, including:
      i. The required length of hospitalization(s)
      ii. The different surgical techniques and advantages and disadvantages of each technique
      iii. Limitations of surgical procedures
      iv. Risks and complications of planned surgical procedures; and
v. The post-surgical rehabilitation requirements of the planned surgeries

2. The treating qualified behavioral health provider must document all of the following:
   a. Whether or not the treating qualified behavioral health provider is part of a gender dysphoria treatment team
   b. The member’s general identifying characteristics
   c. The initial and evolving gender, results of a full psychosocial assessment including the presence of gender dysphoria and any other psychiatric diagnoses
   d. The duration of their professional relationship including the type of psychotherapy or evaluation that the member received
   e. The qualified behavioral health provider’s rationale for surgery
   f. The qualified behavioral health provider has consulted with the physician who is prescribing hormone therapy as applicable
   g. Assessment of the member’s capacity to make a fully informed decision and consent for surgical treatment
   h. That any significant mental health concerns are well controlled
   i. The member has completed a 12-month, real-life experience trial, where persons other than the treating therapist were aware of the member experience in the desired gender role and could attest to the member’s ability to function in the new role
   j. The degree to which the member has followed the treatment and experiential requirements to date and the likelihood of future compliance
   k. Demonstrable progress on the part of the member in consolidating the new gender identity, including improvements in:
      i. The ability to function in work, and within family and interpersonal relationships; and
      ii. Behavioral health issues, should they exist

Genital Surgery

3. Documentation from a second qualified behavioral health provider who has had only an evaluative role with the member is required. This behavioral health provider must be capable of adequately evaluating the member for gender dysphoria, other psychiatric diagnoses, and for any contraindications precluding the member from surgery. This document/letter must be cosigned by the treating qualified behavioral health provider and is expected to cover the same topics as outlined in 2, above.

Exclusions

NHP does not provide coverage for:

1. GRS for conditions that do not meet the criteria noted above;
2. Repeat GRS per member lifetime;
3. Reversal of any surgical procedures related to Gender Dysphoria
4. When there are contraindications to the planned surgery;
5. Breast surgeries when either the coverage criteria above or criteria in the Breast Surgeries Medical Policy are not met;
6. Cosmetic procedures when either the coverage criteria above or criteria in the Reconstructive and Cosmetic Procedures Clinical Criteria are not met

Definitions

Gender Reassignment Surgery (GRS): A treatment option for people with gender dysphoria. GRS is not a single procedure but a part of a complex processing involving multiple medical, psychiatric, and surgical modalities performed in conjunction with each other to help the person achieve successful behavioral and medical outcomes.

Gender Identity and Gender:
Chapter 199 of the Acts of 2011. Section 7 of chapter 4 of the Massachusetts General Laws, as appearing in the 2010 Official Edition, is:

---

1 NHP does not require hormone therapy for female to male chest reconstructive surgery.
“Gender identity” shall mean a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth. Gender-related identity may be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held as part of a person's core identity; provided, however, that gender-related identity shall not be asserted for any improper purpose.

The American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition defines gender dysphoria as the presence of:

“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. In children the desire to be of the other gender must be present and verbalized. This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.”

Qualified Behavioral Health Provider: A behavioral health provider with the following qualifications:

1. Master’s degree or its equivalent in a clinical behavioral science field. This degree or a more advanced one should be granted by an institution accredited by the appropriate national or regional accrediting board. The behavioral health provider should have documented credentials from a relevant licensing board or equivalent for that country.
2. Competence in using the Diagnostic and Statistical Manual of Mental Disorders and/or the International Classification of Disease for diagnostic purposes.
3. Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria.
4. Documented supervised training and competence in psychotherapy or counseling.
6. 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.

Presurgical Behavioral Health Evaluation: The evaluation includes, at a minimum, assessment of gender identity and gender dysphoria, history and development of gender dysphoric feelings, the impact of stigma attached to gender nonconformity on mental health, and the availability of support from family, friends, and peers (for example, in-person or online contact with other transsexual, transgender, or gender-nonconforming individuals or groups). The evaluation may result in no diagnosis, in a formal diagnosis related to gender dysphoria, and/or in other diagnoses that describe aspects of the client’s health and psychosocial adjustment. The role of mental health professionals includes making reasonably sure that the gender dysphoria is not secondary to, or better accounted for, by other diagnoses.

Relevant Regulation

Related Policies
- Breast Surgeries Medical Policy
- Definition of Skilled Care
- Reconstructive and Cosmetic Procedures Medical Policy
- Infertility Services Medical Policy

Effective
June 2017: Removed language requiring member to receive 12 months of behavioral health evaluation.
November 2016: Annual review
November 2015: Annual review without substantial changes in medically necessary indicators. Gender Identity and Gender definition added.
October 2014: Effective date.
References
Invalidation of National Coverage Determination 140.3 - Transsexual Surgery, found at.


Independent practitioner review 2014

Spack, N. Management of Transgenderism. JAMA 2013; 309 (5)478-484


WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version: http://www.wpath.org/