

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: GENDER REASSIGNMENT SURGERY

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define medically necessary criteria for gender reassignment surgery.

POLICY:

Chorus Community Health Plans (CCHP) considers gender reassignment surgery medically necessary when all of the following criteria are met:

1. Requirements for mastectomy for female-to-male patients:
 - 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. Age of majority (18 years of age or older); *an*

Effective: 11/16

Revised:

Reviewed: 10/21

Q: \CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Gender Reassignment Surgery Medical UM Policy

Developed by: CCHP Medical Directors and Executive Director Health Plan Clinical Services

- e. If significant medical or mental health concerns are present, they must be reasonably well controlled.

Although not a requirement for coverage, CCHP recommends that the patient complete at least 3 months of psychotherapy before having the mastectomy.

Note that a trial of hormone therapy is not a pre-requisite to qualifying for a mastectomy.

2. 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 (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. Age of majority (18 years or older); *and*
 - e. If significant medical or mental health concerns are present, they must be reasonably well controlled; *and*
 - f. 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)
3. 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 (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. Age of majority (age 18 years and older); *and*
 - e. If significant medical or mental health concerns are present, they must be reasonably well controlled; *and*
 - f. 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); *and*
 - g. Twelve months of living in a gender role that is congruent with their gender identity (real life experience).

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.

Effective: 11/16

Revised:

Reviewed: 10/21

Q: \CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Gender Reassignment Surgery Medical UM Policy

Developed by: CCHP Medical Directors and Executive Director Health Plan Clinical Services

Note on gender specific services for the transgender community:

Gender-specific services may be medically necessary for transgender persons appropriate to their anatomy. We endorse United States Preventive Services Task Force recommendations for screening and preventive interventions for transgender persons as appropriate to their specific anatomy. Examples include:

1. Breast cancer screening may be medically necessary for female to male trans identified persons who have not undergone a mastectomy;
2. Prostate cancer screening may be medically necessary for male to female trans identified persons who have retained their prostate.
3. Cervical cancer screening may be medically necessary for female to male trans identified persons who have retained their cervix.

Effective: 11/16

Revised:

Reviewed: 10/21

Q: \CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Gender Reassignment Surgery Medical UM Policy

Developed by: CCHP Medical Directors and Executive Director Health Plan Clinical Services