GENDER REASSIGNMENT SERVICES

DISCLAIMER NOTICE:
The purpose of this policy is to provide guidance for benefit and coverage determinations only. Benefit and coverage determinations are subject to the contractual limitations of an enrollee’s individual benefit plan.

If there is a discrepancy between this policy and an enrollee’s individual benefit plan, the benefit plan will control. It is not the intent of this policy to dictate to health care practitioners how to provide appropriate health care to their patients. Health care practitioners shall exercise their own medical judgement when deciding the most appropriate care to enrollees. The CDPHP coverage determinations are benefit decisions only and are not to be interpreted as providing health care services. CDPHP reserves the right to review this policy at any time and change it without notice.

EFFECTIVE DATE OF POLICY: 7/1/15

PROCEDURE CODES: 55970, 55980

DESCRIPTION:
Gender reassignment surgery involves reconstructive procedures by which the physical appearance and function of a person’s existing sexual characteristics are changed to those of the opposite sex, and is proposed as part of a treatment plan for individuals diagnosed with gender dysphoria.

According to the American Psychiatric Association, a diagnosis of gender dysphoria is made when there is marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 month’s duration, as manifested by at least two of the following six criteria as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), 5th Edition:

- A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics.
- 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.
- A strong desire for the primary and/or secondary sex characteristics of the other gender.
- A strong desire to be of the other gender.
- A strong desire to be treated as the other gender.
- A strong conviction that one has the typical feelings and reactions of the other gender.

And
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- The condition is associated with clinically significant distress or impairment in social, occupational, work, or other important areas of functioning.

After a diagnosis of gender dysphoria is made, the therapeutic approach may include one or more of the following: psychotherapy, hormones of the desired gender, real life experience in the desired role, and surgery to change the genitalia and other sex characteristics. Gender reassignment surgery is not a single procedure, but part of a complex process involving multiple medical, psychiatric, and surgical modalities performed in conjunction with each other.

Refer to pharmacy policy: Hormonal Therapy in the Treatment of Gender Dysphoria Disorder, 1350/20.000155.

CDPHP administers benefits for medically necessary gender reassignment surgery when all of the following clinical criteria, adapted from the World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, and supporting provider documentation outlined below are met.

A. Indications

1. Enrollee is diagnosed as having gender dysphoria disorder in accordance with the Diagnostic and Statistical Manual of Mental Disorders, including a diagnosis of true transsexuality as defined by the German Standards for the Treatment & Diagnostic Assessment of Transsexuals and WPATH (formerly known as the Harry Benjamin International Gender Dysphoria Association) as follows:
   - The enrollee has demonstrated 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 replacement.
   - The transsexual identity has been present consistently for at least two years.
   - The disorder is not due to another psychiatric disorder or a chromosomal abnormality.

B. Eligibility Criteria for Gender Reassignment Surgery

1. Enrollee must be 18 years of age or older.

2. Enrollee has the capacity to make a fully informed decision and to consent to treatment.

3. Enrollee has successfully lived full-time in the preferred gender for at least 12 months prior to genital reassignment surgery without periods of
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returning to their original gender (real-life experience).

4. For genital reassignment surgery, the enrollee has undergone at least 12 months of continuous hormonal therapy recommended by a qualified mental health professional and provided under the supervision of a physician with endocrinological experience (which can be simultaneous with the real-life experience), unless medically contraindicated.
   • Hormone therapy is not required when performing a mastectomy in female to male patients or for breast augmentation in male to female patients. However, it is recommended that male to female patients undergo feminizing hormone therapy (minimum of 12 months) prior to breast augmentation surgery in order to maximize breast growth to obtain better surgical outcomes.

5. A mental health screening and/or assessment by a qualified mental health provider is required for referral to hormonal and surgical treatments for gender dysphoria (refer to documentation requirements below). Although highly recommended, psychotherapy is not an absolute requirement unless a mental health professional's initial assessment leads to a recommendation for psychotherapy that specifies the goals of treatment, estimates its frequency and duration (usually a minimum of three months).

6. If significant medical or mental health concerns are present, there must be documentation prior to surgery that such conditions are reasonably well controlled.

7. Once medically necessary criteria have been met, and gender reassignment surgery is approved, the enrollee must undergo a complete physical examination by the physician performing the surgery.

C. Documentation Requirements

Documentation must be submitted by a qualified mental health provider, whose minimal credentials is that of a master's degree in a clinical behavioral science field, to include all the following:
   • The patient's general identifying characteristics
   • The initial and evolving gender, sexual, and other psychiatric diagnoses
   • The duration of their professional relationship including the type of psychotherapy or evaluation that the member has undergone
   • The eligibility and readiness criteria for hormone therapy/sex reassignment surgery have been met and the clinician's rationale for supporting the patients request for these services
   • A statement about the fact that informed consent has been obtained from the patient.
   • A statement that the referring health professional is available for coordination of care for the patient.
1. Prior to initiation of hormone therapy or breast surgery (e.g., mastectomy, chest reconstruction, augmentation mammoplasty), one letter of recommendation, in the form of a written comprehensive evaluation, is required by a qualified mental health professional acquainted with the member.

2. Prior to genital reassignment surgery (e.g., hysterectomy, ovariectomy, orchiectomy, metoidioplasty, phalloplasty, vaginoplasty), the following is required:
   - Two letters of recommendation, in the form of a written comprehensive evaluation, are required from qualified mental health professionals who have independently assessed the member.
   - Documentation of an urological examination for the purpose of identifying and perhaps treating abnormalities of the genitourinary tract, since genital surgical sex reassignment includes the invasion of, and the alteration of, the genitourinary tract.

3. The physician completing the physical exam must indicate in writing there are no medical contraindications to surgical gender reassignment.

**POLICY CONSIDERATIONS:**

Gender reassignment surgery and related services, determined to be medically necessary, are covered under the enrollee's medical benefit unless such services are specifically identified as a contract exclusion.

Requests for gender reassignment surgery for patients with chromosomal abnormalities will be reviewed on an individual case basis.

The Endocrine Society published a clinical practice guideline for endocrine treatment of transsexual persons (2009). As part of this guideline, the endocrine society recommends that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable, that surgery be recommended only after completion of at least one year of consistent and compliant hormone treatment; and that the physician responsible for endocrine treatment medically clear the individual for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.

Benefits for hormonal therapy are available only to enrollees who have a prescription drug rider. Refer to the CDPHP pharmacy policy: Hormonal Therapy in the Treatment of Gender Dysphoria Disorder, 1350/20.000155.

- Prior authorization must be obtained from the CDPHP pharmacy department
- The prior authorization request must include a treatment plan for the use of the requested hormonal medication.

An individual who is biologically born female who feels the female gender does
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not describe her completely and accurately, and/or who desires or has undergone a female to male conversion is known as a transman. Procedures often performed as part of initial gender reassignment surgery of female to male, and eligible for coverage, include mastectomy, hysterectomy, salpingo-oophorectomy, colpectomy (removal of the vagina) and metoidioplasty (construction of a penis).

An individual who is biologically born male who feels the male gender does not describe him completely and accurately, and/or who desires or has undergone a male to female conversion is known as a transwoman. Procedures often performed as part of initial gender reassignment surgery of male to female, and eligible for coverage, include vaginoplasty, penile inversion to create a vagina and clitoris, penectomy, colovaginoplasty (creation of vagina from sigmoid colon), orchietomy, clitoroplasty and labiaplasty.

EXCLUSION(S):

Procedures associated with gender reassignment surgery that are considered cosmetic in nature (e.g., performed for the sole purpose of improving or altering appearance or self esteem), even in the presence of a benefit for gender reassignment surgery, are as follows:
- Breast augmentation other than when performed as part of the initial gender reassignment surgery.
- Blepharoplasty
- Collagen injections
- Rhinoplasty
- Lip reduction/enhancement
- Face or forehead lift
- Chin implant
- Nose implant
- Trachea shave/reduction thyroid chondroplasty
- Laryngoplasty or shortening of the vocal cords
- Liposuction
- Electrolysis
- Jaw shortening
- Facial bone reduction
- Hair removal or transplantation
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Resource Coordination Policy

Policy/Procedure Name: GENDER REASSIGNMENT SERVICES
Control Number: 1370/20.000447

GOVERNMENT PROGRAMS

CHILD HEALTH PLUS: Subject to all terms and conditions noted above in application.

MEDICARE CHOICES: Subject to the terms and conditions noted above in application.

SELECT PLAN: Effective 3/11/15, gender reassignment surgery is considered medically necessary when all of the following criteria is met:

- Enrollee is 18 years of age or older, or 21 years of age or older if the surgery will result in sterilization.
- Enrollee has a persistent and well-documented case of gender dysphoria.
- Enrollee has received hormone therapy appropriate to the individual's gender goals, which shall be for a minimum of 12 months in the case of an individual seeking genital surgery, unless such therapy is medically contraindicated or the individual is otherwise unable to take hormones.
- Enrollee has lived for 12 months in a gender role congruent with the individual's gender identity and has received mental health counseling, as deemed medically necessary, during that time.
- Enrollee has no other significant medical or mental health conditions that would be a contraindication to gender reassignment surgery, or if so, that those are reasonably well controlled prior to the gender reassignment surgery.
- Enrollee has the capacity to make a fully informed decision and to consent to the treatment.
- Prior to surgery, letters of recommendation are obtained from two qualified New York State licensed health professionals who have independently assessed the individual and are referring the individual for the surgery. Documentation must establish all of the above criteria is met.
  - One letter must be from a psychiatrist or psychologist with whom the individual has an established and ongoing relationship.
  - The second letter may be from a licensed psychiatrist, psychologist, physician or licensed clinical social worker acting within the scope of his or her practice, who has only had an evaluative role with the individual.

The following services are excluded from coverage:
- Cryopreservation, storage, and thawing of reproductive tissue, and all related services and charges
- Reversal of genital and/or breast surgery
- Reversal of surgery to revise secondary sex characteristics
- Reversal of any procedure resulting in sterilization
- Cosmetic surgery, services, and procedures performed as treatment for gender dysphoria to include:
  - Abdominoplasty, blepharoplasty, neck tightening, or removal of redundant skin
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- Breast augmentation
- Breast, brow, face, or forehead lifts
- Calf, cheek, chin, nose, or pectoral implants
- Collagen injections
- Drugs to promote hair growth or loss
- Electrolysis, unless required for vaginoplasty
- Facial bone reconstruction, reduction, or sculpturing, including jaw shortening and rhinoplasty;
- Hair transplantation
- Lip reduction
- Liposuction
- Thyroid chondroplasty
- Voice therapy, voice lessons, or voice modification surgery

Nancy A. Schuster, MD, MBA  
Medical Director  
Date

New: 05/08  
Revised: 05/09, 05/11, 05/12, 05/14, 09/14, 03/15  
Reviewed: 05/10, 05/13
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Sources of Information:

4. CDPHP contract language.
13. Other payers.
15. NYS regulation, 2015.

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HORMONAL THERAPY IN THE TREATMENT OF GENDER DYSPHORIA

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EFFECTIVE DATE OF POLICY: 11/01/2014

PROCEDURE CODES:
Various National Drug Codes
- J0900 injection, testosterone ethanthate/estradiol valerate
- J1000 injection, depo-estradiol cypionate
- J1050 injection, medroxyprogesterone acetate, 1mg
- J1060 injection, testosterone/estradiol cypionate
- J1070-J1080 injection, testosterone cypionate
- J1380 injection estradiol valerate
- J1410 injection, estrogen conjugated
- J2675 injection, progesterone
- J3120; J3130 injection, testosterone enanthate
- J3140 injection, testosterone suspension
- J3150 injection, testosterone propionate

DESCRIPTION:
According to the American Psychiatric Association, a diagnosis of gender dysphoria is made when there is marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 month’s duration, as manifested by at least two of the following six criteria as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), 5th Edition:

- A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics.
- 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.
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- A strong desire for the primary and/or secondary sex characteristics of the other gender.
- A strong desire to be of the other gender.
- A strong desire to be treated as the other gender.
- A strong conviction that one has the typical feelings and reactions of the other gender.

And

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

After a diagnosis of gender dysphoria is made, the therapeutic approach may include one or more of the following: psychotherapy, hormones of the desired gender, real life experience in the desired role, and surgery to change the genitalia and other sex characteristics. Gender reassignment surgery is not a single procedure, but part of a complex process involving multiple medical, psychiatric, and surgical modalities performed in conjunction with each other.

It must be determined that the disorder is not due to another psychiatric disorder or a chromosomal abnormality.

Please refer to Resource Coordination policy, Gender Reassignment Services, control # 1370/20.000447.

APPLICATION:
CDPHP administers benefits for hormonal therapy in gender dysphoria when all of the following clinical criteria, adapted from the World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, and supporting provider documentation outlined below are met.

A. Indications

1. Enrollee is diagnosed as having gender identity disorder in accordance with the Diagnostic and Statistical Manual of Mental Disorders, including a diagnosis of true transsexualism as defined by the German Standards for the Treatment & Diagnostic Assessment of Transsexuals and WPATH (formerly known as the Harry Benjamin International Gender Dysphoria Association) as follows:

   - The enrollee has demonstrated 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 replacement.
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- The transsexual identity has been present consistently for at least two years.
- The disorder is not due to another psychiatric disorder or a chromosomal abnormality.

B. Eligibility Criteria for Hormonal Therapy in Gender Dysphoria

1. Enrollee must be 18 years of age or older.

2. Enrollee has the capacity to make a fully informed decision and to consent to treatment.

3. Prior authorization is obtained through the pharmacy department at CDPHP.

4. The enrollee has been documented to understand what hormones can and cannot do and the risks associated with their use.

5. A mental health screening and/or assessment by a qualified mental health provider is required for referral to hormonal for gender dysphoria (refer to documentation requirements below). Although highly recommended, psychotherapy is not an absolute requirement unless a mental health professional’s initial assessment leads to a recommendation for psychotherapy that specifies the goals of treatment, estimates its frequency and duration (usually a minimum of three months).

6. If significant medical or mental health concerns are present, there must be documentation prior to surgery that such conditions are reasonably well controlled.

C. Documentation Requirements

Documentation must be submitted by a qualified mental health provider, whose minimal credentials is that of a master’s degree in a clinical behavioral science field, to include all the following:

- The patient’s general identifying characteristics.
- The initial and evolving gender, sexual, and other psychiatric diagnoses.
- The duration of their professional relationship including the type of psychotherapy or evaluation that the member has undergone.
- The eligibility and readiness criteria for hormone therapy have been met and the clinician’s rationale for supporting the patient’s request for these services.
- A statement about the fact that informed consent has been obtained from the patient.
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- A statement that the referring health professional is available for coordination of care for the patient and prior to initiation of hormone therapy, one letter of recommendation, in the form of a written comprehensive evaluation, is required by a qualified mental health professional acquainted with the member.

POLICY CONSIDERATION(S): Benefits for hormones considered to be pharmacy benefits will only be administered if the enrollee has a prescription drug benefit with CDPHP and prior authorization is approved through the pharmacy department at CDPHP.

GOVERNMENT PROGRAMS

CHILD HEALTH PLUS: Subject to the terms and conditions noted in above application.

FAMILY HEALTH PLUS: Coverage for hormonal therapy in the treatment of gender dysphoria is excluded under the Family Health Plus benefit package.

MEDICARE CHOICES: Subject to the terms and conditions noted in above application. Benefits for Medicare Part D prescription drugs are only available to enrollees who have elected a CDPHP Medicare Part D plan. The CDPHP Medicare Part D plan products do not cover any prescription drugs not covered by Medicare, with the exception of additional coverage purchased with a group-enhanced rider. In addition, for those individuals enrolled in the CDPHP Medicare product who have not elected a Part D option, CDPHP only covers those prescription drugs covered by Medicare Parts A and B, not those covered by Part D. The term “CDPHP Medicare Part D plan” includes all Medicare products that offer prescription drug benefits. Coverage is available for any eligible Part D drug prescribed for a medically accepted indication as cited in one or more of the following references: American Hospital Formulary Service Drug Information, United States Pharmacopeia-Drug Information, DrugDex Information System.

SELECT PLAN: Coverage for hormonal therapy in the treatment of gender dysphoria is excluded under the Select Plan benefit package.
HORMONAL THERAPY IN THE TREATMENT
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Sources of Information:
1. Resource coordination policy, Gender Reassignment Services, control # 1370/20.000447.
3. HAYES Medical Technology Directory™: Sex reassignment surgery and associated therapies for
   the treatment of gender identity disorder. Lansdale, PA: HAYES, Inc.; ©2006 Winifred S. Hayes,
   Gender Dysphoria, Washington, DC.
5. World Professional Association for Transgender Health. Standards of Care for the Health of Transsexual,
   Transgender, and Gender Non-Conforming People - 7th Version, September 2011, www.wpath.org