



Subject: Gender-Affirmation Surgery

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This document is intended to reflect medically and scientifically established criteria relevant to clinical decision-making. It is presented from a viewpoint of institutional neutrality and does not advance or endorse any particular ideological perspective. In accordance with Ohio Senate Bill 1, The OSU Health Plan affirms its commitment to intellectual diversity, freedom of inquiry, and equal treatment of all individuals. All policies and materials are subject to regular review to ensure compliance with applicable laws and ethical standards.

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 vary based on the individual's gender goals, which may include but are not limited to hormonal and surgical treatments, voice and communication therapy, primary care, reproductive and sexual health, and mental health care.

Benefits available to enrolled faculty and staff are outlined in the *Ohio State University Faculty and Staff Health Plans Specific Plan Details Document*. Health care services for transgender and gender-diverse covered persons are reimbursed at the same percentage as for any other diagnosis. There is no separate annual or lifetime maximum coverage and no separate deductible. Benefits available to enrolled covered persons include but are not limited to:

- Mental health coverage
- Pharmaceutical coverage (e.g., for hormone replacement therapy)
- Coverage for medical visits and laboratory services

- Therapy services (e.g., speech therapy)
- Coverage for gender-affirming surgical procedures (see criteria below)
- Coverage of routine, chronic, or urgent non-transition services (e.g., for a transgender individual based on their sex assigned at birth. For example, pelvic/gynecological exams for transgender men who have not undergone surgery.)

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

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

DEFINITIONS

The following definitions can be found in WPATH SOC-8 Appendix B Glossary.

Cisgender: Refers to people whose current gender identity corresponds to the sex they were assigned at birth.

Detransition: A term sometimes used to describe an individual's retransition to the gender stereotypically associated with their sex assigned at birth.

Eunuch: An individual assigned male at birth whose testicles have been surgically removed or rendered non-functional and who identifies as a eunuch. This differs from the standard medical definition by excluding those who do not identify as eunuch.

Gender: Depending on the context, gender may reference gender identity, gender expression, and/or social gender role, including understandings and expectations culturally tied to people who were

assigned male or female at birth. Gender identities other than those of men and women (who can be either cisgender or transgender) include, transgender, nonbinary, genderqueer, gender neutral, agender, gender fluid, and “third” gender, among others; many other genders are recognized around the world.

Gender-Affirmation: Refers to being recognized or affirmed in a person’s gender identity. It is usually conceptualized as having social, psychological, medical, and legal dimensions. Gender affirmation is used as a term in lieu of transition (as in medical gender-affirmation) or can be used as an adjective (as in gender-affirming care).

Gender-Affirmation Surgery (GAS): Used to describe surgery to change primary and/or secondary sex characteristics to affirm a person’s gender identity.

Gender Binary: Refers to the idea there are two and only two genders, men, and women; the expectation that everyone must be one or the other; and that all men are males, and all women are females.

Gender Diverse: Term used to describe people with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth. This may include, among many other culturally diverse identities, people who identify as nonbinary, gender expansive, gender nonconforming, and others who do not identify as cisgender.

Gender Dysphoria: Describes a state of distress or discomfort that may be experienced because a person’s gender identity differs from that which is physically and/or socially attributed to their sex assigned at birth. Gender dysphoria is also a diagnostic term in the DSM-5 denoting an incongruence between the sex assigned at birth and experienced gender accompanied by distress. Not all transgender and gender diverse people experience gender dysphoria.

Gender Expansive: An adjective often used to describe people who identify or express themselves in ways that broaden the socially and culturally defined behaviors or beliefs associated with a particular sex. Gender creative is also sometimes used. The term gender variant was used in the past and is

disappearing from professional usage because of negative connotations now associated with it.

Gender Expression: Refers to how a person enacts or expresses their gender in everyday life and within the context of their culture and society. Expression of gender through physical appearance may include dress, hairstyle, accessories, cosmetics, hormonal, and surgical interventions as well as mannerisms, speech, behavioral patterns, and names. A person's gender expression may or may not conform to a person's gender identity.

Gender Identity: Refers to a person's deeply felt, internal, intrinsic sense of their own gender.

Gender Incongruence: Diagnostic term used in the ICD-11 that describes a person's marked and persistent experience of an incompatibility between that person's gender identity and the gender expected of them based on their birth-assigned sex. [The United States currently utilizes ICD-10, which does not include an ICD for gender incongruence.]

Intersex: Refers to people born with sex or reproductive characteristics that do not fit binary definitions of female or male.

Misgender/Misgendering: Refers to when language is used that does not correctly reflect the gender with which a person identifies. This may be a pronoun (he/him/his, she/her/hers, they/them/theirs) or a form of address (sir, Mr.).

Nonbinary: Refers to those with gender identities outside the gender binary. People with nonbinary gender identities may identify as partially a man and partially a woman or identify as sometimes a man and sometimes a woman or identify as a gender other than a man or a woman, or as not having a gender at all. Nonbinary people may use the pronouns they/them/theirs instead of he/him/his or she/her/hers. Some nonbinary people consider themselves to be transgender or trans; some do not because they consider transgender to be part of the gender binary. The shorthand NB or "enby" is sometimes used as a descriptor for nonbinary. Examples of nonbinary gender identities are genderqueer, gender diverse, genderfluid, demigender, bigender, and agender.

Retransition: Refers to second or subsequent gender transition whether by social, medical, or legal means. A retransition may be from one binary or nonbinary gender to another binary or nonbinary gender. People may retransition more than once. Retransition may occur for many reasons, including evolving gender identities, health concerns, family/societal concerns, and financial issues.

Sex Assigned at Birth: Refers to a person's status as male, female, or intersex based on physical characteristics. Sex is usually assigned at birth based on appearance of the external genitalia. AFAB is an abbreviation for "assigned female at birth." AMAB is an abbreviation for "assigned male at birth."

Sexual Orientation: Refers to a person's sexual identity, attractions, and behaviors in relation to people on the basis of their gender(s) and or sex characteristics and those of their partners. Sexual orientation and gender identity are distinct terms.

Transgender/Trans: Terms used to describe people whose gender identities and/or gender expressions are not what is typically expected for the sex which they were assigned at birth. These words should always be used as adjectives (as in "trans people") and never as nouns (as in "transgenders") and never as verbs (as in "transgendered").

Transgender Men: People who have gender identities as men and who were assigned female at birth. They may or may not have undergone any transition. FTM or Female-to-Male are older terms that are falling out of use. (Also, Trans Men, Men of Trans Experience)

Transgender Women: People who have gender identities as women and who were assigned male at birth. They may or may not have undergone any transition. MTF or Male-to-Female are older terms that are falling out of use. (Also, Trans Women, Women of Trans Experience)

Transition: Refers to the process whereby people usually change from the gender expression associated with their assigned sex at birth to another gender expression that better matches their gender identity. People may transition socially by using methods such as changing their name, pronoun, clothing, hair styles, and/or the ways that they move and speak. Transitioning may or may not involve hormones and/or surgeries to alter the physical body. Transition can be used to describe

the process of changing one's gender expression from any gender to a different gender. People may transition more than once in their lifetimes.

Transphobia: Refers to negative attitudes, beliefs, and actions concerning transgender and gender diverse people as a group. Transphobia may be enacted in discriminatory policies and practices on a structural level or in very specific and personal ways. Transphobia can also be internalized, when transgender and gender diverse people accept and reflect such prejudice about themselves or other transgender and gender diverse people. While transphobia sometimes may be a result of unintentional ignorance rather than direct hostility, its effects are never benign. Some people use the term anti- transgender bias in place of transphobia.

POLICY

Gender-affirming surgery is considered medically necessary when one or more of the following criteria are met:

- Gender dysphoria in an adult (18 years of age or older), as indicated by all of the following:
 - Covered person diagnosed with marked and sustained gender dysphoria as assessed and documented by a health care provider experienced in the care of transgender and gender-diverse (TGD) people (see **Appendixⁱ** for provider qualifications and DSM-5 diagnostic criteria); and
 - Gender dysphoria is not due to a reversible cause (e.g., psychosis); and
 - Covered person is able to grant informed consent as indicated by all of the following:
 - Able to comprehend the nature of the treatment; and
 - Able to reason about treatment options, including the risks and benefits; and
 - Able to appreciate the nature of the decision, including the long-term consequences; and
 - Able to communicate choice; and
 - There is no physical or mental illness that will interfere with adherence to short-term

and long-term postoperative treatment (e.g., if a significant medical or mental health concern is present, it must be reasonably well-controlled); and

- Covered person is stable on gender-affirming hormone treatment (GAHT) for a minimum of 6 months, unless contraindicated, not necessary, or not desired; and
- Social transition in place or is judged by clinician to be unnecessary (e.g., nonbinary gender identity)
- Surgeon has recommended one or more of the following gender-affirming surgeries for the covered person's stated gender goals (see Appendixⁱ for surgeon qualifications):

- Masculinization or defeminization procedure, such as:
 - Chest (top) surgery (i.e., mastectomy, masculinizing chest surgery)
 - Genital surgery (i.e., metoidioplasty, phalloplasty, scrotoplasty, vaginectomy, testicular prosthesis, penile prosthesis)
 - Hysterectomy with or without oophorectomy
- Feminizing or demasculinizing procedure, such as:
 - Breast augmentation
 - Genital surgery (i.e., vaginoplasty, vulvoplasty)
 - Orchiectomy

- Covered persons with sexual anatomy that is not typically male or female (e.g., intersex), as indicated by one or more of the following:

- Surgery necessary due to anatomic variation that poses immediate risk to physical health (e.g., urinary obstruction); or
- Surgery appropriate due to multidisciplinary team evaluation and family agreement that surgery is advantageous prior to ability of the cover person to have input or assent (e.g., too young) due to potential long-term health risks (e.g., malignancy risk from undescended testes); or
- Surgery appropriate due to multidisciplinary team evaluation and family agreement that surgery is advantageous with assent of pediatric dependents (e.g., pediatric dependents able to communicate choice); or
- Surgery appropriate due to multidisciplinary team evaluation and adult covered persons agreement that surgery is advantageous for the sexual anatomy desired.

The following procedures are addressed separately:

- Blepharoplasty (see *MCG Ambulatory Care Guideline A-0195*)
- Infertility services (see *MMPP 3.0 Infertility*)
- Panniculectomy (see *MMPP 44.0 Panniculectomy, Abdominoplasty, and Other Skin Excisions*)
- Rhinoplasty (see *MCG Ambulatory Care Guideline A-0184*)

PROCEDURE

Medical records documenting the following information are required for review of gender-affirming surgery:

- Marked and sustained gender dysphoria
- Other probable causes of apparent gender incongruence have been excluded
- Capacity to consent for the specific physical treatment
- Assessment of mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments
- Hormone therapy, if appropriate
- Social transition, if appropriate

PRIOR AUTHORIZATION

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.

Surgical interventions for gender dysphoria may require prior authorization. Refer to the *Prior Authorization Code List* available at <https://osuhealthplan.com/health-plan-tools/forms-policies> for

specific prior authorization requirements.

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.

Surgical Procedures

The following procedures, unless otherwise stated, are excluded from all OSU benefit plans regardless of diagnosis (not an all-inclusive list):

- Abdominoplasty
- 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
- Skin resurfacing
- Voice modification surgery

Fertility Services

Gestational carriers and surrogacy are excluded for all OSU benefit plans. Therefore, the following services are not covered (not an all-inclusive list):

- Surrogate parenting
- Host uterus

Reversal and Revision

The OSU Health Plan does not cover reversal or revision of gender-affirmation surgery.

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.

CODES

ICD-10 codes covered if selection criteria are met:

Code	Description
F64 – F64.9	Gender identity disorder

CPT codes covered if selection criteria are met:

Code	Description
15771–15772	Grafting of autologous fat [breast only]
19318	Breast reduction
19324 –19325	Mammaplasty, 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)
55175	Scrotoplasty; simple
55180	Scrotoplasty; 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	Intersex surgery; 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, 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 covered if selection criteria are met:

Code	Description
C1789	Prosthesis, breast (implantable)
C1813	Prosthesis, penile, inflatable

C2622	Prosthesis, penile, non-inflatable
L8600	Implantable breast prosthesis, silicone or equal

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

Code	Description
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
15824 – 15828	Rhytidectomy [face-lifting]
15876 – 15879	Suction assisted lipectomy
17380	Electrolysis epilation, each 30 minutes
19316	Mastopexy
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, sagittal split; w/o 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

67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
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ⁱ 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 WPATH 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.

Qualifications of Mental Health Professionals for Assessing Transgender and Gender Diverse Adults for Physical Treatments (from WPATH SOC-8):

1. Licensed by their statutory body and hold, at a minimum, a master's degree, or equivalent training in a clinical field relevant to this role and granted by a nationally accredited statutory institution.
2. Able to identify co-existing mental health or other psychosocial concerns and distinguish these from gender dysphoria, incongruence, and diversity.
3. Able to assess capacity to consent for treatment.

4. Experienced or qualified to assess clinical aspects of gender dysphoria, incongruence, and diversity.
5. Undergo continuing education in health care relating to gender dysphoria, incongruence, and diversity.

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6. Liaise with professionals from different disciplines within the field of transgender health for consultation and referral on behalf of gender diverse adults seeking gender-affirming treatment, if required.

Credentials of surgeons who perform gender-affirming surgical procedures (from WPATH SOC-8):

1. Training and documented supervision in gender-affirming procedures.
2. Maintenance of an active practice in gender-affirming surgical procedures.
3. Knowledge about gender diverse identities and expressions.
4. Continuing education in the field of gender-affirmation surgery.
5. Tracking of surgical outcomes.

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

1. 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:
 - a. 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).
 - b. 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).
 - c. A strong desire for the primary and/or secondary sex characteristics of the other gender.
 - d. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
 - e. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 - f. 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).
2. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.