

Last Review Date: 04/21

Gender Dysphoria Services & Surgery for Health Plan Members Policy

PURPOSE

The purpose of this policy is to outline varying treatment and other requirements for Transgender services.

POLICY

It is policy that all Members have access to Transgender services when Medically Necessary as delineated in federal and state regulations.

SCOPE

This policy applies to Sutter Health, and any legal entity for which Sutter Health or an affiliate is the sole member or directly or indirectly controls at least 51% of the voting power, if that entity performs delegated Utilization Management (UM) for specific benefit/service, as indicated in Health Plan contract, for Health Plan Members on behalf of Sutter Bay Medical Foundation or Sutter Valley Medical Foundation (herein after referred to as "Sutter").

Sutter is not responsible for reviewing and/or making a final determination on a request that has been identified as Health Plan responsibility to review.

DEFINITIONS

Gender Dysphoria is distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth.

Health Plan means health care service plans, Health Maintenance Organizations (HMOs), and other purchasers of covered services that arrange for the provision of health care services for their Members.

Medically Necessary means health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Member is a person covered under a Health Plan, either the enrollee or eligible dependent.

Provider means any professional person, organization, health facility, or other person or institution licensed by the state of California to deliver or furnish health care services.

Disclaimer: This policy is for informational purposes and does not constitute medical advice or medical care and is not intended to replace medical judgment for treatment of individuals.

Qualified Behavioral Health Professional is a licensed behavioral health provider who has developed and maintained knowledge and competence towards recognizing and treating gender dysphoria. They maintain current knowledge and competence by utilizing continuing education meetings, workshops and seminars that focus on the assessment and treatment of gender dysphoria.

Qualified Health Professional includes primary care providers who apply the core principles that support the World Professional Association for Transgender Health (WPATH) standards of care.

Transgender is an umbrella term used inclusively to describe all persons who express their gender identity in ways that are incongruent with their assigned gender. This can include individuals who are pre-op, post-op or have no desire to undergo body modification or hormones.

Utilization Management (UM) means the evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable health benefits plan, sometimes called 'utilization review.'

World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for Transgender health.

PROCEDURE

- A. Psychological assessment and support are required prior to approval of most major Transgender surgical interventions to include:
 1. Appropriate gender identification by the Member.
 2. Careful discussion with a Qualified Health Professional or therapist regarding the implications of surgical or hormonal manipulation.
 3. Confirmation of a definite diagnosis to the satisfaction of the Member, treating Providers, and UM reviewers of the participating provider group (PPG).
- B. A letter of referral from the Qualified Behavioral Health Professional, once a relationship has been established, is to be included in the authorization request and should include:
 1. The Member's general identifying characteristics.
 2. Results of the Member's psychosocial assessment.
 3. The confirmed diagnosis.
 4. The duration of the Qualified Behavioral Health Professionals relationship with the Member.
 5. The type of evaluation and therapy or counseling to date.

Disclaimer: This policy is for informational purposes and does not constitute medical advice or medical care and is not intended to replace medical judgment for treatment of individuals.

6. Verification that the WPATH criteria for surgery has been met.
 7. Brief description of the clinical rationale supporting the Member's request for surgery.
 8. Statement that informed consent has been obtained from the Member to release health information to the surgeon or other treating Provider(s), or a copy of the signed informed consent document.
 9. Statement that the Qualified Behavioral Health Professional is available for coordination of care.
- C. If two (2) letters are required, the second letter should be from a person who has only had an evaluative role with the Member. Note: If both Providers are in the same office, only one (1) letter, signed by both is required.
- D. Evaluation of candidacy for sex reassignment surgery by a Qualified Behavioral Health Professional is covered under the Member's medical benefit.
- E. Services necessary to evaluate and treat any behavioral health issue(s), are covered under the Member's behavioral health benefit.
- F. Provision of hormonal therapy for Gender Dysphoric Member's under the age of eighteen (18) is standard of care provided there has been adequate counseling by a Qualified Behavioral Health Professional and such therapy is a covered Member benefit.
- G. Requirements for treatments and procedures can be found in the WPATH's standards of care for the health of transsexual, Transgender, and gender-nonconforming people. Attachments below are not intended to be all-inclusive.
1. For requirements on feminizing/masculinizing hormone therapy, reference **Attachment A**.
 2. For requirements for mastectomy for female-to-male Members, reference **Attachment B**. Note: Hormone therapy is not a prerequisite to qualify for a mastectomy.
 3. For requirements for gonadectomy (hysterectomy and oophorectomy in female-to-male and orchiectomy in male-to-female), reference **Attachment C**.
 4. For requirements for genital reconstructive surgery (i.e., vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, and placement of a testicular prosthesis and erectile prosthesis in female-to-male transitions, and penectomy, vaginoplasty, labiaplasty, and clitoroplasty in male-to-female transitions), reference **Attachment D**.
 5. For general considerations regarding review of reconstructive surgeries, reference **Attachment E**.
- H. The core principles that support the WPATH standards of care include:
1. Exhibit respect for Members with nonconforming gender identities.

Disclaimer: This policy is for informational purposes and does not constitute medical advice or medical care and is not intended to replace medical judgment for treatment of individuals.

2. Provide care that affirms gender identities and reduces the distress of Gender Dysphoria, when present.
3. Become knowledgeable about the health care needs of transsexual, Transgender, and gender non-conforming people, including the benefits and risks of treatment options for Gender Dysphoria.

REFERENCE

AB 1586 (Insurance Gender Nondiscrimination Act, 2005).

California Health and Safety Code §1365.5

State of California Health and Human Services Agency, Department of Managed Health Care, Letter No. 12-K, Gender Nondiscrimination Requirements

[World Professional Association for Transgender Health \(WPATH\). WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th version](#)

[Trans-gender Reassignment Surgery.](#)

ATTACHMENTS

Attachment A: WPATH Requirements for Feminizing/Masculinizing Hormone Therapy

Attachment B: WPATH Requirements for Mastectomy for Female-to-Male Patients

Attachment C: WPATH Requirements for Gonadectomy

Attachment D: WPATH Requirements for Genital Reconstructive Surgery

Attachment E: Requirements for Reconstructive Surgery

Attachment A: WPATH Requirements for Feminizing/Masculinizing Hormone Therapy

Note: Requirements from World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (7th edition).

Requirements for feminizing/masculinizing hormone therapy are as follows:

- A. Referral or chart documentation of psychosocial assessment by a Qualified Behavioral Health Professional or by a Qualified Health Professional who is appropriately trained in behavioral health and is competent in assessment of Gender Dysphoria.
- B. Persistent, well-documented Gender Dysphoria; and
- C. Capacity to make a fully informed decision and to give consent for treatment; and
- D. If significant medical or mental concerns are present, they must be reasonably well controlled; and
- E. The member is 18 years of age or older; or
- F. When the member is under the age of 18, consideration of hormone treatment:
 - i. Is performed on a case-by-case basis;
 - ii. Is performed upon recommendation by a Qualified Behavioral Health Professional and the Member's Primary Care Physician (PCP);
 - iii. Will always require psychosocial assessment, and;
 - iv. Requires parental permission, unless the minor child is emancipated.

Disclaimer: This policy is for informational purposes and does not constitute medical advice or medical care and is not intended to replace medical judgment for treatment of individuals.

Attachment B: WPATH Requirements for Mastectomy for Female-to-Male Patients

Note: Requirements from World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (7th edition).

Requirements for mastectomy for female-to male patients are as follows (note that hormone therapy is not a prerequisite to qualify for a mastectomy):

- A. One letter of referral from a Qualified Behavioral Health Professional; and
- B. Documented gender identity disorder; and
- C. Ability to make fully informed decisions and consent for treatment; and
- D. If significant medical or mental health concerns are present, the treating Providers must attest that they are reasonably well controlled.
- E. When the Member is under the age of 18, consideration of mastectomy depends on the Member's specific clinical situation and goals for gender identity expression and:
 - i. Is performed on a case-by-case basis;
 - ii. Is performed upon recommendation by a Qualified Behavioral Health Professional and the Member's Primary Care Physician (PCP); and;
 - iii. Requires parental permission, unless the minor child is emancipated.

Disclaimer: This policy is for informational purposes and does not constitute medical advice or medical care and is not intended to replace medical judgment for treatment of individuals.

Attachment C: WPATH Requirements for Gonadectomy

Note: Requirements from World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (7th edition).

Requirements for gonadectomy (hysterectomy and oophorectomy in female-to-male and orchiectomy in male-to-female) are as follows:

- A. Two referral letters from Qualified Behavioral Health Professionals, including one in a purely evaluative role; and
- B. Documented Gender Dysphoria; and
- C. Ability to make fully informed decisions and consent for treatment and
- D. The Member is 18 years of age or older; and
- E. If significant medical or mental health concerns are present, they are reasonably well controlled as confirmed in writing by treating medical or behavioral health treating clinicians; and
- F. Twelve months of continuous hormone therapy as appropriate to the Member's gender goals (unless hormones are not clinically indicated for the individual).

Attachment D: WPATH Requirements for Genital Reconstructive Surgery

Note: Requirements from World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (7th edition).

Requirements for genital reconstructive surgery (i.e., vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, and placement of a testicular prosthesis and erectile prosthesis in female-to-male transitions, and penectomy, vaginoplasty, labiaplasty, and clitoroplasty in male-to-female transitions) are as follows:

- A. Two referral letters from Qualified Behavioral Health Professionals, including one in a purely evaluative role; and
- B. Documented Gender Dysphoria; and
- C. Ability to make fully informed decisions and consent for treatment; and
- D. The Member is 18 years of age or older; and
- E. If significant medical or mental health concerns are present, they must be reasonably well controlled, as documented by treating physicians; and
- F. Documentation of 12 months of the Member living in the gender role that is congruent with the chosen gender identity; and
- G. Twelve months of continuous hormone therapy as appropriate to the Member's gender goals (unless the Member has a medical contraindication or is otherwise unable or unwilling to take hormones).

Attachment E: Requirements for Reconstructive Surgery

Note: Requirements compiled from physician stakeholder input.

- A. “Cosmetic surgery” means surgery that is performed in order to change one’s appearance.
- B. “Reconstructive surgery” are surgical procedures performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or to create a normal appearance, to the extent possible.
- C. There are no lists of procedures requested for treatment of Transgender individuals that are universally excluded from consideration. Plastic surgery procedures are subject to review for medical necessity to determine if the services are reconstructive or cosmetic in nature.
- D. There are no “once per lifetime” limitations for evaluations or treatments for interventions for Transgender individuals, unless supported by principles of clinical practice. Sutter’s UM processes shall not impose unreasonable barriers to receiving medically necessary reconstructive services.
- E. Procedures that are considered reconstructive are a covered benefit if medical necessity is met.
- F. For male-to-female members selecting surgery, procedures may include genital reconstruction (vaginoplasty, penectomy, orchidectomy, and clitoroplasty). The use of permanent hair removal procedures to treat tissue donor sites for a planned vaginoplasty procedure is considered medically necessary.
- G. For female-to-male members selecting surgery, procedures may include genital reconstruction (phalloplasty, genitoplasty, hysterectomy, and bilateral oophorectomy) and mastectomy. The use of permanent hair removal procedures to treat tissue donor sites for a planned phalloplasty procedure is considered medically necessary.
- H. Gender specific preventive services may be medically necessary for Members with Gender Dysphoria appropriate to their anatomy. Examples include, but are not limited to, the following:
 - i. Breast cancer screening may be medically necessary for female-to-male Transgender persons who have not undergone a mastectomy.
 - ii. Prostate cancer screening may be medically necessary for male-to-female Transgender individuals who have retained their prostate.

Disclaimer: This policy is for informational purposes and does not constitute medical advice or medical care and is not intended to replace medical judgment for treatment of individuals.