

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Subject: Gender Reassignment Surgery Policy
Policy Number: 001-16

Policy Scope: Gender Reassignment Surgery Policy	Number of Pages: 5
Responsible Office or Division: Medicaid Director	Number of Attachments: 0
Effective Date: March 1, 2016	
Cross References and Related Policies: N/A	Expiration Date, if Any: N/A

1. PURPOSE

Gender reassignment surgery (GRS) describes a number of a surgical treatment options for Gender Dysphoria [known as Gender Identity Disorder (GID)]. 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).

GRS is often not a single procedure, but part of a complex process that may involve multiple medical, psychological, and surgical modalities performed in conjunction with each other to help the candidate for gender reassignment achieve successful behavioral and medical outcomes. Before undertaking GRS, candidates need to undergo important medical and psychological evaluations, and may begin medical therapies and behavioral trials to confirm that surgery is the most appropriate treatment choice.

The Department of Health Care Finance (DHCF) has established its policy around coverage of GRS. The World Professional Association for Transgender Health (WPATH) promotes standards of health care for individuals through the articulation of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People.¹ The SOC are based on the best available science and expert professional consensus and form the basis of this DHCF policy which was developed in consultation with the National Center for Transgender Equality.^{2 3} The purpose of this policy is to clarify Medicaid coverage for GRS.

¹ World Professional Association for Transgender Health (WPATH). Standards of care for the health of transsexual, transgender, and gender nonconforming people. 7th version, 2011. Available at http://www.wpath.org/publications_standards.cfm. Accessed on: September 6, 2013.

² Endocrine Society. Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. September 2009, 94(9): 3132-3154. Available at: <http://jcem.endojournals.org/content/94/9/3132.long>. Accessed on: September 6, 2013.

³ Departmental Appeals Board, Department of Health and Human Services, NCD 140.3, Transsexual Surgery, Decision No. 2576 (May 30, 2014). Available at: <http://www.hhs.gov/dab/decisions/dabdecisions/dab2576.pdf>. Accessed on: December 10, 2014.

2. APPLICABILITY

These policies and procedures apply to all Medicaid providers and managed care organizations. Gender reassignment surgery is not a covered benefit of the DC Health Care Alliance.

3. AUTHORITY

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.))

4. DEFINITIONS

- a. Gender dysphoria is a diagnosis for people whose gender at birth is contrary to the one they identify with.⁴
- b. Gender identity means 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 throughgrooming, mannerisms, speech patterns, and social interactions. An individual has a transgender identity when the individual's gender identity is different from the sex assigned to that person at birth; an individual with a transgender identity is referred to as a transgender individual.⁵

5. POLICY

Candidate Criteria

Gender Reassignment Surgery (GRS) may be medically necessary when all of the following candidate criteria are met and supporting provider documentation is provided:

1. The candidate is at least 18 years of age, except as provided below, AND
2. The candidate has been diagnosed with Gender Dysphoria (also known as Gender Identity Disorder [GID]), including meeting the following indications:
 - A. A marked incongruence between one's experienced/expressed gender and assigned gender for at least 6 months duration as manifested by at two or more of the following:
 - Marked 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 marked incongruence with one's experienced/expressed gender

⁴ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

⁵ Section 1557 of the Affordable Care Act (ACA) (Section 1557)

- 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. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. For surgeries other than female to male chest surgery (mastectomy), hysterectomy, or orchiectomy, the candidate has undergone a minimum of 12 months of continuous hormonal therapy that is:
- Recommended by a mental health professional, AND
 - Provided under the supervision of a physician, AND
 - The supervising physician indicates the patient has taken the hormones as directed.
- Alternatively, the treating physician or mental health professional may indicate hormonal treatment is not clinically indicated prior to performance of the surgery. In this case, the 12 month requirement for hormonal treatment will be waived only when the reason for the lack of clinical indication is clearly specified and all other criteria contained in this policy and the candidate's Medicaid eligibility for GRS services are met.
- D. For female to male chest surgery (mastectomy) only, surgery may be approved for a candidate younger than 18 years of age based on documentation of medical necessity and parental consent, if the candidate has demonstrated at least twelve continuous months of living in a gender role congruent with their gender identity, absent a documented clinical contraindication.
- E. For genital surgery only, the candidate has demonstrated 12 continuous months of living in a gender role congruent with their gender identity. This requirement is not applicable to chest or breast surgery, hysterectomy, or orchiectomy. These criteria may be waived based upon submission of information by the treating clinician indicating why it would be clinically inappropriate to require the candidate to meet it.

Provider Documentation Criteria

The following documentation must be provided in letters from the appropriate clinicians and contain the information noted below:

1. The letters must attest to the psychological aspects of the candidate's Gender Dysphoria (also known as Gender Identity Disorder (GID)).
2. 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., 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. For male to female chest surgery (mastectomy) for a candidate younger than 18 years of age, the professional must have training and experience in diagnosing and treating adolescents.
3. For genital surgery only (including hysterectomy, orchiectomy, or genital reconstructive surgeries), a second letter must be provided from a licensed clinical behavioral health professional with equivalent or greater qualifications, 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 AND
 - B. The candidate's general identifying characteristics, AND
 - C. Results of the client's psychosocial assessment, including any diagnoses, AND
 - D. The duration of their professional relationship including the type of psychotherapy or evaluation and therapy or counseling to date, AND
 - E. The eligibility criteria met by the candidate, AND
 - F. A brief description of the clinical rationale for surgery, AND
 - G. A statement of patient informed consent, 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.
4. 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, AND

- B. The surgeon has personally communicated with the treating mental health provider or physician treating the candidate, AND
- C. The surgeon has personally communicated with the candidate and that the candidate understands the ramifications of surgery, including:
 - a. The required length of hospitalizations,
 - b. Possible complications of the surgery, and
 - c. The post-surgical rehabilitation requirements of the various surgical approaches and the planned surgery.

GRS is not covered when one or more of the following circumstances occur:

1. A candidate is not eligible for the services requested; or
2. One or more of the criteria above have not been met; or
3. Procedures requested are not medically necessary.

All gender reassignment surgery must meet medical necessity criteria as outlined in the WPATH. Prior authorization is required for all gender reassignment surgery and subject to verification of Medicaid eligibility for both the surgical provider and the patient.

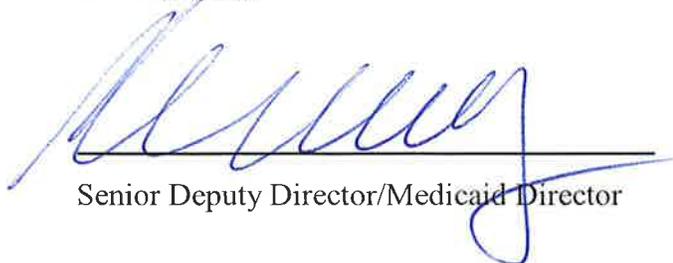
6. RESPONSIBILITY

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.

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 practices should be directed to Lisa Truitt, Associate Director, Division of Managed Care, Health Care Delivery Management Administration at 202-442-9109 or lisa.truitt@dc.gov.

APPROVAL:


Senior Deputy Director/Medicaid Director

3/1/16

Date