MEDICAL POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Gender Affirming Surgery-MP-MM-1318	GA, IN, WV, KY: 02/01/2023 - 09/30/2023 OH: 03/01/2023 - 09/30/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy applies to the following Marketplace(s):				
☒ **Georgia**	☒ **Indiana**	☒ **Kentucky**	☒ **Ohio**	☒ **West Virginia**

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A. Subject

Gender Affirming Surgery

B. Background

Individuals with gender dysphoria have persistent feelings of gender discomfort and inappropriateness for assigned natal anatomical sex, strong and ongoing cross-gender identification, and a desire to live and be accepted as a member of the opposite sex.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5, 2013) deleted the term “Gender Identity Disorder” and created a new category of “Gender Dysphoria” to reflect that gender dysphoria is no longer considered a sexual dysfunction. Clinically significant distress or impairment in social, occupational, or other important area of functioning, in addition to the symptoms noted in 5th edition, Text Revised (DSM-5-TR, 2022) is required to diagnose gender dysphoria. Gender nonconformity is not considered to be a psychiatric disorder.

There are typically three approaches utilized to alleviate or reduce the symptoms of gender dysphoria. These include psychotherapy, hormonal therapy, and gender affirming surgery. Not all individuals with gender dysphoria elect all these approaches. Some individuals with gender dysphoria may wish to use hormones but not elect surgery.

C. Definitions

- **Behavioral Health Provider** - A provider of behavioral health services, including a psychologist, psychiatrist, or psychiatric nurse practitioner.
- **Diagnostic and Statistical Manual of Mental Disorders, 5th Ed., Text Revised (DSM-5-TR)** -The standard language by which clinicians, researchers, and public health officials in the United States communicate about mental disorders and subsequent criteria and classification.
- **Female-to-Male (FtM or transmasculine)** - An adjective to describe an individual born or assigned as female at birth (“natal female”), who is changing or who has changed to a more masculine body or gender role.
- **Gender Affirming Surgeon** - Board-certified urologist, gynecologist, or plastic surgeon competent in urological diagnosis and treatment of transgender individuals.
- **Gender Affirming Surgery** - Surgery to change primary and/or secondary sex characteristics to affirm a person’s gender identity, also referred to as intersex surgery, transgender surgery, gender reassignment, and gender confirmation surgery in the literature. Gender affirming surgery includes "top" surgery, such as mastectomy, and "genital" or "bottom" surgery, such as hysterectomy, oophorectomy, vaginectomy, metoidioplasty, and phalloplasty.
- **Gender Dysphoria** - An individual’s affective and/or cognitive discontent or distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender, lasting at least six (6) months and meeting diagnostic criteria listed in the DSM-5-TR.

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- **Gender Identity** - A category of social identity that refers to an individual's identification as male, female, neither, or a combination of male and female, and may be different from an individual's sex assigned at birth.
- **Male-to-Female (MtF or transfeminine)** - An adjective to describe an individual born or assigned as male at birth ("natal male"), who is changing or who has changed to a more feminine body or gender role.
- **Non-Binary/Gender-Queer** - An adjective used to describe an individual identifying as neither exclusively male nor female but different from the gender assigned at birth, including changing to a more masculinized or feminized gender role.
- **Sex** - Usually based on the appearance of external genitalia and defined as male or female as understood in the context of reproductive capacity, such as sex hormones, chromosomes, gonads, and non-ambiguous external and internal genitalia. At times, sex is assigned when external genitalia are ambiguous.
- **Transgender** - An umbrella term for persons whose gender identity or gender expression does not conform to that typically associated with the sex to which he/she was assigned at birth.

D. Policy

It is the policy of CareSource to comply with state and federal regulations. CareSource treats all members consistent with his/her gender identity and does not deny or limit health services that ordinarily or exclusively are available to individuals of one sex to a transgender individual based on the fact that the individual's sex or gender is different from the one to which health services are normally or exclusively available. CareSource covers those services that are medically necessary. In determining services that are medically necessary or the coverage of health services related to gender transition, CareSource utilizes neutral standards supported by evidence-based criteria.

In general, CareSource considers hormonal treatment for members medically necessary. Refer to pharmacy policy "Gender-Affirming Hormone Therapy Pharmacy Policy." Due to the virtual nonexistence of research in these populations, particularly regarding long-term outcomes, safety data, and United States Institutional Review Board oversight, CareSource reviews the literature and policies annually and as needed when new literature becomes available. Notwithstanding the foregoing, CareSource reviews each request on a case-by-case basis in accordance with medical necessity policies, as well as federal and state regulations for sterilization.

I. CareSource considers gender affirming surgeries medically necessary for transitioning and nonbinary members when **all** the following clinical criteria are met:
   A. Breast augmentation for male to female transition is not covered. Mastectomy for female to male transition requires the following:
      1. Unless there is a well-documented contraindication or refusal to take hormones, at least twelve (12) months of continuous hormone treatment is required to be considered for surgery. Hormone trial must be with a medication prescribed to the member and managed by an endocrinologist or experienced prescriber working in a center/clinic specializing in the treatment

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of gender affirming care. Evidence of lab monitoring of hormone levels must be provided.

2. One letter of recommendation from a behavioral health provider to the surgeon is required. The behavioral health provider must communicate willingness to be available to treat the member during transition or make. If the letter provided is by a master's level practitioner, a second letter should be provided by a psychologist, psychiatrist, or psychiatric nurse practitioner.
   a. The behavioral health provider has evaluated the member within the past twelve (12) months of the time of referral.
      01. If member has been in behavioral health treatment, it is preferred that the recommendation is made by the treating behavioral health provider.
      02. If there is not a treating behavioral health provider, a letter of recommendation may be made by a consulting behavioral health provider.
      03. If the behavioral health provider is a member of a treatment team with the surgeon, documentation in the integrated clinical record is an option in lieu of a letter.
   b. Content of the behavioral health provider letter must address **all** the following:
      01. Member has a gender dysphoria diagnosis persistent for six (6) months or longer at the time of the medical necessity review request.
      02. A member-specific treatment plan to address gender affirming treatment, including hormonal treatment and/or surgery, as well as behavioral health during this transition period.
      03. Member has capacity to and did give informed consent for surgery, as well as understanding that surgery may not achieve the desired results.
      04. Member is age 18 years or older.
      05. If co-existing mental illness and/or substance related disorder are present, it is relatively well controlled, and there has been no active intravenous drug use for the past three (3) months with no suicide attempts or behaviors present for the past six (6) months.
      06. The degree to which the member has followed the standards of care to date and the likelihood of future compliance.
      07. Member has had a twelve-month or longer real-life experience congruent with chosen gender identity. Timeline might be modified with corroborating documentation indicating a safety concern.
      08. Duration of evaluator's relationship with the member.
3. Surgeon documentation requirements must include **all** the following:
   a. Results of medical and psychological assessment, including diagnosis (-es) and identifying characteristics.
   b. Surgery plan.
   c. Documentation of informed consent discussion, including:

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01. Notation of discussion of risks, benefits, and alternatives to treatment, including no hormonal or surgical treatment, and member understanding that surgery may not resolve gender dysphoria.
02. Medical stability for surgery and anesthesia.
03. Expected outcome(s).

B. For genital surgery/"bottom" surgery:
   1. At least twelve (12) months of continuous hormone treatment is required to be considered for surgery, unless there is a well-documented contraindication or refusal to take hormones. A hormone trial must be with a medication prescribed by a provider and managed by an experienced prescriber, physician's assistant, or nurse practitioner working in a center/clinic specializing in the treatment of gender affirming care, or by an endocrinologist. Evidence of lab monitoring of hormone levels must be provided.
   2. Hair removal may be approved based on medical necessity when skin flap area contains hair needing to be removed.
   3. Two letters of recommendation from separate behavior health providers to the surgeon are required. One of the letters provided should be by a psychologist or psychiatrist, or psychiatric nurse practitioner, and one provider must communicate willingness to be available to treat the member during transition or make appropriate referral if member needs assistance with behavioral health treatment.
      a. The behavioral health provider has evaluated the member within the past twelve (12) months of the time of referral.
         01. If member has been in treatment, it is preferred that one of the recommendations is made by the treating behavioral health provider.
         02. If there is not a treating behavioral health provider, one letter of recommendation needs to be made from a psychologist, psychiatrist, or psychiatric nurse practitioner.
         03. If the behavioral health provider is a member of a treatment team with the surgeon, documentation in the integrated clinical record is an option in lieu of a letter.
      b. Content of behavioral health provider letter must address **all** the following:
         01. Duration of evaluator's relationship with the member.
         02. Member has a gender dysphoria diagnosis persistent for six (6) months or longer at the time of the medical necessity review request.
         03. Member has the capacity to and did give informed consent for surgery, as well as understanding that surgery may not achieve desired results.
         04. A member-specific treatment plan to address gender affirming treatment, including hormonal treatment and/or surgery, as well as behavioral health services during the transition period.
         05. Member is age 18 years or older.
         06. Member has had a twelve-month or longer real-life experience congruent with his/her gender identity. This timeline may be modified with corroborating documentation indicating a safety concern.

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07. If a co-existing mental illness and/or substance related disorder are present, it is relatively well controlled, and there has been no active intravenous drug use for the past three (3) months. No suicide attempts or behaviors have been present in the past six (6) months.
08. The degree to which the member has followed the standards of care to date and the likelihood of future compliance.

4. Surgeon documentation requirements include **all** the following:
   a. Results of medical and psychological assessment, including diagnosis (-es) and identifying characteristics.
   b. Surgery plan.
   c. Documentation of informed consent discussion, including:
      01. Notation of discussion of risks, benefits, and alternatives to treatment, including no treatment, and member understanding that surgery may not resolve gender dysphoria.
      02. Hair removal.
      03. Medical stability for surgery and anesthesia.
      04. Expected outcome(s).
   d. Evidence that a recommendation was made for the member to consult with an obstetrician, or other qualified health professional, for conception counseling.

II. The following items are not covered:
Procedures or surgeries to enhance secondary sex characteristics are considered cosmetic and are not medically necessary. A list of services, procedures or surgeries not covered is included below. This list may not be all inclusive.
   A. Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics
   B. Abdominoplasty
   C. Blepharoplasty
   D. Breast augmentation
   E. Brow lift
   F. Body contouring
   G. Botox treatments
   H. Calf, cheek, chin, malar, pectoral and/or nose implants
   I. Collagen injections
   J. Drugs for hair loss or hair growth
   K. Face lifts
   L. Facial bone reduction or facial feminization
   M. Perineal skin hair removal
   N. Hair removal for vaginoplasty without creation of neovagina or when genital surgery is not yet required or not approved
   O. Hair replacement
   P. Lip enhancement or reduction
   Q. Liposuction
   R. Mastopexy
   S. Neck tightening

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T. Plastic surgery on eyes
U. Reduction thyroid chondroplasty
V. Rhinoplasty
W. Skin resurfacing
X. Voice modification surgery (laryngoplasty or shortening of the vocal cords), voice therapy, or voice lessons
Y. Any other surgeries or procedures deemed not medically necessary
Z. Reproduction services, including but not limited to sperm preservation, oocyte preservation, cryopreservation of embryos, surrogate parenting, donor eggs and donor sperm and host uterus.

III. CareSource treats all members consistent with gender identity and does not deny or limit health services that ordinarily or exclusively are available to individuals of one sex to a transgender individual based on the fact that the individual's sex or gender is different from the one to which health services are normally or exclusively available. Examples of such services include:
A. Breast cancer screening for transgender men and nonbinary people who were assigned female at birth.
B. Prostate cancer screening for transgender women and nonbinary people who were assigned male at birth.

E. Conditions of Coverage
NA

F. Related Policies/Rules
Medical Necessity Determinations

G. Review/Revision History

	DATE	ACTION
Date Issued	06/22/2022	Archived individual policies (MM-0894, 0080, 0744, 0746, 0745)
Date Revised	10/07/2022	
Date Effective	02/01/2023 OH: 03/01/2023	
Date Archived	GA, IN, KY, WV: 09/30/2023 OH: 09/30/2023	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References
1. Adelson S. (2012, September) Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. Journ of the Amer Acad of Child & AdolPsy, 51(9), 957–974. 10.1016/j.jaac.2012.07.004.
2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, fifth edition, text revised (DSM-5-TR). Arlington, VA, 2022.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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3. American Psychological Association (2015, December), Guidelines for psychological practice with transgender and gender nonconforming people. Amer Psych. 70(9), 832-864. http://dx.doi.org/10.1037/a0039906.
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5. Ferrando C, Zhao L, & Nikolavsky D. (2021, March). Transgender surgery: Female to male. Retrieved October 7, 2022 from www.uptodate.com.
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7. Sex reassignment surgery for the treatment of gender dysphoria. (2019, August). Retrieved October 7, 2022 from www.hayes.com.
8. Thomas T, Ferrando C. (2021, March). Transgender surgery: Male to female. Retrieved October 7, 2022 from www.uptodate.com.
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10. World Professional Association for Transgender Health (WPATH). (7th Edition 2001). Standards of care for the health of transsexual, transgender and gender nonconforming people. Retrieved October 7, 2022 from www.wpath.org.
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I. State-Specific Information

A. Georgia, effective: 02/01/2023
B. Indiana, effective: 02/01/2023
C. Kentucky, effective: 02/01/2023
D. Ohio, effective: 03/01/2023
E. West Virginia, effective: 02/01/2023

Independent medical review – October, 2015

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