 <b>KMTSJ, Inc.</b>	DEPARTMENT:	Utilization Management
	SUBJECT:	Sex Reassignment Surgery
	PRODUCT LINE:	ALL
	POLICY NUMBER:	085
	ORIGINAL POLICY EFFECTIVE DATE:	10/01/2016
	LAST REVISED DATE:	05/29/2023
	LAST REVIEWED DATE:	05/29/2023


**POLICY:** It is the policy of Group Health Cooperative of Eau Claire to review requests for sex reassignment through the prior authorization process according to evidence based medical criteria.

**PROCEDURE:** **Prior authorization required: YES, for all product lines**

**Commercial:** Commercial: **Not Covered**  
 ETF: Covered when prior authorized and when it meets the criteria as listed below.


For individuals undergoing sex reassignment surgery, consisting of any combination of the following, hysterectomy, salpingo-oophorectomy, ovariectomy, orchiectomy metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty, it is considered **medically necessary** when *all* of the following criteria are met:

1. The individual is at least 18 years of age; *and*
2. The individual has capacity to make fully informed decisions and consent for treatment; *and*
3. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
  - a. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with preferred sex through surgery and hormone treatment, *and*
  - b. The transsexual identity has been present persistently for at least two years; *and*
  - c. The disorder is not a symptom of another mental disorder; and
  - d. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; *and*
4. For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; *and*
5. Documentation that the individual has completed a minimum of 12 months of successful continuous full time real life experience in their new gender, across a wide range of life experiences and events that may occur throughout the year (for example, daily events, holidays vacations, season specific work or school experiences). This includes coming out partners, family, friends, and community members (for example, at school, work, and other settings (Note: The medical documentation should include the start date of living full time in the new gender) *and*

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6. Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner; ***and***
  7. If the individual has medical or mental health issues present, they must be well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; ***and***
  8. Two referrals from qualified mental health professionals\* who have independently assessed the individual. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter(s) must have been signed within 12 months of the request submission.
- At least one of the professionals submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field (for example, M.S.W., L.C.S.W., Nurse Practitioner [N>P>], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating do-morbid psychiatric conditions. One letter is sufficient if signed by two providers, one of whom has met the specifications set forth above.
  - The use of hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure is considered **medically necessary**.
  - **Not Medically Necessary:** Sex reassignment surgery is considered not medically necessary when the criteria above have not been met.
  - **Cosmetic:** The following procedures are considered cosmetic when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo sex reassignment surgery, including, but not limited to, the following:
    - Abdominoplasty
    - Blepharoplasty
    - Breast augmentation or breast implants
    - Brow lift
    - Calf or chin implants



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**REVISION HISTORY:**

Rev. Date	Revised By/Title	Summary of Revision
04/25/2017	Michele Bauer, MD, CMO	Reviewed with no changes aside from formatting
07/14/2017	Michele Bauer, MD, CMO	Updated and reformatted
02/10/2019	Michele Bauer, MD, CMO	Reviewed with no changes
09/18/2019	Michele Bauer, MD, CMO	Updated benefit changes for ETF and Medicaid
07/06/2020	Michele Bauer, MD, CMO	Updated criteria.
07/15/2021	Michele Bauer, MD, CMO	Reviewed. No change.
07/15/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
05/29/2023	Michele Bauer, MD, CMO	Updated Forward Health Policy for Medicaid