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Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

Gender Affirming Surgery Policy

Indication/Usage:

Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between an individual's gender identity and the gender assigned at birth. A diagnosis of gender dysphoria requires a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. This condition may cause clinically significant distress or impairment in social, occupational or other important areas of functioning. Gender affirming surgery is performed to change primary and/or secondary sex characteristics.

Medical Indications for Authorization Commercial and Medicare Members
Indication/Usage: Gender reassignment surgery is considered medically necessary when all of the following criteria are met:

1. **Hormone Therapy Puberty Blockers**
   Gonadotropin-releasing hormone (GnRH) analog treatment for gender non-conforming adolescents seeking to delay puberty is covered. GnRH analogs may be used to either allow members more time for decision making purposes or as an initial step prior to further gender affirming services such as hormone therapy. Treatment options include but are not limited to:
   - Goserelin (Zoladex)
   - Histrelin (Supprelin LA)
   - Leuprolide (Lupron Depot-Ped, Fensolvi)
   - Triptorelin (Trelstar, Triptodur)

Gender Affirming Hormone
Therapy Gender affirming hormone therapy is covered at the discretion of the treating provider. Gender affirming hormone therapy options include but are not limited to

- Estrogen
- Androgen Reducing Medications (bicalutamide, spironolactone, GnRH agonists, 5-alpha reductase inhibitors)
- Progestin and Testosterone

Refer to plan document for coverage of all hormone therapy for gender dysphoria

Gender diversity/incongruence is marked and sustained over time:

- Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
- Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
- Mental health concerns that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender affirming medical treatment can be provided optimally.
- Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
- At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated

2. **Requirements for mastectomy for female-to-male patients:**
   a. Single letter of referral from a qualified mental health professional; **and**

b. Persistent, well-documented gender dysphoria; **and**
c. Capacity to make a fully informed decision and to consent for treatment; **and**
d. If significant medical or mental health concerns are present, they must be reasonably well controlled
e. Members less than 18 years of age must complete 1 year of testerone treatment unless it is medically contraindicated or not desired

Note: A trial of hormone therapy is not a pre-requisite to qualifying for a mastectomy

3. **Requirements for Breast Augmentation (Implants/Lipofilling)**
   a. Single letter of referral from a qualified mental health professional (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. Completion of one year of feminizing hormone therapy prior to breast augmentation surgery for adults and adolescents under the age of 18 unless the member has a medical contraindication or is otherwise medically unable to take hormones; **and**
   e. If significant medical or mental health concerns are present, they must be reasonably well controlled.

Note: More than one breast augmentation is considered not medically necessary, removal of breast implants is not medically necessary

4. **Requirements for Gonadectomy** (hysterectomy and oophorectomy in female-to-male and Orchiectomy in male-to-female):

   a. Two referral letters from qualified mental health professionals, one in a purely evaluative role; **and**
   b. Persistent, well-documented gender dysphoria; **and**
   c. Capacity to make a fully informed decision and to consent for treatment; and
   d. If significant medical or mental health concerns are present, they must be reasonably well controlled; **and**
   e. Twelve months of continuous hormone therapy as appropriate to the member's gender goals for adults unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones.

5. **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; penectomy, vaginoplasty, labiaplasty, and clitoroplasty in male to female):

   a. Two referral letters from qualified mental health professionals, one in a purely evaluative role; **and**
   b. Persistent, well-documented gender dysphoria; **and**
   c. Capacity to make a fully informed decision and to consent for treatment; **and**

d. If significant medical or mental health concerns are present, they must be reasonably well controlled; **and**
e. Twelve months of continuous hormone therapy as appropriate to the member's gender goals for adults unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones; **and**
f. Other possible causes of apparent gender incongruence have been excluded

6. **SummaCare considers reversal of gender affirming surgery for gender dysphoria not medically necessary.**

Note on gender specific services for the transgender community:
Gender-specific services may be medical necessary for transgender persons appropriate to their anatomy. Examples include:

- Breast cancer screening may be medically necessary for female to male trans identified persons who have not undergone a mastectomy;
- Prostate cancer screening may be medically necessary for male to female trans identified persons who have retained their prostate;
- SummaCare considers gonadotropin-releasing hormone medically necessary to suppress puberty in trans identified adolescents if they meet World Professional Association for Transgender Health (WPATH) criteria.

Limitations

SummaCare considers the following procedures that may be performed as a component of a gender reassignment as cosmetic (not an all-inclusive list):

- Abdominoplasty
- Blepharoplasty
- Body contouring
- Brow lift
- Calf implants
- Cheek/malar implants
- Chin/nose implants
- Collagen injections
- Construction of a clitoral hood
- Drugs for hair loss or growth
- Face lift
- Facial bone reduction
- Facial feminization and masculinization surgery
- Feminization of torso
- Forehead lift
- Facial bone reduction

- Facial feminization and masculinization surgery
- Feminization of torso
- Hand feminization and masculinization
- Jaw reduction (jaw contouring)
- Hair removal
- Hair transplantation
- Lip reduction/ enhancement
- Liposuction
- Mastopexy
- Neck tightening
- Pectoral implants
- Removal of redundant skin
- Rhinoplasty
- Skin resurfacing (dermabrasion/chemical peel)
- Tracheal shave (reduction thyroid chondroplasty)
- Voice modification surgery
- Voice therapy/voice lessons

Note: Rhinoplasty, face-lifting, lip enhancement, facial bone reduction, blepharoplasty, breast augmentation, liposuction of the waist (body contouring), reduction thyroid chondroplasty, hair removal, voice modification surgery (laryngoplasty or shortening of the vocal cords), and skin resurfacing, which have been used in feminization, are considered cosmetic. Similarly, chin implants, nose implants, and lip reduction, which have been used to assist masculinization, are considered cosmetic.

CMS NCD ID 140.9 - NCD Title Gender Dysphoria and Gender Reassignment Surgery

The Centers for Medicare & Medicaid Coverage (CMS) conducted a National Coverage Analysis that focused on the topic of gender reassignment surgery. Effective August 30, 2016, after examining the medical evidence, CMS determined that no national coverage determination (NCD) is appropriate at this time for gender reassignment surgery for Medicare beneficiaries with gender dysphoria. In the absence of an NCD, coverage determinations for gender reassignment surgery, under section 1862(a)(1)(A) of the Social Security Act (the Act) And any other relevant statutory requirements, will continue to be made by the local Medicare Administrative Contractors (MACs) on a case-by-case basis.

Limitations

SummaCare considers all of the cosmetic for all other indications.

Coverage Decisions

Coverage decisions made per CMS Guidelines, Hayes Research and industry standards research

Plans Covered by This Policy

Commercial and Medicare
Self-funded Commercial groups refer to plan document for coverage

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Gender Dysphoria and Gender Reassignment Surgery CMS
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