Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC’s (NHP/NHIC/NHAS) care management (CM) department, including utilization management (UM), applies guidelines for determinations involving medical necessity for gender dysphoria medical services and gender reassignment surgery. This policy provides guidance for approving these procedures for NHP/NHIC/NHAS, however for purposes of the self-funded plans being administered by NHAS, the Medical Necessity definition and covered benefits in each customer’s Summary Plan Description will supersede.

Policy Detail:

Network Health will apply neutral, nondiscriminatory criteria that it uses for other conditions when the coverage determination is related to gender transition. Coverage for medically necessary and appropriate services will be made available on the same terms and conditions for all members/participants who are enrolled in a particular insurance policy or self-funded plan, regardless of sex assigned at birth, Gender Identity, or recorded gender.

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, Individual and Family Plan or State of Wisconsin It's Your Choice Reference Guide to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary. NHIC follows Medicare’s National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

I. Policy

A. Description:

*Transgender* is a term for people whose Gender Identity, expression or behavior is different from those typically associated with their assigned sex at birth. Gender Identity refers to an individual’s internal sense of gender, which may be male, female, neither, or a combination of male and female, and which may be different from an individual’s sex assigned at birth. *Gender Dysphoria* refers to the significant distress that is caused by a discrepancy between a person’s Gender Identity and that person’s biological sex assigned at birth. For individuals with Gender Dysphoria, medical services and gender reassignment surgery may involve multiple medical, psychiatric, and surgical specialists in order to address the desired behavioral and medical outcomes. This policy provides guidance for approving these procedures for NHP/NHIC/NHAS members/participants with Gender Dysphoria.

B. Medical Treatment of Gender Dysphoria and Transsexualism
1. Psychotherapy by a licensed mental health practitioner may be considered medically necessary as a treatment of gender dysphoria.

2. Continuous hormone therapy may be considered medically necessary as a treatment of gender dysphoria when all of the following criteria are met.
   a. A licensed mental health practitioner has diagnosed gender dysphoria as defined by the DSM-5 criteria, and
   b. Individual has received psychotherapy for 3 or more months prior to the initiation of hormone therapy, and
   c. Clinical documentation that the individual has been living in a gender role that is congruent with their gender identity for at least 6 months.

3. Hormone therapy is provided under the supervision of a physician.

C. Gender Reassignment Surgery Criteria:

For individuals undergoing sex reassignment surgery, consisting of any combination of the following; hysterectomy, salpingo-oophorectomy, ovariectomy, mastectomy (for female to male gender reassignment), or orchiectomy, it is considered medically necessary when all of the following criteria are met.

1. The individual is at least 18 years of age and clinical records document that the individual has the ability to make fully informed decisions and consent for treatment, and

2. The individual has been diagnosed with persistent, well documented gender dysphoria, and exhibits all of the following:
   a. The desire to live and be accepted as a member of the opposite sex, accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
   b. The transsexual identity has been present persistently for at least two years; and
   c. The disorder is not a symptom of another mental disorder; and
   d. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; and

3. For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy (hormone therapy is not a pre-requisite to qualifying for a mastectomy) when recommended by a mental health professional and provided under the supervision of a physician; and

4. If the individual has significant medical or mental health issues present, the condition(s) must be reasonably well controlled; and
   a. If the individual is 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; and

5. Two referrals from qualified mental health professionals who have independently assessed the individual are required. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both mental health professionals if practicing within the same clinic, are required. The letter(s) must have been signed within 6 months of the request submission.
For individuals undergoing sex reassignment surgery, consisting of any combination of the following: metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, placement of testicular prostheses or urethroplasty is considered medically necessary when all of the following criteria are met.

1. The individual is at least 18 years of age and clinical records document that the individual has the ability to make fully informed decisions and consent for treatment, and
2. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
   a. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
   b. The transsexual identity has been present persistently for at least two years; and
   c. The disorder is not a symptom of another mental disorder; and
   d. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
3. For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; and
4. Documentation that the individual has completed a minimum of 12 months of continuous full time real-life experiences in their new gender.
   a. The medical documentation should include the start date of living full time in the new gender.
   b. Verification via communication with individuals who have related to the individual in an identity-congruent gender role, or requesting documentation of a legal name change, may be reasonable in some cases; and
5. Regular participation in psychotherapy throughout the real-life experiences when recommended by a treating medical or behavioral health practitioner; and
6. If the individual has significant medical or mental health issues present, they must be reasonably well controlled, and
   a. If the individual is 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; and
7. Two referrals from qualified mental health professionals who have independently assessed the individual. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both mental health professionals if practicing within the same clinic, are required. The letter(s) must have been signed within 6 months of the request submission.

D. Surgery and/or additional treatments to change specific appearance characteristics that are considered to be cosmetic in nature and not medically necessary as treatments of gender dysphoria, include, but are not limited to the following:
1. Abdominoplasty
2. Blepharoplasty
3. Breast augmentation
4. Brow lift
5. Calf implants
6. Collagen injections
7. Dermabrasion/Chemical peels
8. Electrolysis
9. Face lift
10. Facial bone reconstruction
11. Facial implants
12. Gluteal augmentation
13. Hair removal/hairplasty, when the criteria above have not been met
14. Jaw reduction (jaw contouring)
15. Lip reduction/enhancement
16. Lip filling/collagen injections
17. Liposuction
18. Nose implants
19. Pectoral implants
20. Penile implants (inflatable and non-inflatable)
21. Rhinoplasty
22. Thyroid cartilage reduction (chondroplasty)
23. Voice modification surgery
24. Voice therapy

E. Coverage
1. Hormones injected by a medical practitioner may be covered by the individual’s medical plan.
2. Coverage for oral hormones and self-injected hormones from a pharmacy are dependent upon the individual’s prescription drug plan.
3. Individuals requesting gender reassignment surgery should seek services from a Transgender Center and surgeons experienced in these surgeries.
4. Members requesting gender reassignment surgery will be referred to Case Management in order to better assist the member/participant with coordination of care.
5. Gender Dysphoria medical services and/or surgery will be covered for members/plan participants meeting the medical indications/criteria above.
6. NHP/NHIC/NHAS follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership if available.

F. Limitations/Exclusions
1. Treatments and procedures associated with gender reassignment surgery that are performed solely for the purpose of improving or altering appearance or self-esteem related to one’s appearance, are considered cosmetic in nature and not medically necessary.
2. Sex reassignment surgery is considered not medically necessary when one or more of the criteria above have not been met.
3. NHP/NHIC/NHAS does not cover procurement, cryopreservation or storage of embryo, sperm or oocytes as part of gender reassignment surgery.
4. NHP/NHIC/NHAS does not cover treatment or surgery received outside the United States.
5. The reversal of any of the procedures listed above.
6. Transportation, meals, lodging or similar expenses are not covered.
**Definitions:**
Attachment: Related Definitions for Transgender and Gender Dysphoria Services

**Regulatory Citations:**

**References:**
1. Affordable Care Act Fact Sheet, Nondiscrimination, Section 1557, May 13, 2016. Transgender Law Center.
4. The World Professional Association for Transgender Health (WPATH), Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version.

**Related Documents:**
None

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**Related Definitions for Transgender and Gender Dysphoria Services**

**Abdominoplasty** – Surgical removal of excess skin and fat from the middle and lower abdomen with surgical repair of weak or separated abdominal muscles; also known as “tummy tuck.”

**Augmentation Mammooplasty** – Surgical procedure performed to increase the size of the breasts using implants.

**Blepharoplasty** – Surgical procedure of the eyelids where fat, excess skin and/or wrinkles in the eye area are removed.

**Clitoroplasty** – Surgical procedure to create a clitoris.

**Electrolysis** – The destruction of hair roots by an electrical current

**Gender dysphoria:** Distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)

**Gender Identity** - An individual’s internal sense of gender, which may be male, female, neither, or a combination of male and female, and which may be different from an individual’s sex assigned at birth. The way an individual expresses gender identity is frequently called “gender expression” and may or may not conform to social stereotypes associated with a particular gender. A transgender individual is an individual whose gender identity is different from the sex assigned to that person at birth.

**Hysterectomy** – Surgical removal of the uterus.

**Labia** – Any of the folds at the margin of the vulva, with the labia majora being the outer folds and the labia minora being the inner folds.

**Labiaplasty** – Surgical procedure to create labia

**Laryngoplasty** – Surgical procedure to remodel vocal cords designed to obtain a more feminine sounding voice in the transgender male to female

**Liposuction** – Surgical withdrawal of excess fat from local areas under the skin by means of a small incision and vacuum suctioning

**Mastectomy** – Surgical removal of one or both breasts

**Metoidioplasty** – Surgical procedure to create a small penis from the clitoris; also referred to as clitoral release

**Oophorectomy (Ovariectomy)** – Surgical removal of one or both ovaries

**Orchiectomy** – Surgical removal of the testes

**Penectomy** – Surgical removal of the penis; partial or complete; creation of a new channel for urination is necessary

**Phalloplasty** – Surgical procedure that constructs a penis using skin flaps; urethroplasty needed with this procedure

**Rhinoplasty** - Surgical procedure for aesthetically enhancing the appearance of the nose; correcting nasal breathing difficulties; repairing structures in the nose from trauma or congenital defects.

**Salpingectomy** – Surgical removal of the fallopian tubes

**Salpingo-oophorectomy** – Surgical removal of fallopian tube and an ovary, unilateral or bilateral

**Scrotoplasty** – Surgical procedure to construct a scrotum usually using labial tissue

Transsexualism – a term to describe individuals who seek to change or have changed their primary and/or secondary sex characteristics through feminizing or masculinizing medical interventions (hormones and/or surgery), typically accompanied by a change in gender role.

**Thyroid Chondroplasty** – Surgery also called tracheal shaving; performed to reduce the visibility of protuberant thyroid cartilage known as the Adam’s apple

**Urethroplasty** – Surgical procedure to reconstruct the urethra, lengthen the urethra or repair the urethra

**Vaginectomy** – Surgical procedure to remove all or part of the vagina

**Vaginoplasty** – Surgical procedure to create a vagina