

## Corporate Medical Policy

### Gender Reassignment Surgery

<b>File Name:</b>	gender_reassignment_surgery
<b>Origination:</b>	7/2011
<b>Last CAP Review:</b>	n/a
<b>Next CAP Review:</b>	7/2012
<b>Last Review:</b>	7/2011

#### Description of Procedure or Service

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Gender Identity Disorder (GID) is the formal diagnosis used by professionals to describe persons who experience significant gender dysphoria (discontent with their biological sex and/or birth gender). Although it is a psychiatric classification, GID is not medically classified as a mental illness.

In the U.S., the American Psychiatric Association (APA) permits a diagnosis of gender identity disorder if the four diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> Edition, Text Revision (DSM-IV-TR) are met. The criteria are:

- Long-standing and strong identification with another gender
- Long-standing disquiet about the sex assigned or a sense of incongruity in the gender-assigned role of that sex
- The diagnosis is not made if the individual also has physical intersex characteristics
- Significant clinical discomfort or impairment at work, social situations, or other important life areas.

Gender reassignment surgery (GRS) is one treatment option. GRS is not a single procedure, but part of a complex process involving multiple medical, psychiatric, and surgical modalities performed in conjunction with each other to help the candidate for gender reassignment achieve successful behavioral and medical outcomes. Before undertaking GRS, candidates need to undergo important medical and psychological evaluations, and begin medical therapies and behavioral trials to confirm that surgery is the most appropriate treatment choice.

***\*\*\*Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

#### Policy

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**Gender reassignment surgery is specifically excluded under most health benefit plans.**

**When benefits for gender reassignment surgery are available, coverage may vary. Some benefit plans provide coverage without a requirement for prior approval or medical necessity review. Benefits for upper and/or lower body gender reassignment procedures vary by benefit plan.**

**If prior authorization and medical necessity review are required for hormone therapy, breast augmentation surgery (mammoplasty), and mastectomy for the treatment of gender identity disorders, the medical criteria and guidelines shown below will be utilized to determine the medical necessity for the requested procedure or treatment.**

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## Benefits Application

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This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design. Some benefit designs for gender reassignment surgery may include benefits for pelvic reconstruction. Medical necessity criteria for pelvic reconstruction are outside the scope of this medical policy. Member benefit language specific to gender reassignment should be reviewed before applying the terms of this medical policy.

**Prior review and certification are required by some benefit plans, and when required, must be obtained or services will not be covered.**

## When Gender Reassignment Surgery is covered

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Gender reassignment surgery may be considered medically necessary when all the following candidate criteria are met and supporting provider documentation is provided:

### **Candidate Criteria:**

1. The candidate is at least 18 years of age; and
2. Has been diagnosed with GID, including meeting all of the following indications:
  - a. The desire to live and be accepted as a member of the opposite sex,
    - Typically accompanied by the desire to make the physical body as congruent as possible with the identified sex through surgery and hormone treatment; and
  - b. The new gender identity has been present for at least 24 months; and
  - c. The gender identity disorder is not a symptom of another mental disorder or a chromosomal abnormality; and
  - d. The gender identity disorder causes clinical distress or impairment in social, occupational, or other important areas of functioning.
3. For those candidates without a medical contraindication, the candidate has undergone a minimum of 12 months of continuous hormonal therapy that is (Note: for those candidates requesting female to male surgery see item 4. Below):
  - a. Recommended by a mental health professional and
  - b. Provided under the supervision of a physician; and the supervising physician indicates that the patients has taken the hormones as directed
4. For candidates requesting female to male surgery only:
  - a. When the initial requested surgery is solely a mastectomy, the treating physician may indicate that no hormonal treatment (as described in criteria 3. Above) is required prior to performance of the mastectomy. In this case, the 12 month requirement for hormonal treatment will be waived only when all other criteria contained in this policy and in the member's health benefit plan are met.
5. The candidate has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, with no returning to their original gender. This requirement must be demonstrated by living in their new gender while:
  - a. Maintaining part- or full-time employment; or
  - b. Functioning as a student in an academic setting; or
  - c. Functioning in a community-based volunteer activity as applicable. (For those candidates not meeting this criteria, see item 6. below.)
6. If the candidate does not meet the 12 month time frame criteria as noted in item 5. above, then the treating clinician must submit information indicating why it would be clinically inappropriate to require the candidate to meet these criteria. When submitted, the criteria in

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item 5. will be waived unless the criteria noted in item 5. above are specified as required in the candidate's health benefit plan.

## **Provider Documentation Criteria:**

The treating clinicians must provide the following documentation. The documentation must be provided in letters from the appropriate clinicians and contain the information noted below.

1. The letters must attest to the psychological aspects of the candidate's GID.
  - a. One of the letters must be from a behavioral health professional with a doctoral degree (Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) who is capable of adequately evaluating if the candidate has any co-morbid psychiatric conditions.
  - b. One of the letters must be from the candidate's physician or behavioral health provider, who has treated the candidate for a minimum of 18 months (Note: if the candidate has not been treated continuously by one clinician for 18 months but has transferred care from one clinician to a second clinician, then both clinicians must submit documentation and their combined treatment must have been for 18 months). The letter or letters must document the following:
    1. Whether the author of the letter is part of a gender identity disorder treatment team; and
    2. The candidate's general identifying characteristics; and
    3. The initial and evolving gender, sexual, and other psychiatric diagnoses; and
    4. The duration of their professional relationship including the type of psychotherapy or evaluation that the candidate underwent; and
    5. The eligibility criteria that have been met by the candidate; and
    6. The physician or mental health professional's rationale for surgery; and
    7. The degree to which the candidate has followed the treatment and experiential requirements to date and the likelihood of future compliance; and
    8. The extent of participation in psychotherapy throughout the 12 month real-life trial, (if such therapy is recommended by a treating medical or behavioral health practitioner) and
    9. That during the 12 month, real-life experience (for candidates not meeting the 12 month candidate criteria as noted in 5 and 6, the letter should still comment on the candidate's ability to function and experience in the desired gender role), persons other than the treating therapist were aware of the candidate's experience in the desired gender role and could attest to the candidate's ability to function in the new role.
    10. That the candidate has, intends to or is in the process of acquiring a legal gender-identity-appropriate name change and
    11. Demonstrable progress on the part of the candidate in consolidating the new gender identity, including improvements in the ability to handle:
      - Work, family, and interpersonal issues
      - Behavioral health issues, should they exist. This implies satisfactory control of issues such as
        - Sociopathy
        - Substance abuse
        - Psychosis
        - Suicidality
  - c. If the letters specified in 1a and 1b above come from the same clinician, then a letter from a second physician or behavioral health provider familiar with the candidate corroborating the information provided by the first clinician is required.
  - d. A letter of documentation must be received from the treating surgeon. If one of the previously described letters is from the treating surgeon then it must contain the

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documentation noted in the section below. All letters from a treating surgeon must confirm that:

1. The candidate meets the “candidate criteria” listed in this policy and
2. The treating surgeon feels that the candidate is likely to benefit from surgery and
3. The surgeon has personally communicated with the treating mental health provider or physician treating the candidate, and that
4. The surgeon has personally communicated with the candidate and that the candidate understands the ramifications of surgery, including:
  - The required length of hospitalizations,
  - Possible complications of the surgery, and
  - The post surgical rehabilitation requirements of the various surgical approaches and the planned surgery.

## **When Gender Reassignment Surgery is not covered**

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Gender Reassignment Surgery is not covered when the member does not have benefit for the services requested contained in their health benefit plan.

### Transgender Surgery Exclusions:

- Sex change surgical procedures other than breast augmentation surgery (mammoplasty) and mastectomy.
- Services and procedures that are considered Cosmetic and unrelated to the covered transgender surgery benefits:
  - Cosmetic services that may be used to make a person look more feminine, including but not limited to procedures such as: plastic surgery of the nose; face lift; lip enhancement; facial bone reduction; plastic surgery of the eyelids; liposuction of the waist; reduction of the thyroid cartilage; hair removal; hair transplants; and surgery of the larynx, including shortening of the vocal cords.
  - Cosmetic services that may be used to make a person look more masculine, including but not limited to, procedures such as: chin implants; nose implants, and lip reduction.
- Any services performed to reverse gender reassignment surgery.

Treatment or studies leading to or in connection with sex changes or modifications and related care (except as specifically covered by your health benefit plan).

Autologous tissue flap breast reconstructions are considered not medically necessary for gender reassignment surgery.

## **Policy Guidelines**

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There is insufficient evidence to prove the efficacy of gender reassignment surgery for specific subgroups of persons selected for such intervention. The subgroups of transsexual people who will most likely benefit from sex reassignment surgery are not clearly identifiable from the published evidence. The evidence is based on a small number of studies with weak study designs and significant methodological limitations.

Sex reassignment surgery may be of benefit to some carefully assessed and selected transsexual people. Recognized diagnostic and eligibility criteria and care standards for surgery applicants from the Harry

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Benjamin Gender Dysphoria Association are increasingly being used in routine clinical practice. More research to improve the evidence base is needed to better ascertain the subgroups of transsexual people most likely to benefit from sex reassignment surgery.

## **Billing/Coding/Physician Documentation Information**

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable service codes: 19301, 19303, 19304, 19316, 19324, 19325, 19325, 19350, 19357, 19380*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

## **Scientific Background and Reference Sources**

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Diagnostic and Statistical Manual of Mental Disorders Fourth Edition. Text Revision (DSM-IV-TR). American Psychiatric Association. American Psychiatric Association, Inc. July 2000

Harry Benjamin International Gender Dysphoria Association, Inc (2001). Standards of Care for Gender Identity Disorders—Sixth Version. *International Journal of Transgenderism* 5 (1). Available at: [http://www.symposion.com/ijt/soc\\_2001/index.htm](http://www.symposion.com/ijt/soc_2001/index.htm)

Day P. Trans-gender Reassignment Surgery. Tech Brief Series. New Zealand Health Technology Assessment. NZHTA Report February 2002, volume 1, Number 1. Available at: [http://nzhta.chmeds.ac.nz/publications/trans\\_gender.pdf](http://nzhta.chmeds.ac.nz/publications/trans_gender.pdf)

Medical Director review, July 2011

## **Policy Implementation/Update Information**

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7/19/11 New policy developed. When benefits for gender reassignment surgery are available, coverage may vary. Some benefit plans provide coverage without a requirement for prior approval or medical necessity review. Benefits for upper and/or lower body gender reassignment procedures vary by benefit plan. If prior authorization and medical necessity review are required for hormone therapy, breast augmentation surgery (mammoplasty), and mastectomy for the treatment of gender identity disorders, the medical criteria and guidelines outlined in the policy will be utilized to determine the medical necessity for the requested procedure or treatment. (adn)

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.