IEHP UM Subcommittee Approved Authorization Guidelines

Gender Identity Disorder

Policy:

IEHP considers the following treatment medically necessary for members with Gender Identity Disorder:

1. Psychotherapy for purposes of identifying individuals with Gender Dysphoria
2. Feminizing/masculinizing hormone therapy with clinical monitoring for efficacy and adverse events.
3. Gender reassignment surgery that is not cosmetic in nature.

Qualification Process of Gender Reassignment:

Prior to initiating hormone therapy-
1. The individual must be 18 years of age or older.
2. The individual must have been diagnosed with Gender Dysphoria at least 2 years prior.
3. The individual must be in therapy for this condition with a licensed clinical behavioral therapist for at least 6 months, and that therapist must endorse the individual’s request for hormone therapy in writing.

Prior to initiating surgical therapy-
1. The individual must be 18 years of age or older.
2. The individual must have had a desire to alter their gender surgically for at least 2 years prior.
3. The individual must be in therapy with a licensed clinical behavioral therapist for at least 12 months and that therapist must endorse the individual’s request for gender reassignment surgery in writing.
4. The individual must be evaluated by a second licensed clinical behavioral therapist at least once, and that therapist must also endorse the individual’s request for gender reassignment surgery in writing.
5. The individual must have been living successfully full-time in the other gender role for at least 12 months.

Covered Gender Reassignment Surgery:

- Orchiectomy
- Hysterectomy
- Salpingo-oophorectomy
- Ovariectomy
- Genital Surgery\(^1\)
- Mastectomy

Non-Covered Surgeries (considered cosmetic in nature):
- Abdominoplasty
- Augmentation Mammoplasty\(^2\)
- Face lift, Blepharoplasty
- Brow Lift
- Calf Implants
- Cheek/Malar Implants
- Chin/Nose Implants
- Collagen injections
- Facial Bone Reconstruction
- Forehead Lift
- Hair Removal or Transplant
- Liposuction
- Lip Reduction
- Mastoplexy
- Neck Tightening
- Pectoral Implants
- Reduction Thyroid Chondroplasty
- Removal of Redundant Skin
- Rhinoplasty
- Voice Modification Surgery

Other Non-Covered Benefits:
- Voice Therapy/Voice Lessons

**CPT Codes Not Covered:**

- 55970   Intersex surgery, male to female
- 55980   Intersex surgery, female to male

**CPT Codes Covered:**

Due to the serial nature of surgery for the gender transition, CPT-4 coding should be specific for the procedures performed during each operation. A Treatment Authorization Request (TAR) is necessary only for procedures that currently require a TAR.

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\(^1\) This includes placement of a testicular prosthesis when indicated.

\(^2\) Augmentation mammoplasty is not a covered benefit for male to female individuals unless said individual fails to have breast enlargement after an appropriate trial of hormone therapy.
**Medi-Cal (2013):**
Treatment for Gender Identity Disorder is a covered Medi-Cal benefit when medical necessity has been demonstrated.

**Department of Health Care Services –DHCS (2013):**
Managed care health plans and their network providers shall provide transgender services to Medi-Cal beneficiaries.

**Apollo (2013):**
Either surgical or hormonal reassignment therapy must meet the Harry Benjamin International Gender Dysphoria Association criteria for gender reassignment.

**World Professional Association for Transgender Health- WPATH (2011):**
Formerly known as the Harry Benjamin International Gender Dysphoria Association, WPATH’s goal is to provide clinical guidance for health professionals to assist transsexual, transgender and gender nonconforming people.

**AETNA (2013):**
Aetna considers sex reassignment surgery medically necessary when an individual has been evaluated by a qualified mental health professional, been diagnosed with gender dysphoria, is at least 18 years of age or older, has completed applicable hormone therapy, and has lived for a sufficient time in the gender role they desire.

**CIGNA (2012):**
Gender reassignment surgery is considered medically necessary when the individual is age 18 or older, has confirmed gender dysphoria, and is an active participant in a recognized gender identity treatment program.

**United Healthcare (2014):**
Because of the lack of well controlled, long term studies of the safety and effectiveness of the surgical procedures and attendant therapies for transsexualism, the treatment is considered experimental. Moreover, there is a high rate of serious complications for these surgical procedures. For these reasons, transsexual surgery is not covered.

**Background:**
In the second half of the twentieth century, awareness of the phenomenon of gender dysphoria (discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth) increased when health professionals began to provide assistance to alleviate gender dysphoria by supporting changes in primary and secondary sex characteristics through hormone therapy and surgery, along with a change in gender role.

Health professionals can assist gender dysphoric individuals with affirming their gender identity, exploring different options for expression of that identity, and making decisions about medical treatment options for alleviating gender dysphoria. These include:
• Psychotherapy for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; or promoting resilience.
• Changes in gender expression and role.
• Hormone therapy to feminize or masculinize the body.
• Surgery to change primary and/or secondary sex characteristics.

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Bibliography:

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