



UTILIZATION MANAGEMENT POLICY

TITLE: GENDER AFFIRMATION PROCEDURES

EFFECTIVE DATE: June 15, 2023

This policy was developed with input from specialists in psychiatry, urology, plastic surgery, and general surgery, and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY
These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member’s plan document for other specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Medica may use tools developed by third parties, such as MCG Care Guidelines®, to assist in administering health benefits. Medica utilization management (UM) policies and MCG Care Guidelines are not intended to be used without the independent clinical judgment of a qualified health care provider taking into account the individual circumstances of each member’s case. Medica UM policies and MCG Care Guidelines do not constitute the practice of medicine or medical advice. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

PURPOSE
 To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

MEDICAL NECESSITY CRITERIA
 For medical necessity criteria, Medica uses MCG™ Care Guideline, 27th edition, 2023: GRG: GG-FMMF (ISC GRG), Gender-Affirming Surgery or Procedure.

BENEFIT CONSIDERATIONS

1. Hormonal treatments for gender affirmation **does not require prior authorization.**
 NOTE: WPATH recommends that an adolescent (post puberty to 18 years of age) reach Tanner stage 2 of puberty for pubertal suppression to be initiated. See Appendix 1 – Tanner Scales.
2. All services related to surgical gender affirmation procedures **require prior authorization.** Please see the prior authorization list for product specific prior authorization requirements.
 NOTE: See Appendix 2 - Gender-Affirming Genital Surgical Procedures for a list of genital surgical procedures (Not all inclusive).
 NOTE: See Appendix 3 - Gender-Affirming Non-Genital Surgical Procedures for a list of secondary gender-affirming procedures (Not all inclusive).
3. Coverage may vary according to the terms of the member’s plan document.
4. Services eligible for coverage which are paid under the Mental Health section of the member’s plan document are subject to all service frequency and visit limitations described in that section of the member’s plan document, including:
 - A. Pre-gender assignment counseling services
 - B. Services of a licensed psychiatrist, or psychologist to diagnose and counsel the patient in the area of gender dysphoria
 - C. Psychological/psychiatric evaluation

- D. Hormonal and Genital gender assignment counseling services, including all counseling services immediately preceding and following surgical gender affirmation.
- E. All mental health services provided to the member before, during and after initiation of hormonal therapy.
- 5. Services eligible for coverage are paid according to the appropriate Medical section of the member's coverage document, subject to all service frequency and visit limitations as outlined in the member's plan document, including:
 - A. Pre-gender assignment medical evaluation
 - B. Hormonal gender assignment medical services. Includes all medical services directly related to the administration and monitoring of hormonal therapy
 - C. Genital surgical gender affirmation medical services
 - D. Non-genital procedures and surgeries necessary for the individual to conform to his/her gender identity or expression
 - E. Pre-operation physical examination
 - F. Genital surgical gender affirmation inpatient and outpatient stays for eligible procedures
 - G. All ambulatory follow-up care directly related to the genital surgical gender affirmation
 - H. Breast augmentation for men of trans experience affirmation when all medical necessity criteria have been met
 - I. Mastectomy for women of trans experience affirmation when all medical necessity criteria have been met.
- 6. Services for the purpose of research or experimentation are not eligible for coverage.
- 7. See the following related Utilization Management policies for additional information:
 - A. *Abdominoplasty/Panniculectomy* (III-SUR.13)
 - B. *Blepharoplasty, Blepharoptosis Repair, and Brow Lift* (III-SUR.29)
 - C. *Rhinoplasty Procedure with or without Septoplasty* (III-SUR.04).

Note: If the procedure is being requested for a reason unrelated to gender affirmation, it is subject to all terms and conditions of the member's plan document and must meet Medica's medical necessity requirements.
- 8. Cosmetic surgery is generally an exclusion in the member's plan document.
- 9. If the Medical Necessity Criteria and Benefit Considerations are met, Medica staff will authorize benefits within the limits in the member's plan document.
- 10. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Medica Provider Administrative Manual.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Accessed March 23, 2022.

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

- For MHCP members, refer to Physician and Professional Services – Gender Confirming Surgery at: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-292552

DOCUMENT HISTORY

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| Original Effective Date | January 1999 |
| MPC Endorsement Date(s) | 10/1999, 09/2000, 06/2001, 06/2002, 07/2003, 06/2004, 06/2005, 06/2006, 06/2007, 06/2008, 06/2009, 06/2010, 06/2011, 06/2012, 06/2013, 09/2014, 09/2015, 09/2016, 04/2017, 04/2018, 06/2019, 06/2020, 09/2021, 02/2022, 11/2022 |
| Began use of MCG™ Care Guidelines | 06/15/2023 (27 th Edition) |
| MCG Care Guidelines Edition Updates (<i>Medica Effective Date</i>) | |

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| Administrative Update(s) | 05/01/2017, 01/01/2022, 02/15/2023, 07/24/2023 |
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Appendix 1

Tanner Scales

Table 1

| Tanner Stage | Breasts | Pubic Hair | Growth | Other |
|---------------------|---|--|----------------------------|--|
| 1 | Elevation of papilla only | Villus hair only | 2-2.4 inches per year | Adrenarche and ovarian growth |
| 2 | Breast bud under the areola, areola enlargement | Sparse hair along the labia | 2.8-3.2 inches per year | Clitoral enlargement, labia pigmentation, growth of uterus |
| 3 | Breast tissue grows but has no contour or separation | Coarser hair curled pigmented covers the pubes | 3.2 inches per year | Axillary hair, acne |
| 4 | Projection of areola and papilla, secondary mound formation | Adult hair, does not spread to the thigh | 2.8 inches per year | Menarche and development of menses |
| 5 | Adult-type contour, projection of papilla only | Adult hair, spreads to the medial thigh | Cessation of linear growth | Adult genitalia |

Table 2

| Tanner Stage | Genitalia | Pubic Hair | Growth | Other |
|---------------------|--|---|-------------------------|--|
| 1 | Testes <2.5 cm | Villus hair only | 2.0-2.4 inches per year | Adrenarche |
| 2 | Testes 2.5-3.2 cm Thinning and reddening of the scrotum | Sparse hair at penis base | 2.0-2.4 inches per year | Decreases in body fat |
| 3 | Testes 3.3-4.0 cm Increase of penis length | Thicker curly hair spreads to the pubis | 2.8-3.2 inches per year | Gynecomastia, voice break, increased muscle mass |
| 4 | Testes 4.1-4.5 cm, penis growth darkening of scrotum | Adult hair does not spread to thighs | 4.0 inches per year | Axillary hair, voice change, acne |
| 5 | Testes >4.5cm, adult genitalia | Adult hair spreads to medial thigh | Deceleration, cessation | Facial hair, muscle mass increases |

Source: <https://www.ncbi.nlm.nih.gov/books/NBK544322/figure/article-20323.image.f1/?report=objectonly>.
 Accessed 10/21/2022

Appendix 2

GENDER-AFFIRMING GENITAL SURGICAL PROCEDURES

As the field’s understanding of the many facets of gender incongruence expands, and as technology develops which allows for additional treatments, it is imperative to understand this list is not intended to be exhaustive. This is particularly important given the often lengthy time periods between updates to the WPATH Guidelines, during which evolutions in understanding and treatment modalities may occur.

| | |
|--|---|
| Phalloplasty (with/without scrotoplasty) | <ul style="list-style-type: none"> • With/without urethral lengthening • With/without prosthesis (penile and/or testicular) • With/without colpectomy/colpocleisis |
| Metoidioplasty (with/without scrotoplasty) | <ul style="list-style-type: none"> • With/without urethral lengthening • With/without prosthesis (penile and/or testicular) • With/without colpectomy/colpocleisis |
| Vaginoplasty (inversion, peritoneal, intestinal) | <ul style="list-style-type: none"> • May include retention of penis and/or testicle |
| Vulvoplasty | <ul style="list-style-type: none"> • May include procedures described as “flat front” |
| Gonadectomy <ul style="list-style-type: none"> • Orchiectomy • Hysterectomy and/or salpingo-oophorectomy | |

Source: World Professional Association for Transgender Health Inc
 .Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.
<https://doi.org/10.1080/26895269.2022.2100644>. Published on line September 2022.

Appendix 3

GENDER-AFFIRMING NON-GENITAL SURGICAL PROCEDURES

As the field's understanding of the many facets of gender incongruence expands, and as technology develops which allows for additional treatments, it is imperative to understand this list is not intended to be exhaustive. This is particularly important given the often length time periods between updates to the WPATH Guidelines, during which evolutions in understanding and treatment modalities may occur.

| FACIAL SURGERY | |
|---|---|
| Brow | <ul style="list-style-type: none"> • Brow reduction • Brow augmentation • Brow lift |
| Hair line advancement and/or hair transplant | |
| Facelift/mid-face lift (following alteration of the underlying skeletal structures) | |
| Facelift/mid-face lift (following alteration of the underlying skeletal structures) | <ul style="list-style-type: none"> • Platysmaplasty |
| Blepharoplasty | |
| Rhinoplasty (+/- fillers) | <ul style="list-style-type: none"> • Lipofiling |
| Cheek | <ul style="list-style-type: none"> • Implant • Lipofilling |
| Lip | <ul style="list-style-type: none"> • Upper lip shortening • Lip augmentation (includes autologous and non-autologous) |
| Lower jaw | <ul style="list-style-type: none"> • Reduction of mandibular angle • Augmentation |
| Chin reshaping | <ul style="list-style-type: none"> • Osteoplastic • Alloplastic (implant-based) |
| Chondrolaryngoplasty | <ul style="list-style-type: none"> • Vocal cord surgery |
| BREAST / CHEST SURGERY | |
| Mastectomy | <ul style="list-style-type: none"> • Mastectomy with nipple-areola preservation/reconstruction as determined medically necessary for the specific patient • Mastectomy without nipple-areola preservation/reconstruction as determined medically necessary for the specific patient |
| Liposuction | |
| Breast reconstructions (augmentation) | <ul style="list-style-type: none"> • Implant and/or tissue expander |

| | |
|---|--|
| | <ul style="list-style-type: none"> • Autologous (includes flap-based and lipofilling) |
| BODY CONTOURING | |
| Liposuction | |
| Lip filling | |
| Implants | <ul style="list-style-type: none"> • Pectoral, hip, gluteal, calf |
| Monsplasty / mons reduction | |
| ADDITIONAL PROCEDURES | |
| Hair removal: Hair removal from the face, body, and genital areas for gender affirmation or as part of a preoperative preparation process | <ul style="list-style-type: none"> • Electrolysis • Laser epilation |
| Tattoo (i.e., nipple-areola) | |
| Uterine transplantation | |
| Penile transplantation | |

Source: World Professional Association for Transgender Health Inc
 .Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.
<https://doi.org/10.1080/26895269.2022.2100644>. Published on line September 2022.