



Subject: Gender Confirmation Surgery Policy

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DEFINITIONS

Gender: The public (and usually legally recognized) lived role as boy or girl, man or woman. Biological factors are seen as contributing in interaction with social and psychological factors to gender development.

Gender assignment: The initial assignment as male or female, which usually occurs at birth and is subsequently referred to as the “natal gender.”

Gender dysphoria: Distress that accompanies the incongruence between one’s experienced and expressed gender and one’s assigned or natal gender.

Gender experience: The unique and personal ways in which individuals experience their gender in the context of the gender roles provided by their societies.

Gender expression: The specific ways in which individuals enact gender roles provided in their societies.

Gender identity: A category of social identity that refers to an individual’s identification as male, female or, occasionally, some other category other than male or female.

Gender reassignment: A change of gender that can be either medical (hormones, surgery) or legal (government recognition), or both. In case of medical interventions, often referred to as sex reassignment. (DSM-5)

Sex reassignment surgery (gender affirmation surgery, gender confirmation surgery): Surgery to change primary and/or secondary sex characteristics to affirm a person’s gender identity. Sex reassignment surgery can be an important part of medically necessary treatment to alleviate gender dysphoria. (WPATH)

DESCRIPTION

According to the DSM-5, gender dysphoria refers to the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and/or surgery are not available. Treatment options include:

- Changes in gender expression and role
- Hormone therapy
- Surgery
- Psychotherapy

Surgery, particularly genital surgery, is often the last and most considered step in the treatment process for gender dysphoria. While many transsexual, transgender and gender-nonconforming individuals find comfort with their gender identity, role, and expression without surgery, for many others surgery is essential and medically necessary to alleviate their gender dysphoria. For the latter group, relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence with their gender identity. (WPATH, 2012)

The following health plan benefits are available to enrolled faculty and staff experiencing the distress and impairment of Gender Dysphoria:

- Mental health coverage
- Pharmaceutical coverage (e.g., for hormone replacement therapy)
- Coverage for medical visits or laboratory services
- Coverage for reconstructive surgical procedures related to gender reassignment (see criteria below)
- Coverage of routine, chronic, or urgent non-transition services (e.g., for a transgender individual based on their native sex or gender. For example, pelvic/gynecological exams for men with a transgender history.)

Please refer to the *Ohio State University Faculty and Staff Health Plans Specific Plan Details Document* for benefit coverage details.

POLICY

The coverage for health care expenses related to gender dysphoria will be covered at the same percentage as for any other diagnosis. There is no separate annual or lifetime maximum coverage amount and no separate deductible.

Psychotherapy (individual, couple, family, or group) is considered medically necessary for the diagnosis of gender dysphoria.

Hormone therapy is obtained through the pharmacy benefit. Please contact Express Scripts for specific details.

Gender confirmation surgery is considered medically necessary to change primary and/or secondary sex characteristics, when the specific criteria are met:

- **Male-to-Female (MtF):**
 - Breast/Chest Surgery: Augmentation mammoplasty
 - A. One referral from a qualified mental health professional documenting persistent gender dysphoria (see appendix); and
 - B. Individual has the capacity to make a fully informed decision and to consent for treatment; and
 - C. Age of majority (18 years of age or older); and
 - D. If significant medical or mental health concerns are present, they must be reasonably well controlled; and
 - E. A minimum of 12 continuous months of feminizing hormone therapy prior to breast augmentation surgery, since the individual may achieve adequate breast development without surgery.

- Genital Surgery
 - A. Gonadectomy: Orchiectomy
 - A. Two referrals from qualified mental health professionals who have independently assessed the patient are needed. If the first referral is from the patient's psychotherapist, the second referral should be from a person who has only had an evaluative role with the patient. Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) may be sent. Each referral letter, however, is expected to cover the same topics in the areas outlined below (see appendix); and
 - B. Persistent, well-documented gender dysphoria (see appendix); and
 - C. Capacity to make a fully informed decision and to consent for treatment; and
 - D. Age of majority (18 years of age or older); and
 - E. If significant medical or mental health concerns are present, they must be well controlled; and
 - F. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual).
 - B. Genital Reconstructive Surgery: Penectomy, vaginoplasty, clitoroplasty, labiaplasty
 - A. Must meet criteria A – F for MtF gonadectomy; and
 - B. Twelve continuous months of living in a gender role that is congruent with their gender identity (real life experience).

The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, before the patient undergoes irreversible surgical intervention.

These criteria do not apply to patients who are having these procedures for medical indications other than gender dysphoria.

- **Female-to-Male (FtM):**

- Breast/Chest Surgery: Mastectomy, Nipple Reconstruction
 - A. One referral from a qualified mental health professional (see appendix); and
 - B. Persistent, well-documented gender dysphoria (see appendix); and
 - C. Individual has the capacity to make a fully informed decision and to consent for treatment; and
 - D. Age of majority (18 years of age or older); and
 - E. If significant medical or mental health concerns are present, they must be reasonably well controlled.

Hormone therapy is not a prerequisite.

○ Genital Surgery

A. Gonadectomy: Hysterectomy, salpingo-oophorectomy

- A. Two referrals from qualified mental health professionals who have independently assessed the patient are needed. If the first referral is from the patient's psychotherapist, the second referral should be from a person who has only had an evaluative role with the patient. Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) may be sent. Each referral letter, however, is expected to cover the same topics in the areas outlined below (see appendix); and
- B. Persistent, well-documented gender dysphoria (see appendix); and
- C. Capacity to make a fully informed decision and to consent for treatment; and
- D. Age of majority (18 years of age or older); and
- E. If significant medical or mental health concerns are present, they must be well controlled; and
- F. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual).

B. Genital Reconstructive Surgery: Vaginectomy, metoidioplasty, scrotoplasty, urethroplasty, placement of testicular prostheses, phalloplasty

- A. Must meet criteria A – F for FtM gonadectomy; and
- B. Twelve continuous months of living in a gender role that is congruent with their gender identity (real life experience).

The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, before the patient undergoes irreversible surgical intervention.

These criteria do not apply to patients who are having these procedures for medical indications other than gender dysphoria.

EXCLUSIONS

Bioidentical and Compounded Hormones

To date, there is no scientific evidence that bioidentical hormones, whether prepared by a compounding pharmacy or pharmaceutical company, are safer to use than other forms of hormone therapy. All forms of hormone therapy may have potential risks, whether compounded or pharmaceutical, bioidentical or not. Therefore, bioidentical hormone replacement and compounded hormones are considered experimental and investigational.

Cosmetic

The following procedures, when used specifically to improve the gender specific appearance of an individual undergoing or planning gender reassignment surgery, are considered cosmetic and therefore not medically necessary (not an all-inclusive list):

- Abdominoplasty
- Blepharoplasty (unless criteria are met in *MCG's Ambulatory Care Guideline A-0195*)
- Breast reduction (unless criteria are met in *MCG's Ambulatory Care Guideline A-0274*)

- Brow lift
- Calf implants
- Cheek implants
- Chin/nose implants
- Collagen injections
- Drugs for hair loss or hair growth
- Electrolysis
- Face-lift
- Facial bone reconstruction
- Hair transplantation
- Hair removal
- Lip enhancement/reduction
- Liposuction
- Mastopexy
- Neck tightening
- Pectoral implants
- Reduction thyroid chondroplasty
- Removal of redundant skin
- Rhinoplasty (unless criteria are met in *MCG's Ambulatory Care Guideline A-0184*)
- Skin resurfacing
- Voice modification surgery

Fertility Preservation

Individuals who undergo genital gender reassignment surgery do not meet criteria for infertility services. Therefore, the following services are not covered (not an all-inclusive list):

- Sperm preservation in advance of hormone treatment or gender dysphoria surgery
- Cryopreservation of fertilized embryos
- Oocyte preservation
- Surrogate parenting (plan exclusion)
- Donor eggs
- Donor sperm
- Host uterus

Reversal

The OSU Health Plan does not cover reversal of genital surgery or reversal of surgery to revise secondary sex characteristics.

Severe Psychiatric Disorders

When patients with gender dysphoria are also diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder,

borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated. Reevaluation by a mental health professional qualified to assess and manage psychotic conditions should be conducted prior to surgery, describing the patient's mental status and readiness for surgery. It is preferable that this mental health professional be familiar with the patient. No surgery should be performed while a patient is actively psychotic. Medical records should be submitted documenting reevaluation.

APPENDIX

Format for referral letters from Qualified Health Professional:

The recommended content of the referral letters for surgery is as follows:

1. The client's general identifying characteristics;
2. Results of the client's psychosocial assessment, including any diagnoses;
3. The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date;
4. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery;
5. A statement about the fact that informed consent has been obtained from the patient;
6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

For providers working within a multidisciplinary specialty team, a letter may not be necessary; rather the assessment and recommendation can be documented in the patient's chart.

Competency of Mental Health Professionals Working with Adults Who Present with Gender Dysphoria:

The following are recommended minimum credentials for mental health professionals who work with adults presenting with gender dysphoria:

1. 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.
2. Competence in using the *Diagnostic Statistical Manual of Mental Disorders* and/or the *International Classification of Diseases* for diagnostic purposes.
3. Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria.
4. Documented supervised training and competence in psychotherapy or counseling.
5. Knowledgeable about gender-nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.
6. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

DSM-5 Diagnostic Criteria for Gender Dysphoria in Adolescents and Adults:

- A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months’ duration, as manifested by at least two 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.

PRIOR AUTHORIZATION INSTRUCTIONS

Prior authorization is not required for outpatient psychotherapy. Refer to the *Ohio State University Faculty and Staff Health Plans Specific Plan Details Document* for coverage details.

Please contact Express Scripts regarding prior authorization requirements for hormone therapy.

All surgical interventions for gender dysphoria require prior authorization.

CODES

ICD-10 codes covered if selection criteria are met:

F64 – F64.9	Gender identity disorder
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CPT codes for gender confirmation surgery that are covered if selection criteria are met:

19301, 19303 – 19304	Mastectomy
19324 – 19325	Mammoplasty, augmentation
19350	Nipple/areola reconstruction
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
54400 – 54417	Penile prosthesis
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopic, surgical; orchiectomy

55175	Scrotoplasty; simple
55180	complicated
55970	Intersex surgery; male to female [a series of staged procedures that includes male genitalia removal, penile dissection, urethral transposition, creation of vagina and labia with stent placement]
55980	female to male [a series of staged procedures that include penis and scrotum formation by graft, and prosthesis placement]
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106 – 57107, 57110 – 57111	Vaginectomy
57291 – 57292	Construction of artificial vagina
57335	Vaginoplasty for intersex state
58150, 58180, 58260 – 58262, 58275 – 58291, 58541 – 58544, 58550 – 58554	Hysterectomy
58570 – 58573	Laparoscopy, surgical, with total hysterectomy
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral

HCPCS codes for gender confirmation surgery that are covered if selection criteria are met:

C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable

CPT codes not covered for indications listed in the policy [considered cosmetic, not an all-inclusive list]:

11950 – 11954	Subcutaneous injection of filling material (e.g., collagen)
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780 – 15787	Dermabrasion
15788 – 15793	Chemical peel
15820 – 15823	Blepharoplasty
15824 – 15828	Rhytidectomy [face-lifting]

15830 – 15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15876 – 15879	Suction assisted lipectomy
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
21087	Nasal prosthesis
21120 – 21123	Genioplasty
21125 – 21127	Augmentation, mandibular body or angle; prosthetic material or with bone graft, onlay or interpositional (includes obtaining autograft)
21193	Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy; without bone graft
21194	With bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	With internal rigid fixation
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 – 30420	Rhinoplasty; primary
30430 – 30450	Rhinoplasty; secondary
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals

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