

## Gender Identity Services

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**This Policy will apply to Plans upon renewal following the above effective date.**

### I. Description

Gender identity is defined as a person's internal sense of being male, female, or outside the gender binary. Gender identity develops during early childhood and is understood to be firmly established at age four, although some individuals' gender identity may remain fluid for many years. Gender dysphoria is defined by strong, persistent feelings of dissonance between one's gender identity and assigned gender, accompanied by clinically significant distress or impairment in social or occupational arenas.

Individuals with gender dysphoria sometimes seek counseling to relieve their distress and may decide to undergo certain medical procedures to affirm their gender identities. Since gender identities cover a broad continuum, there is no single path that all individuals take. However, these services are usually completed in a specific order to ensure that individuals transition safely and effectively.

Individuals diagnosed with gender dysphoria should first receive psychotherapy from a mental health professional before receiving any medical treatment. Those who seek to halt puberty and/or to cause their bodies to minimize or develop masculine or feminine secondary sex characteristics may choose to receive hormone therapy depending on their specific gender identity. Psychotherapy and hormone therapy are usually considered medically necessary when supported by evidence from preceding treatments.

Some individuals choose to surgically alter their bodies to align with their gender identities. Certain procedures involved in genital reassignment surgery are reconstructive in nature and are deemed medically necessary when supported by documentation from preceding transitional treatment stages. However, many other surgical procedures that change a person's physical appearance are generally considered cosmetic and their benefit as a treatment for gender dysphoria is not clear. These procedures must be reviewed on a case-by-case basis for medical necessity.

This policy is not intended to address the treatment of infants and children with ambiguous genitalia.

## II. Medical Necessity

In accord with Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), this Medical Policy provides coverage of services that are medically necessary for the treatment of gender dysphoria, as long as they are not specifically excluded by the Plan. The application of the Criteria/Guidelines (Section III) and Limitations (Section IV) set forth in this Medical Policy shall take into account the characteristics of the individual patient in determining the medical necessity of the services requested.

## III. Criteria/Guidelines

- A. Psychotherapy and/or sexual identification counseling for treatment of gender dysphoria are covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:
  1. Services are provided by a qualified mental health professional (see Appendix A for required characteristics);
  2. The patient undergoes an initial assessment of gender identity and dysphoria, the historical development of gender dysphoric feelings, and severity of resulting stress caused by the condition; and
  3. The mental health professional documents goals to assess, diagnose, and discuss treatment options (if needed) for gender dysphoria and any coexisting mental health concerns prior to initiation of hormone therapy or surgical procedures (if applicable).
- B. Puberty suppression therapy is covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:
  1. The patient has been diagnosed with persistent, well-documented gender dysphoria as defined by the current *Diagnostic and Statistical Manual of Mental Disorders* (DSM) criteria (see Appendix B) and gender identity disorder as defined by the current *International Classification of Diseases* (ICD) criteria by a qualified mental health professional (see Appendix A);
  2. The patient has exhibited the first physical changes of puberty, indicated by a minimum Tanner stage of 2 or 3;
  3. The patient has completed at least three months of successful continuous full time real-life experience in their gender identity across a wide span of life experiences and events (e.g., holidays, vacations, season-specific school and/or work experience, family events);
  4. Clinical records document that the patient assents to treatment and the parent/guardian has made a fully informed decision and consents to treatment;
  5. The patient's comorbid medical and mental health conditions (if present) are reasonably well-controlled; and
  6. Puberty suppression therapy will be administered in a safe, appropriate, medically supervised manner.
- C. Continuous hormone replacement therapy is covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:
  1. The patient is at least 16 years of age;
  2. The patient has been diagnosed with persistent, well-documented gender dysphoria as defined by the current DSM criteria (see Appendix B) and gender identity disorder as

- defined by the current ICD criteria by a qualified mental health professional (see Appendix A);
3. The patient has completed at least three months of successful continuous full time real-life experience in their gender identity across a wide span of life experiences and events (e.g., holidays, vacations, season-specific school and/or work experience, family events);
  4. Clinical records document that the patient has made a fully informed decision and (if at least age 18) consents to treatment or (if under age 18) assents to treatment and a parent/guardian consents to treatment;
  5. The patient's comorbid medical and mental health conditions (if present) are reasonably well-controlled; and
  6. Continuous hormone replacement therapy will be administered in a safe, appropriate, medically supervised manner.
- D. Mastectomy is covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:
1. The patient is at least 18 years of age;
  2. The patient has been diagnosed with persistent, well-documented gender dysphoria as defined by the current DSM criteria (see Appendix B) and gender identity disorder as defined by the current ICD criteria by a qualified mental health professional (see Appendix A);
  3. Clinical records document that the patient has made a fully informed decision and consents to treatment;
  4. The patient's comorbid medical and mental health conditions (if present) are reasonably well-controlled; and
  5. The patient has obtained a referral letter from a qualified mental health professional (see Appendix A).
- E. Fertility counseling is covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:
1. Fertility counseling is provided by a qualified health care professional;
  2. The service is provided prior to removal of testes or ovaries; and
  3. The counselor documents that the patient has been advised about contraceptive use, effects of transition on fertility, and options for fertility preservation and reproduction.
- F. Genital reassignment surgery is covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:
1. The patient is at least 18 years of age;
  2. The patient has been diagnosed with persistent, well-documented gender dysphoria as defined by the current DSM criteria (see Appendix B) and gender identity disorder as defined by the current ICD criteria by a qualified mental health professional (see Appendix A);
  3. The patient has completed a minimum of 12 months of continuous hormonal therapy (unless contraindicated) when recommended by a mental health professional and provided under the supervision of a physician;
  4. The patient has completed a minimum of 12 months of successful continuous full time real-life experience in their gender identity across a wide span of life experiences and events that occur throughout the year (e.g., holidays, vacations, season-specific school and/or

work experience, family events);

Note: The patient may complete 12 months of continuous hormone therapy and 12 months of real-life experience in their gender identity concurrently.

5. Clinical records document that the patient made a fully informed decision and consents to treatment;
  6. The patient's comorbid medical and mental health conditions (if present) are reasonably well-controlled; and
  7. The patient has obtained referral letters from two qualified health care professionals. One of the professionals must be the patient's psychotherapist and the other must be the physician supervising the patient's continuous hormone replacement therapy.
- G. Preventive Services:
1. Cancer screening services are covered (subject to Limitations and Administrative Guidelines) for patients who retain a particular body part or organ (e.g., breasts, prostate, cervix) and otherwise meet criteria for screening based on risk factors or symptoms, regardless of hormone use. Please see the relevant HMSA policy for coverage criteria.
  2. Screening for breast cancer may be covered (subject to Limitations and Administrative Guidelines) for patients who have used or are currently using feminizing hormones and will be considered on a case-by-case basis.
  3. In patients who have had a neocervix created from the glans penis, routine cytological examination of the neocervix may be covered (subject to Limitations and Administrative Guidelines) and will be considered on a case-by-case basis.

#### IV. Limitations

- A. The following services are generally not considered to be medically necessary, but will be reviewed on an individual basis in accord with Section II of this Medical Policy:
  1. Voice alteration surgery; and
  2. Procedures usually performed for feminization or masculinization.
- B. Gender identity services provided outside of the United States are not covered.

#### V. Administrative Guidelines

- A. Precertification is not required for psychotherapy, sexual identity counseling, or fertility counseling for treatment of gender dysphoria. HMSA reserves the right to perform retrospective reviews using the above criteria to validate whether services rendered met payment determination criteria. Please maintain relevant documentation for gender identity services received as they may be necessary for the patient to qualify for coverage for additional transition-related interventions.
- B. Precertification is not required for feminizing hormones (e.g., estrogens, antiandrogens) or for testosterone products when administered as an intramuscular injection, depot injection, or subcutaneous implant. HMSA reserves the right to perform retrospective reviews using the above criteria to validate whether services rendered met payment determination criteria. Please maintain relevant documentation for gender identity services received as they may be necessary for the patient to qualify for coverage for additional transition-related interventions.
- C. Precertification is required for puberty suppression therapy through CVS. Please review relevant criteria in the applicable CVS policies.

- D. Precertification is required for testosterone products when administered as a transdermal film, transdermal gel, topical solution, nasal gel, buccal tablet, pellet, or powder. Please review relevant criteria in the applicable CVS policies.
- E. Precertification is required for breast cancer screening in biological males who are taking feminizing hormones for treatment of gender dysphoria. To precertify, complete HMSA's Precertification Request and mail or fax the form as indicated.
- F. Precertification is required for cytological screening of the neocervix. To precertify, complete HMSA's Precertification Request and mail or fax the form as indicated.
- G. Precertification is required for mastectomy for treatment of gender dysphoria. To precertify, complete HMSA's Precertification Request and mail or fax the form as indicated. Include a referral letter from a qualified mental health professional containing the following:
  - 1. Description of the patient's general identifying characteristics;
  - 2. Results of the patient's psychosocial assessment, including any diagnoses;
  - 3. Duration of the mental health professional's relationship with the patient, including the type of evaluation and therapy or counseling to date;
  - 4. An explanation that the criteria in II.D.1-5 have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery;
  - 5. A statement that informed consent has been obtained from the patient; and
  - 6. A statement that the health care professionals are available for coordination of care.
- H. Precertification is required for genital reassignment surgery. To precertify, complete HMSA's Precertification Request and mail or fax the form as indicated. Include the following:
  - 1. Two referrals from qualified health care professionals who have independently assessed the patient. One referral must be from the patient's psychotherapist and the second referral must be from the physician supervising the patient's continuous hormone therapy. A single letter signed by both professionals is sufficient. The referral letter(s) should include the following:
    - a. Description of the patient's general identifying characteristics;
    - b. Results of the patient's psychosocial assessment, including any diagnoses;
    - c. Duration of the mental health professional's relationship with the patient, including the type of evaluation and therapy or counseling to date;
    - d. An explanation that the criteria in II.F.1-7 have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery;
    - e. A statement that informed consent has been obtained from the patient; and
    - f. A statement that the health care professionals are available for coordination of care.
  - 2. Documentation that the patient has completed a minimum of 12 months of continuous hormone replacement therapy (unless contraindicated); and
  - 3. Documentation that the patient has completed at least 12 months of successful continuous full-time real-life experience in their gender identity, across a wide span of life experiences and events that may occur throughout the year.

Note: The patient may complete 12 months of continuous hormone replacement therapy and 12 months of real-life experience in their gender identity concurrently.
- I. Precertification is required for all surgical procedures for treatment of gender dysphoria and gender identity disorder. To precertify complete HMSA's Precertification Request and mail or

fax the form as indicated. Include adequate documentation to support the medical necessity of the surgical procedure(s).

Codes requiring precertification (not a complete list):

<b>CPT Code</b>	<b>Description</b>
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19325	Mammoplasty, augmentation; with prosthetic implant
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)
53405	second stage (formulation of urethra), including urinary diversion
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	second stage
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	Laparoscopy, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	complicated

55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55899	Unlisted procedure, male genital system [used for phalloplasty]
55970	Intersex surgery; male to female
55980	female to male
56625	Vulvectomy, simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106	Vaginectomy, partial removal of vaginal wall
57107	with removal of paravaginal tissue (radical vaginectomy)
57110	Vaginectomy, complete removal of vaginal wall
57111	with removal of paravaginal tissue (radical vaginectomy)
57291	Construction of artificial vagina; without graft
57292	with graft
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	open abdominal approach
57335	Vaginoplasty for intersex state
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less
58262	with removal of tube(s), and/or ovary(s)
58275	Vaginal hysterectomy, with total or partial vaginectomy
58280	with repair of enterocele
58285	Vaginal hysterectomy, radical (Schauta type operation)
58290	Vaginal hysterectomy, for uterus greater than 250 g
58291	with removal of tube(s) and/or ovary(s)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544	with removal of tube(s) and/or ovary(s)
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
58552	with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
58554	with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
58571	with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g
58573	with removal of tube(s) and/or ovary(s)

58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance of drug); subcutaneous or intramuscular [when used to administer puberty suppressing drugs or injected/implanted masculinizing hormones]

HCPCS Code	Description
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable

ICD-10-PCS Code	Description
0UQG0ZZ	Repair vagina, open approach
0UQJ0ZZ-0UQJXZZ	Repair clitoris [by approach; includes codes 0UQJ0ZZ, 0UQJXZZ]
0UT20ZZ-0UT2FZZ	Resection of bilateral ovaries [by approach; includes codes 0UT20ZZ, 0UT24ZZ, 0UT27ZZ, 0UT28ZZ, 0UT2FZZ]
0UT70ZZ-0UT7FZZ	Resection of bilateral fallopian tubes [by approach; includes codes 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ]
0UT90ZZ-0UT9FZZ	Resection of uterus [by approach; includes codes 0UT90ZZ, 0UT94ZZ, 0UT97ZZ, 0UT98ZZ, 0UT9FZZ]
0UTC0ZZ-0UTC8ZZ	Resection of cervix [by approach; includes codes 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ]
0UTG0ZZ-0UTG8ZZ	Resection of vagina [by approach; includes codes 0UTG0ZZ, 0UTG4ZZ, 0UTG7ZZ, 0UTG8ZZ]
0UTJ0ZZ-0UTJXZZ	Resection of clitoris [by approach; includes codes 0UTJ0ZZ, 0UTJXZZ]
0UTM0ZZ-0UTMXZZ	Resection of vulva [by approach; includes codes 0UTM0ZZ, 0UTMXZZ]
0VRC0JZ	Replacement of bilateral testes with synthetic substitute, open approach
0VTC0ZZ-0VTC4ZZ	Resection of bilateral testes [by approach; includes codes 0VTC0ZZ, 0VTC4ZZ]
0VTS0ZZ-0VTSXZZ	Resection of penis [by approach; includes codes 0VTS0ZZ, 0VTS4ZZ, 0VTSXZZ]
0VUS07Z-0VUSX7Z	Supplement penis with autologous tissue substitute [by approach, includes codes 0VUS07Z, 0VUS47Z, 0VUSX7Z]
0VUS0KZ-0VUSXKZ	Supplement penis with nonautologous tissue substitute [by approach; includes codes 0VUS0KZ, 0VUS4KZ, 0VUSXKZ]
0W4M070	Creation of vagina in male perineum with autologous tissue substitute, open approach
0W4M0J0	Creation of vagina in male perineum with synthetic substitute, open approach

0W4M0K0	Creation of vagina in male perineum with nonautologous tissue substitute, open approach
0W4M0Z0	Creation of vagina in male perineum, open approach
0W4N071	Creation of penis in female perineum with autologous tissue substitute, open approach
0W4N0J1	Creation of penis in female perineum with synthetic substitute, open approach
0W4N0K1	Creation of penis in female perineum with nonautologous tissue substitute, open approach
0W4N0Z1	Creation of penis in female perineum, open approach

Codes that do not require precertification:

<b>CPT Code</b>	<b>Description</b>
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
90832	Psychotherapy, 30 minutes with patient and/or family member
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient and/or family member
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient and/or family member
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance of drug); subcutaneous or intramuscular [when used to administer feminizing hormones or topical/oral masculinizing hormones]

Non-covered codes unless proven medically necessary (not a complete list):

<b>CPT Code</b>	<b>Description</b>
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	1.1 to 5.0 cc
11952	5.1 to 10.0 cc
11954	over 10.0 cc
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	more than 15 punch grafts
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	segmental, face

15782	regional, other than face
15783	superficial, any site
15788	Chemical peel, facial; epidermal
15789	dermal
15792	Chemical peel, nonfacial; epidermal
15793	dermal
15822	Blepharoplasty, upper eyelid
15823	with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	neck with platysmal tightening (platysmal flap, P-flap)
15826	glabellar frown lines
15828	cheek, chin, and neck
15829	superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	thigh
15833	leg
15834	hip
15835	buttock
15836	arm
15837	forearm or hand
15838	submental fat pad
15839	other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	trunk
15878	upper extremity
15879	lower extremity
17380	Electrolysis epilation, each 30 minutes
19316	Mastopexy
19318	Reduction mammoplasty
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	sliding osteotomy, single piece
21122	sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)

21123	sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21270	Malar augmentation, prosthetic material
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	intermediate revision (bony work with osteotomies)
30450	major revision (nasal tip work and osteotomies)
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
31599	Unlisted procedure, larynx [when used for voice modification surgery]
54660	Insertion of testicular prosthesis (separate procedure)
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)

Covered diagnostic codes:

ICD-10 Code	Description
F64.0	Transsexualism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

## VI. Rationale

The World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People evaluates evidence-based peer-reviewed studies to provide health professionals with recommendations to best provide care to their transsexual, transgender, and gender nonconforming patients. The SOC includes guidelines for primary care, preventive care, fertility and reproduction, mental health, vocal therapy, hormone therapy, and surgical treatments from childhood through adulthood.

Several studies have shown that extensive long-term trials of hormone therapy and real-life experience living in one's desired gender role, as well as social support and acceptance by peer and family groups greatly improve psychological outcomes in patients undergoing gender reassignment surgery. WPATH recommends cooperation and communication between the many medical and behavioral specialists and primary care providers treating patients with gender dysphoria who receive medical intervention.

Gender reassignment surgery presents significant medical and psychological risks, and results are irreversible. A stepwise approach to therapy for gender dysphoria, including accurate diagnosis and long-term treatment by a multidisciplinary team including behavioral, medical and surgical specialists, has been shown to provide the best results. As with any treatment involving psychiatric disorders, a thorough behavioral analysis by a qualified practitioner is needed. Once a diagnosis of gender dysphoria is established, treatment with hormone therapy and establishment of real-life transgender experience may be warranted. Hormone therapy should be administered under ongoing medical supervision and is important in beginning the physical gender transition process by altering body hair, breast size, skin appearance and texture, body fat distribution, and the size and function of sex organs. Real-life experience is important to validate the patient's desire and ability to incorporate their desired gender role into their social network and daily environment. This generally involves gender-specific appearance (garments, hairstyle, etc.), involvement in various activities in the desired gender role including work or academic settings, legal acquisition of a gender appropriate first name, and acknowledgement by others of their new gender role. Once these treatment steps have been established and stable for at least 12 months, a patient may be considered for gender reassignment surgery.

Additional surgeries have been proposed to feminize or masculinize a patient's appearance. Procedures such as breast augmentation, liposuction, Adam's apple reduction, rhinoplasty, and facial reconstruction are usually considered cosmetic and their impact on relieving gender dysphoria is unclear.

## **VII. Important Reminder**

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

If a treating physician disagrees with HMSA's determination of medical necessity, the physician may request that HMSA reconsider the application of the medical necessity criteria by providing additional supporting documentation (e.g., clinical records, scientific evidence, professional journal articles).

## **VIII. References**

1. World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming people. 2012 7th version.
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4. Day P. Trans-gender reassignment surgery. New Zealand health technology assessment (NZHTA). The clearing house for health outcomes and Health technology assessment. February 2002; Volume 1 Number 1.
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6. Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition. Deutsch MB, ed. June 2016. Available at [www.transhealth.ucsf.edu/guidelines](http://www.transhealth.ucsf.edu/guidelines).
7. Health care for transgender individuals. Committee Opinion No. 512. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;118:1454-8.

## IX. Appendices

### Appendix A

#### Characteristics of a Qualified Mental Health Professional:

- A. A 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 mental health professional should have documented credentials from a relevant licensing board or equivalent for that country;
- B. Competence in using the *Diagnostic Statistical Manual of Mental Disorders* and/or the *International Classification of Diseases* for diagnostic purposes;
- C. Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria;
- D. Documented supervised training and competence in psychotherapy or counseling;
- E. Knowledgeable about gender-nonconforming identities and expressions, and the assessment and treatment of gender dysphoria;
- F. 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.

**Appendix B****DSM-5 Criteria for Gender Dysphoria in Adults and Adolescents**

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by two or more of the following:
  - 1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics).
  - 2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
  - 3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
  - 4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
  - 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
  - 6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**DSM-5 Criteria for Gender Dysphoria in Children**

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by six or more of the following (one of which must be criterion A.1.):
  - 1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender, different from one's assigned gender).
  - 2. In boys (assigned gender), a strong preference for cross dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to wearing of typical feminine clothing.
  - 3. A strong preference for cross-gender roles in make-believe play or fantasy play.
  - 4. A strong preference for toys, games, or activities stereotypically used or engaged in by the other gender.
  - 5. A strong preference for playmates of the other gender.
  - 6. In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough and tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games and activities.
  - 7. A strong dislike of one's sexual anatomy.
  - 8. A strong dislike for the primary and/or secondary sex characteristics that match one's experienced gender.

The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.