



MEDICAL POLICY STATEMENT GEORGIA MEDICAID

Policy Name		Policy Number	Effective Date
Gender Affirming Surgery		MM-0734	02/01/2021
Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

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.

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A. SUBJECT

Gender Affirming Surgery

B. BACKGROUND

Individuals with gender dysphoria have persistent feelings of gender discomfort and inappropriateness for their 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 its position that gender dysphoria is no longer considered a sexual dysfunction. A clinically significant distress or impairment in social, occupational, or other important area of functioning (in addition to the symptoms noted in DSM-5) is required to diagnose gender dysphoria. Gender nonconformity is not considered to be a psychiatric disorder.

There are typically three approaches that have been attempted to alleviate or to reduce the symptoms of gender dysphoria. These include psychotherapy, hormonal therapy, and gender affirming surgery. Not all individuals with gender dysphoria elect all of these approaches. Some individuals with gender dysphoria may wish to use hormones but not elect surgery. Gender affirming surgery involves surgery to alter the genitals and/or chest. Additional cosmetic surgeries have been performed to alter other secondary sex characteristics.

C. DEFINITIONS

- **Female-to-Male (FtM)** - 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.
- **Male-to-Female (MtF)** - 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.
- **Gender Dysphoria** - Distress that accompanies the incongruence between one’s experienced/expressed gender and one’s assigned or natal gender. The incongruence must be experienced for at least 6 months, and cause distress.
- **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.
- **Behavioral health provider** – Psychologist or psychiatrist.
- **Sex** - Usually based on the appearance of the 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.
- **Gender affirming surgery** - Surgery to change primary and/or secondary sex characteristics to affirm a person’s gender identity. It has also been referred to as intersex surgery, transgender surgery, and gender confirmation surgery in the literature.



- **Gender affirming surgeon** - Board-certified urologist, gynecologist, plastic surgeon or general surgeon competent in urological diagnosis and treatment of transgender individuals.
- **Transgender** - An umbrella term for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth. "Trans" is sometimes used as an acceptable shorthand when referring to "transgender."

D. POLICY

It is the policy of CareSource to comply with state and federal regulations.

CareSource treats all members consistent with their 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.

I. Covered Services

- A. Behavioral Health services for children, adolescents and adults are covered for:
 1. An assessment by a qualified mental health professional to evaluate and document if member meets DSM criteria for gender dysphoria.
 2. Treatment of medically-necessary services by a behavioral health provider. The focus of gender dysphoria treatment should provide ample opportunity for the member to experience and socially adjust to living in the desired gender identity including issues related to living a real-life experience as the member explores their new gender identity and contemplates transition. Behavioral health providers can help members considering potential interventions to have clear and realistic expectations of the outcomes intended.
 3. For co-existing behavioral health disorders including depression, suicidal ideation, substance abuse, sexual concerns, eating disorders, personality disorders, psychotic disorders and autism spectrum disorders. Suicide behaviors and attempts create an elevated risk for future attempts and should be addressed appropriately by the behavioral health provider. Provider collaboration is essential.
- B. Gender affirming surgery requires a medical necessity review
 1. A behavioral health provider is responsible for providing and documenting informed consent to member from a behavioral-health perspective:
 - a. Discussion of advantages and disadvantages of mental health outcomes related to gender transformation surgery
 - b. Discussion of alternatives to surgery
 2. The relationship of surgeons with mental health professionals and physicians is:

"The role of the surgeon in the treatment of gender dysphoria is not that of a mere technician. Rather, conscientious surgeons will have insight into each patient's history and the rationale that led to the referral to surgery. To that end, surgeons must talk at length with their patients



and have close working relationships with other professionals who have been actively involved in their clinical care.”¹

3. Surgeons are responsible for discussing all of the following:
 - a. The different surgical techniques available (with referral to colleagues who provide alternative options)
 - b. The advantages and disadvantages of each technique
 - c. The limitations of a procedure to achieve “ideal” results; surgeons should provide a full range of before-and-after photographs of their own patients, including both successful and unsuccessful outcomes
 - d. The inherent risks and possible complications of the various techniques; surgeons should inform patients of their own complication rates with each procedure
- C. The following are requirements that apply for consideration of gender affirming surgery: (List is not meant to represent all requirements)
 1. Breast/chest surgery
 - a. Unless contraindicated or is unable to take, individual has participated in 12 consecutive months of cross-sex hormone therapy for the desired gender.
 01. Hormone trial must be with a medication prescribed to the member.
 - b. A letter of recommendation from a separate behavior health provider to the surgeon is required. If the letter provided is by a masters level practitioner, a second letter should be provided by a psychologist or psychiatrist.
 01. The behavioral health provider has evaluated the member within the past twelve months of the time of referral
 - (1) If member has been in behavioral health treatment, it is preferred that the recommendation is made by the behavioral health treatment provider (if the provider is a behavioral health provider).
 - (2) If there is not a treating a behavioral health provider, a letter of recommendation may be made by a consulting behavioral health provider.
 - (3) 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.
 02. Content of the behavioral health provider referral letter must address all of the following:
 - (1) Duration of evaluator’s relationship with the member
 - (2) Member has well-documented diagnosis of gender dysphoria
 - (3) A member specific treatment plan
 - (4) Member has capacity to and did give informed consent for surgery
 - (5) Member is age 18 years or older
 - (6) Member has had a twelve-month or longer real-life experience congruent with their gender identity. The gender dysphoria diagnosis has been consistently persistent for a duration of 6 months or longer at the time of the authorization request.
 - (7) If co-existing mental illness substance related disorder are present, it is relatively well controlled, there has been no active intravenous drug use for the past 3 months and no suicide attempts or behaviors in the past 6 months.

¹ www.wpath.org



- (8) The behavioral health provider communicates willingness to be available to treat the member during transition or make appropriate referral if member needs assistance with behavioral health treatment
 - c. Surgeon documentation requirements including all of the following:
 - 01. Assessment including identifying characteristics.
 - 02. Results of psychological assessment including diagnosis.
 - 03. Surgery plan.
 - 04. Documentation of informed consent discussion.
 - (1) Notation of discussion of risks, benefits alternatives to treatment including no treatment.
 - (2) Notation that member understands that the surgery that may not resolve gender dysphoria.
 - (2) Medical stability for surgery and anesthesia.
 - (3) Expected outcome(s).
 - d. Endocrinologist documentation requirements include all of the following:
 - 01. Assessment.
 - 02. Exam and relevant laboratory.
 - 03. Documentation of informed consent discussion.
 - (1) Notation of discussion of risks, benefits alternatives to treatment including no treatment.
 - (2) Medical monitoring plan.
 - (3) Statement of ongoing availability to member.
 - (4) Expected outcome(s).
2. Genital surgery
- a. At least twelve months of continuous hormone treatment is required to be considered for surgery, unless there is a well-documented contraindication or refusal to take hormones.
 - 01. Hormone trial must be with a medication prescribed by a provider.
 - b. 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.
 - 01. The behavioral health provider has evaluated the member within the past twelve months of the time of referral.
 - (1) If member has been in treatment, it is preferred that one of the recommendations is made by the treatment provider (if the provider is a behavioral health provider).
 - (2) If there is not a treating the behavioral health provider, the letters of recommendation may be made from two separate the behavioral health providers.
 - (3) 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.
 - 02. Content of referral must address all of the following:
 - (1) Duration of evaluator's relationship with the member.
 - (2) Member has well-documented diagnosis of gender dysphoria.
 - (3) Member has capacity to and did give informed consent for surgery.
 - (4) A member specific treatment plan.
 - (5) Member is age 18 years or older.
 - (6) Member has had a twelve-month or longer real life experience



congruent with their gender identity.

- (7) The behavioral health provider communicates willingness to be available to treat the member during transition or make appropriate referral if member needs assistance with behavioral health treatment.
- (8) The gender dysphoria diagnosis has been consistently persistent for a duration of 6 months or longer at the time of the authorization request.
- (9) If co-existing mental illness substance related disorder are present, it is relatively well controlled, there has been no active intravenous drug use for the past 3 months and no suicide attempts or behaviors in the past 6 months.
- c. Surgeon documentation requirements include all of the following:
 - 01. Assessment including identifying characteristics.
 - 02. Results of psychological assessment including diagnosis.
 - 03. Surgery plan.
 - 04. Documentation of informed consent discussion.
 - (1) Notation of discussion of risks, benefits alternatives to treatment including no treatment.
 - (2) Medical stability for surgery and anesthesia.
 - (3) Expected outcome(s).
 - 05. Evidence that a recommendation was made for the member to consult with an Obstetrician (or other qualified health professional) for conception counseling.
- d. Endocrinologist documentation requirements include all of the following:
 - 01. Assessment.
 - 02. Exam and relevant laboratory.
 - 03. Documentation of informed consent discussion.
 - (1) Notation of discussion of risks, benefits alternatives to treatment including no treatment.
 - (2) Medical monitoring plan.
 - (3) Statement of ongoing availability to member.
 - (4) Expected outcome(s).

II. Services Requiring Medical Necessity Review

- A. A prior authorization (PA) must be submitted for gender affirming surgery. The PA is only valid if the member is eligible for the applicable item or service on the date of service.
- B. Members under the age of 21 will be reviewed for medical necessity as required by the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program. In general, CareSource considers hormonal and surgical services for gender transition not medically necessary. This is due to the virtual nonexistence of research in these populations, particularly in regard to long-term outcomes and safety data and United States IRB oversight. CareSource periodically reviews the literature and reviews policies annually and as needed when new literature comes available. Notwithstanding the foregoing, CareSource does review each request on a case-by-case basis in accordance with medical necessity policies as well as federal and state regulations for sterilization.
- C. Gender affirming surgery
 - 1. MtF



- a. Breast reconstruction
 - b. Penectomy
 - c. Orchiectomy
 - d. Vaginoplasty
 - e. Vulvoplasty
 - f. Clitoroplasty
 - g. Labiaplasty
 - h. Urethroplasty
 - i. Prostatectomy
2. FtM
- a. Mastectomy
 - b. Phalloplasty
 - c. Urethroplasty
 - d. Vulvectomy
 - e. Vaginectomy
 - f. Metoidioplasty
 - g. Hysterectomy
 - h. Salpingo-oophorectomy
 - i. Scrotal reconstruction

III. The following items are not covered:

- A. Procedures or surgeries to enhance secondary sex characteristics are considered cosmetic and are not medically necessary.
- B. A list of services, procedures or surgeries not covered is included below, this list may not be all inclusive:
 1. Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics
 2. Abdominoplasty
 3. Blepharoplasty
 4. Breast augmentation
 5. Brow lift
 6. Body contouring
 7. Botox treatments
 8. Calf implants
 9. Cheek or malar implants
 10. Chin implants
 11. Collagen injections
 12. Drugs for hair loss or hair growth
 13. Face lifts
 14. Facial bone reduction
 15. Facial feminization
 16. Perineal skin hair removal
 17. Hair removal for vaginoplasty without creation of neovagina
 18. Hair removal when genital surgery is not yet requested
 19. Hair removal when re-assignment surgery is not approved
 20. Hair replacement
 21. Lip enhancement
 22. Lip reduction
 23. Liposuction
 24. Mastopexy



25. Neck tightening
26. Nose implants
27. Pectoral implants
28. Plastic surgery on eyes
29. Reduction thyroid chondroplasty
30. Rhinoplasty
31. Skin resurfacing
32. Voice modification surgery (laryngoplasty or shortening of the vocal cords)
33. Voice therapy or voice lessons
34. Any other surgeries or procedures deemed not medically necessary
35. Reproduction services including but not limited to sperm preservation, oocyte preservation, cryopreservation of embryos, surrogate parenting, donor eggs and donor sperm and host uterus.

- IV. Services covered for members that have completed gender affirming surgery
- A. CareSource treats all members consistent with the 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:
1. Breast cancer screening for FtM - identified persons
 2. Prostate cancer screening for MtF - identified persons

E. CONDITIONS OF COVERAGE

F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	02/01/2020	New Policy
Date Revised	04/01/2020 09/02/2020	Removed hair removal Updated definitions, removed research and put in references, removed codes, updated references, changed letter recommendation requirement, and changed title. Removed coverage for implant of erectile prosthesis and Testicular prosthesis or tissue expansion.
Date Effective	02/01/2021	
Date Archived		

H. REFERENCES

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3. World Professional Association for Transgender Health (WPATH). (7th Edition 2001). *Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People*. Retrieved May 29, 2020 from www.wpath.org.



4. CMS Department of Health and Human Services Departmental Appeals Board (DAB) has invalidated National Coverage Determination (NCD) 140.3 "Transsexual Surgery" pursuant to section 1869(F)(1)(A)(iii) of the Social Security Act (SSA). (Docket #A-13-47, Decision #2576) dated May 30, 2014. As a consequence of this decision, NCD 140.3 is no longer valid. Implementation of this decision occurred on June 29, 2014
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12. American Psychological Association (2015, December), Guidelines for Psychological Practice With Transgender and Gender Nonconforming People. *American Psychologist*. 70(9), 832-864. <http://dx.doi.org/10.1037/a0039906>

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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