

The GVSU medical plans provide coverage for the treatment of gender dysphoria. The following outline details the definition of coverage and the criteria that our medical plan administrator, Priority Health, applies in providing this benefit.

If you have specific questions you can contact our care manager at Priority Health, Christine, RN, BSN, CDE at: [Christine.A@PriorityHealth.com](mailto:Christine.A@PriorityHealth.com) or 800.998.1037 ext 68887.



## **PRIORITY HEALTH GENDER DYSPHORIA BENEFITS OUTLINE**

### **GENDER DYSPHORIA, NON-SURGICAL TREATMENT**

#### **I. POLICY/CRITERIA**

- A. The following non-surgical services are a covered benefit for gender dysphoria; limitations may apply:
  1. Mental health services as defined in plan coverage documents and policies.
  2. Hormone therapy when all of the following criteria are met:
    - a. Evaluation and at least three months of mental health therapy for the diagnosis of gender dysphoria by a licensed mental health practitioner.
    - b. Optimal management of any comorbid medical or mental health conditions.
    - c. Member (or parent/guardian) has the capacity to make fully informed decisions and consent to treatment.
    - d. Laboratory testing to monitor hormone therapy is a covered benefit.
    - e. Hormone therapy obtained from a pharmacy is subject to the pharmaceutical cost share/copay of the member's contract.
    - f. Member's contract must include a prescription drug rider.
  3. Hormonal suppression of puberty is a covered benefit when all of the following are met:
    - a. Onset of puberty to at least Tanner Stage 2
    - b. A long-lasting and intense pattern of gender nonconformity or

- gender dysphoria (whether suppressed or expressed)
- c. Gender dysphoria worsened with the onset of puberty
- d. Except in the case of an emancipated minor, parent(s) or guardian(s) consent(s) to treatment, and is(are) involved and supportive in the treatment process
- e. All of the criteria in 2 above are met (2a-2e)

*Note: Implanted hormone therapy is covered at the medical benefit.*

- B. Non-surgical services for gender dysphoria are limited to coverage as defined in A1, A2 and A3 above. Non-covered services include, but are not limited to the following:
  1. Cosmetic items and services (e.g. cosmetics, hair removal, wigs)
  2. Voice therapy
  3. Reproductive services (e.g. harvest, preservation, storage of eggs or sperm, surrogate parenting). See plan documents and “Infertility Diagnosis and Treatment/Assisted Reproduction/Artificial Conception” and “Sperm & Oocyte Retrieval and Storage” medical policies.
- C. See “Gender Reassignment Surgery” medical policy for coverage of surgical services for gender dysphoria.

## II. MEDICAL NECESSITY REVIEW

Required \*                       Not Required                       Not Applicable  
 \*Required for certain pharmaceuticals.

## III. BACKGROUND

Gender dysphoria is defined as discomfort or distress that is caused by a discrepancy between a person’s gender identity and the person’s assigned sex at birth (World Professional Association for Transgender Health [WPATH], 2012), including the associated gender role and/or primary and secondary sex characteristics. Gender dysphoria can be alleviated through various treatments, some of which involve a change in gender expression or body modifications, such as hormones and/or surgery.

Mental health professionals play a strong role in working with individuals with gender dysphoria as they need to diagnose the gender disorder and any co-morbid psychiatric conditions accurately, counsel the individual regarding treatment options, and provide psychotherapy (as needed) and assess eligibility and readiness for hormone and surgical therapy. Once the individual is evaluated, the mental health professional provides documentation and

formal recommendations to medical and surgical specialists. Documentation recommending hormonal or surgical treatment should be comprehensive and include all of the following:

- individual's general identifying characteristics
- the initial and evolving gender, sexual and psychiatric diagnoses
- details regarding the type and duration of psychotherapy or evaluation the individual received
- documentation of the extent to which eligibility criteria have been met
- the mental health professional's rationale for hormone therapy or surgery
- the degree to which the individual has followed the standards of care and likelihood of continued compliance
- whether or not the mental health professional is a part of a gender team

After diagnosis of gender dysphoria is made, the therapeutic approach is individualized but generally includes three elements: sex hormone therapy of the identified gender, real life experience in the desired role, and surgery to change the genitalia and other sex characteristics.

Hormone replacement therapy (HRT) plays a role in the gender transition process whereby biological males are treated with estrogens and anti-androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease testicular size and erections. Biological females are treated with testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. In both sexes HRT may be effective in reducing the adverse psychologic impact of gender dysphoria.

Adolescents may be eligible for puberty suppressing hormones as soon as pubertal changes have begun. In order for adolescents and their parents to make an informed decision about pubertal delay, it is recommended that adolescents experience the onset of puberty to at least Tanner Stage 2. Some children may arrive at this stage at very young ages (e.g., 9 years of age). Studies evaluating this approach only included children who were at least 12 years of age (Cohen- Kettenis, Schagen, Steensma, de Vries, & Delemarre-van de Waal, 2011; de Vries, Steensma et al., 2010; Delemarre-van de Waal, van Weissenbruch, & Cohen Kettenis, 2004; Delemarre-van de Waal & Cohen-Kettenis, 2006).

Two goals justify intervention with puberty suppressing hormones: (i) their use gives adolescents more time to explore their gender nonconformity and other developmental issues; and (ii) their use may facilitate transition by preventing the development of sex characteristics that are difficult or impossible to reverse if adolescents continue on to pursue sex reassignment.

Puberty suppression may continue for a few years, at which time a decision is made to either discontinue all hormone therapy or transition to a feminizing/masculinizing hormone regimen. Pubertal suppression does not inevitably lead to social transition or to sex reassignment.

The individual identified with gender dysphoria also undergoes what is referred to as a “real life experience”, prior to irreversible genital surgery, in which he/she adopts the new or evolving gender role and lives in that role as part of the transition pathway. This process assists in confirming the person’s desire for gender role change, ability to function in this role long-term, as well as the adequacy of his/her support system. During this time, a person would be expected to maintain their baseline functional lifestyle, participate in community activities, and provide an indication that others are aware of the change in gender role.

#### **IV. REFERENCES**

1. Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7<sup>th</sup> Version. The World Professional Association for Transgender Health (WPATH). [www.wpath.org](http://www.wpath.org)
2. Gender Dysphoria Non-Surgical Treatment Benefit Policy, Health Alliance Plan, 2017.
3. Transgender Services Medical Policy, Blue Cross/Blue Shield/Blue Care Network of Michigan, 5/1/2018.
4. Up-to-date. Management of gender nonconformity in children and adolescents. Accessed May 17, 2018
5. Hembree WC, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*, November 2017, 102(11):3869–390
6. Hayes, Inc. Suppression of Puberty in Adolescents with Gender Dysphoria. Search & Summary. March 9, 2017

## **GENDER REASSIGNMENT SURGERY**

### **I. POLICY/CRITERIA**

**Gender reassignment surgery**, including pre- and post-surgical hormone therapy, is considered medically necessary when **ALL** of the following criteria are met:

- 1) age 18 or older, **AND**
- 2) has confirmed gender dysphoria, **AND**
- 3) is an active participant in a recognized gender identity treatment program, **AND**
- 4) capacity to make a fully informed decision and to consent for treatment.

If medically necessary criteria for coverage for gender reassignment surgery are met, the following conditions of coverage apply.

- A. Breast surgery (i.e., initial mastectomy, breast reduction) is considered medically necessary for female to male patients when there is one letter of support from a qualified mental health professional.

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

- B. Gonadectomy (Hysterectomy and salpingo-oophorectomy in female-to-male and orchiectomy in male-to-female patients) when **BOTH** of the following additional criteria are met:
1. Recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (At least one letter should be a comprehensive report). Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist, **AND**
  2. Documentation of at least 12 months of continuous hormonal sex reassignment therapy.
- C. Genital Reconstructive surgery (i.e., including colpectomy vaginectomy, urethroplasty, metoidioplasty with initial phalloplasty, scrotoplasty, and placement of a testicular prosthesis and erectile prosthesis in female to male patients; including colovaginoplasty penectomy,

vaginoplasty, labiaplasty, and clitoroplasty repair of introitus, construction of vagina with graft, coloproctostomy in male to female patients) when **ALL** of the following criteria are met:

1. Recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (At least one letter should be a comprehensive report). Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist, **AND**
  2. Documentation of at least 12 months of continuous hormonal sex reassignment therapy (May be simultaneous with real life experience.), **AND**
  3. The individual has lived within the desired gender role for at least 12 continuous months, which includes a wide range of life experiences and events (e.g., family events, holidays, vacations, season-specific work or school experiences), including notification to partners, family, friends, and community members (e.g., at school, work, other settings) of their identified gender.
- D. Procedures associated with gender reassignment surgery that are performed solely for the purpose of improving or altering appearance or self-esteem related to one's appearance, are considered cosmetic in nature and not medically necessary.

The following are considered cosmetic in nature and not medically necessary when performed as a component of a gender reassignment, even when there is a benefit for gender reassignment surgery (this list may not be all-inclusive):

- Blepharoplasty, brow reduction, brow lift
- Breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast
- Chin augmentation (reshaping or enhancing the size of the chin)
- Chin, nose, cheek implants
- Face lift, forehead lift
- Facial reconstruction for feminization or masculinization
- Forehead augmentation
- Gluteal and hip augmentation
- Hair reconstruction (removal or transplantation)
- Jaw/mandibular reduction or augmentation

- Liposuction, lipofilling
- Lip reduction or enhancement
- Mastopexy
- Nipple/areola reconstruction
- Pectoral implants
- Rhinoplasty
- Skin resurfacing (e.g. dermabrasion, chemical peel)
- Trachea shave (Adam’s apple shaving) or reduction thyroid chondroplasty
- Voice modification surgery

Note on gender specific services for the transgender community:

Gender-specific services may be medically necessary for transgender persons appropriate to their 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.

**II. MEDICAL NECESSITY REVIEW**

Required                       Not Required                       Not Applicable

**III. BACKGROUND**

Gender reassignment therapy includes all medical procedures relating to gender reassignment of both transgender (i.e., internal gender identity is incongruent with genetic sex) and people with disorders of sexual development (DSD) (formerly known as “intersex”). The individual who is genetically male but whose gender identity is female, and who assumes a female gender presentation and role is known as a transwoman; and the individual who is genetically female but whose gender identity is male, and who assumes a male gender presentation and role is known as a transman.

The term "gender reassignment surgery," also known as sexual reassignment surgery, may be used to mean either the reconstruction of male or female genitals, specifically, or the reshaping, by any surgical procedure, of a male body into a body with female appearance, or vice versa. Gender reassignment surgery is part of a treatment plan for gender dysphoria. Gender dysphoria is defined as discomfort or distress that is caused by a discrepancy between a person’s gender identity and the person’s assigned sex at birth (World

Professional Association for Transgender Health [WPATH], 2012), including the associated gender role and/or primary and secondary sex characteristics. Gender dysphoria can be alleviated through various treatments, some of which involve a change in gender expression or body modifications, such as hormones and/or surgery.

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Gender reassignment surgery is intended to be a permanent change, establishing congruency between an individual's gender identity and physical appearance and is not easily reversible. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history; gynecological, endocrine and urological examination, and a clinical psychiatric/psychological examination. A patient's self-assessment and desire for sex reassignment cannot be viewed as reliable indicators of gender dysphoria.

#### IV. REFERENCES

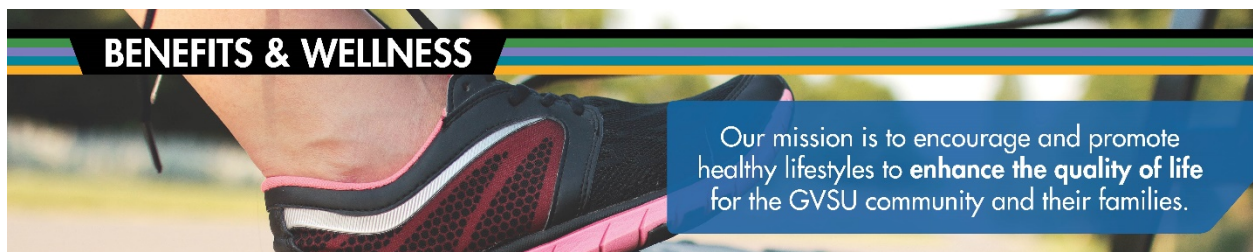
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*This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.*

*Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.*

*The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.*



### BENEFITS & WELLNESS

Our mission is to encourage and promote healthy lifestyles to **enhance the quality of life** for the GVSU community and their families.