

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



**Subject: Gender Reassignment Surgery Policy**

**Policy#: OD-001-17**

<b>Policy Scope:</b> Gender Reassignment Surgery Policy	<b>Number of Pages:</b> 8
<b>Responsible Office or Division:</b> Office of the Senior Deputy Director/Medicaid Director	<b>Number of Attachments:</b> 0
<b>Supersedes Policy Dated:</b> March 1, 2016	<b>Effective Date:</b> September 1, 2016
<b>Cross References and Related Policies:</b> N/A	<b>Expiration Date, if Any:</b> N/A

**I. PURPOSE** This document outlines the DHCF policy for coverage of gender reassignment surgery

**II. OVERVIEW**

Gender reassignment surgery (GRS) describes surgical treatment options for Gender Dysphoria (GD). Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth, and the associated gender role and/or primary and secondary sex characteristics.

This DHCF policy was developed after a detailed review of the WPATH SOC guidelines, medical and research literature, federal and state laws and policies applicable to Medicaid programs, review of state Medicaid GRS policies across the US and also in consultation with the National Center for Transgender Equality.<sup>1</sup> Given the lack of clarity and absence of consensus among these sources about which medical and surgical interventions constitute comprehensive and medically necessary treatment for GRS, this policy clarifies DC Medicaid coverage for GRS.

Successful treatment of GD often involves a combination of medical and psychological interventions. Prior to GRS, candidates may begin medical therapies and behavioral trials but must receive medical and psychological evaluations to confirm surgery as the most appropriate treatment option.

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<sup>1</sup> National Center for Transgender Equality. <http://www.transequality.org/>. Accessed June 1, 2016.

The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association<sup>2</sup> whose mission includes promotion of evidence-based care for the Health of Transsexual, Transgender, and Gender Nonconforming People through standards of health care (SOC).<sup>3</sup> The SOC are the articulation of expert professional consensus. However, these experts acknowledge “the criteria put forth in the SOC for hormone therapy and surgical treatments for gender dysphoria are clinical guidelines; individual health professionals and programs may modify them.” (WPATH SOC, page 104). This statement also acknowledges a variety of circumstances in which departure from these guidelines is appropriate.

### III. APPLICABILITY

This policy applies to all District of Columbia Medicaid providers and managed care organizations (MCOs). Gender reassignment surgery is not a covered benefit of the DC Healthcare Alliance.

### IV. AUTHORITY

The Director of the Department of Health Care Finance (DHCF), pursuant to the authority set forth in an Act to enable the District of Columbia to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02 (2012 Repl. & 2015 Supp.)) and Section 6(6) of the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.05(6) (2012 Repl.)).

### V. DEFINITIONS

Gender Identity - An individual's internal sense of gender, which may be different from an individual's sex assigned at birth. The way an individual expresses gender identity is frequently called “gender expression,” and may or may not conform to social stereotypes associated with a specific gender. For example, gender may be expressed through grooming, mannerisms, speech patterns, and social interactions.

Transgender An individual with a transgender identity is referred to as a transgender individual.

#### Transgender identity

An individual has a transgender identity when the individual's gender identity is different from the sex assigned to that person at birth;

Gender Reassignment Surgery (GRS) - Surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity.

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<sup>2</sup> World Professional Association for Transgender Health. <http://www.wpath.org/> (Accessed June 1, 2016)

<sup>3</sup> World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People. 7<sup>th</sup> version, 2011. [http://www.wpath.org/uploaded\\_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf](http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf). Accessed on: June 1, 2016.

Gender Dysphoria - Involves a conflict between a person's physical or assigned gender and the gender with which he/she identifies.<sup>4</sup> Criteria for the diagnosis of GD can be found in the fifth edition of the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and include:

- A. Incongruence between one's experienced/expressed gender and assigned gender for at least 12 months duration as manifested by at least two or more of the following:
- Incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
  - Strong desire to separate from one's primary and/or secondary sex characteristics due to incongruence with one's experienced/expressed gender
  - A strong desire for the primary and/or secondary sex characteristics of the other gender.
  - A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
  - A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
  - A strong desire that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- B. Clinically significant distress or impairment in social, occupational, or other important areas of functioning documented by an established relationship with a licensed behavioral health provider.

Qualified Mental Health Professional - A mental health professional who diagnoses and treats adults presenting for care regarding their gender identity GD and who possess the following minimum credentials, as recommended in the World Professional Association for Transgender Health (WPATH) Standards of Care, Version 7:

1. A Master's degree or equivalent in a clinical behavioral science field from an institution accredited by the appropriate national accrediting board and is licensed by the relevant licensing board;
2. Competence in using the DSM-V for diagnostic purposes;
3. Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from GD. Knowledge about gender-nonconforming identities and expressions, and the assessment and treatment of GD;
4. Documented supervised training and competence in psychotherapy or counseling;
5. Knowledge about gender-nonconforming identities and expressions, and the assessment and treatment of GD; and
6. Continuing education in the assessment and treatment of GD. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and GD.

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<sup>4</sup> American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Arlington, VA, American Psychiatric Association, 2013, pp. 451-459.

## VI. EVIDENCE

Studies evaluating the efficacy of GRS in treating gender dysphoria are limited. Although self-reported outcomes and observational studies have shown improved quality of life for some persons with GD, the evidence base for long-term GRS outcomes is minimal, largely qualitative and lacks bias protection measures such as randomization and control groups.<sup>5</sup> The systematic review by Murad, et al., reviewed 28 studies that enrolled 1833 participants with GD. Despite this detailed analysis, knowledge gaps about optimal long-term therapy for GD persist.

The peer-reviewed literature on the treatment of GD primarily consists of single case reports and studies with very small sample sizes. These publications highlight the lack of information about the long-term efficacy of surgical interventions, particularly on mental health outcomes. In addition, research to date has not established definitive patient selection criteria for ancillary procedures, services and treatments for GD.

In drafting a 'Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery'<sup>6</sup>, the Centers for Medicare and Medicaid Services (CMS) conducted an exhaustive analysis of the scientific and medical literature and determined "[t]he quality and strength of evidence were low due to the mostly observational study designs with no comparison groups, potential confounding and small sample sizes. Many studies that reported positive outcomes were exploratory type studies (case-series and case-control) with no confirmatory follow-up." The analysis, which also included a review of the WPATH SOC, highlighted WPATH's conclusions, "One of the real supports for any new therapy is an outcome analysis. Because of the controversial nature of sex reassignment surgery, this type of analysis has been very important. Almost all of the outcome studies in this area have been retrospective. More studies are needed that focus on the outcomes of current assessment and treatment approaches for gender dysphoria."

DHCF acknowledges the absence of clear clinical, scientific and therapeutic guidance for optimal treatment of GRS. However, despite the limited evidence, DHCF is committed to facilitating access to specific forms of GRS for the Medicaid population.

## VII. POLICY

DHCF will cover sex reassignment procedures for beneficiaries with an established diagnosis of GD. Eligibility for sex reassignment procedures is dependent upon a GD diagnosis as defined in Section 4 and must meet the candidate criteria outlined below in this section.

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<sup>5</sup> Murad, MH, et al. Hormonal therapy and sex reassignment: a systematic review and meta-analysis of quality of life and psychosocial outcomes. *Clinical Endocrinology* (2010); 72: 214-231.

<sup>6</sup> <https://www.cms.gov/medicare-coverage-database/details/nca-proposed-decision-memo.aspx?NCAId=282>. Accessed June 27, 2016.

Surgical treatment for eligible GD patients will only be available for the surgical procedures outlined below in this Section and will be provided only once per procedure type. Additional surgeries will not be covered for the same type of procedure.

Prior authorization is required for all gender reassignment surgery and is subject to verification of the beneficiary's and provider's Medicaid eligibility

#### Candidate Criteria

Gender Reassignment Surgery (GRS) may be medically necessary when all of the following criteria are met. The candidate:

1. Is 18 years of age or older;
2. Has been diagnosed with GD by a qualified mental health professional;
3. Has been separately assessed by two (2) qualified mental health professionals, as defined in this policy (Section VII) each resulting in a diagnosis of GD meeting DSM-V Criteria;
4. Is able to make a fully informed decision and consent to treatment;
5. Is living full-time in a gender role that is congruent with the member's gender identity for twelve (12) consecutive months; and
6. Has undergone 12 continuous months of physician-supervised hormone therapy appropriate to the member's gender goals unless hormone therapy is medically contraindicated.

#### Surgical Procedures

The following surgical procedures are covered:

\*Note- Except for mastectomy in female-to-male beneficiaries, documentation of 12 months continuous hormonal therapy is required for patients undergoing GRS. A provider may document why hormones are not clinically indicated for the individual

#### *Surgical procedure types*

##### Female-to-Male

- Hysterectomy
- Salpingectomy
- Oophorectomy
- Vaginectomy
- Urethroplasty
- Metoidioplasty
- Phalloplasty with implantation of penile prosthesis
- Scrotoplasty with insertion of testicular implants
- Total Abdominal Hysterectomy/Bilateral Salpingo Oophorectomy (TAH/BSO)
- Mastectomy \*Note: Hormone therapy is not a pre-requisite for mastectomy.

##### Male-to-Female

- Orchiectomy
- Penectomy
- Vaginoplasty

- Vulvoplasty
- Labiaplasty
- Clitoroplasty
- Breast augmentation/mammoplasty with implantation of breast prostheses.

#### Facial Feminization Surgery

- Mandibular lift
- Forehead reduction
- Rhinoplasty
- Trachea shave/reduction thyroid chondroplasty

#### **NOT COVERED**

GRS is not covered when **one (1) or more** of the following circumstances occur:

1. A candidate is not eligible for the services requested
2. One or more of the criteria above have not been met
3. Procedures requested are not medically necessary
4. Repeat surgical procedures (procedures will only be covered once per procedure type)

#### Procedures considered to be not medically necessary and/or are not covered

1. Reversal of gender reassignment surgery
2. Procedures for the preservation of fertility, including, but not limited to, the procurement, preservation, and storage of sperm, oocytes or embryos
3. Facial feminization surgery and cosmetic procedures except those listed under "Surgical Procedures". This includes but is not limited to:
  - a. Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics
  - b. Blepharoplasty
  - c. Genioplasty/mentoplasty
  - d. Lip reduction/enhancement
  - e. Chin/nose/cheek implants
  - f. Gluteal implants
  - g. Laryngoplasty
  - h. Electrolysis, hair removal
  - i. Liposuction
  - j. Autologous fat grafting
  - k. Collagen injections
  - l. Removal of redundant skin
  - m. Hair transplantation or implants
  - n. Scalp advancement or reduction
  - o. Voice modification surgery
  - p. Voice therapy, voice lessons
  - q. Lifestyle coaching (i.e. speech, dressing, walking, demeanor)
  - r. Drugs for hair loss or growth
  - s. Hair pieces
  - t. Tattoos

## **VIII. PROCEDURE**

### **Provider Documentation Criteria**

The following documentation must be provided from the appropriate clinicians and contain the following information:

1. Referrals for genital reconstructive surgery shall be provided from two (2) qualified mental health professionals who have independently assessed the candidate. One (1) of these referrals may be from the qualified mental health professional performing the initial assessment;
2. Clinical documentation that all medical and mental health conditions are being managed;
3. Documentation of follow-up every three (3) months during the first year of hormone therapy to monitor hormone levels (testosterone and estrogen);
4. Documentation the patient has received counseling about the risks and benefits of hormone treatment and surgery; and
5. There is no cardiovascular or other medical contraindication to surgery.
6. Letters must thoroughly describe and attest to an established patient-provider relationship with both the primary clinician and the mental health professional.
7. Letters must provide specific details related to the request including an explanation about the candidate's GD.
8. Copy of assessment performed by qualified mental health professional, meeting DSM-V criteria and resulting in diagnosis of GD.
9. If any coexisting mental or physical health concerns are identified, medical record documentation must demonstrate therapeutic plan to ensure conditions are being optimally managed and well-controlled.
10. For all gender reassignment surgeries, one referral letter must be provided by a licensed clinical behavioral health professional with a master's degree (M.S., M.S.W., M.A., M.Ed.), or a doctoral degree (Ph.D., M.D., D.O., Ed.D., D.Sc., D.S.W., or Psy.D) who has the competencies stated in the World Professional Association for Transgender Health Standards of Care, Version 7, Chapter VII, and has treated the candidate.
11. For genital surgery only (including hysterectomy, orchiectomy, oophorectomy or genital reconstructive surgeries), a second letter must be provided from a licensed clinical behavioral health professional who meet the criteria listed in 10 and who has treated or independently assessed the candidate. The letter or letters must document all of the following:
  - a. Whether the author of the letter is part of a treatment team or is in contact with any other providers involved in the patient's gender dysphoria care;
  - b. The candidate's general identifying characteristics;
  - c. Results of the client's psychosocial assessment, including any diagnoses;
  - d. The duration of their professional relationship including the type of psychotherapy or evaluation and therapy or counseling to date;
  - e. The eligibility criteria met by the candidate;
  - f. A brief description of the clinical rationale for surgery;
  - g. A copy of patient informed consent form, and

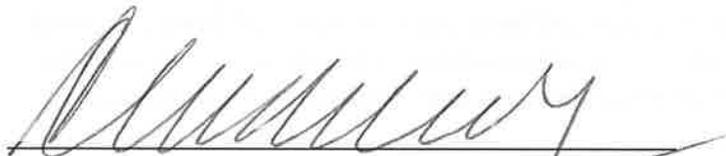
- h. A written description of the mental health professional’s strategy and approach for providing coordination of care before, during and after surgery. This should include regular contact by phone and in-person visits and may include technology-based approaches.
12. A letter of documentation must be received from the treating surgeon. If one of the previously described letters is from the treating surgeon, then it must contain the documentation noted in the section below. All letters from a treating surgeon must confirm:
- a. Based on referrals from the behavioral health professionals and/or the surgeon’s own assessment, the surgeon believes that the candidate meets the “candidate criteria” listed in this policy;
  - b. The surgeon has personally communicated with the treating mental health provider AND physician treating the candidate; and
  - c. The surgeon has personally communicated with the candidate and that the candidate understands the ramifications of surgery, including:
    - i. The required length of hospitalizations,
    - ii. Possible complications of the surgery, and
    - iii. The post-surgical rehabilitation requirements of the various surgical approaches and the planned surgery.

**IX. RESPONSIBILITY**

Questions regarding this policy should be directed to Cavella Bishop, Program Manager: Clinician, Pharmacy and Acute Provider Service at 202-724-8936 or [cavella.bishop@dc.gov](mailto:cavella.bishop@dc.gov).

Questions regarding Fee-for-Service claims submission should be directed to Provider Services at 202-906-8319 (inside DC metro area) or 866-752-9233 (outside DC metro area).

Questions regarding Medicaid Managed Care plans should be directed to Lisa Truitt, Director, Health Care Delivery Management Administration at 202-442-9109 or [lisa.truitt@dc.gov](mailto:lisa.truitt@dc.gov).

  
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Senior Deputy Director/Medicaid Director

4/16/17  
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Date

  
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Wayne  
Agency Director

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