

# MercyCare Health Plans

MercyCare Insurance Company ~ MercyCare HMO, Inc.

## Standard Operating Procedure

Title: Transgender Services: Gender Reassignment

SOP: MS-109.07

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Revision History

Date	Issue	Author	Description of Change
1/4/22	7	Joan C. Fisher, RN, CCM	review

Approved By

  
Department Director

3/10/22

Date

### I. Purpose

The purpose of this policy is to define the policy for determination of coverage for Gender Reassignment services for any benefit plan administered by Mercycare where the benefit plan members are eligible for coverage based on their specific benefit plan requirements.

### II. Scope

Applicable to all members that are eligible for Gender Reassignment coverage based on their specific benefit plan requirements as stated but not limited to their Certificate of Coverage, Summary Plan Description, Schedule of Benefits, Medical Policies, or state statutes.

### III. Definitions and Responsibilities

- A. **Gender Non Conformity:** refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex.
- B. **Gender Assignment** refers to the initial assignment as male or female. This occurs usually at birth and, thereby, yields the "natal gender."
- C. **Gender Assignment Surgery:** is surgery for patients with ambiguous genitalia diagnosed at birth or infancy and is considered reconstructive surgery and will be considered for medical necessity based on the member's diagnosis, functional defects, and MercyCare's established criteria and policies for the requested procedure.
- D. **Gender Reassignment Surgery:** also known as transsexual surgery or sex reassignment surgery and may be considered medically necessary for the diagnosis of gender dysphoria when meeting the criteria listed at V. A.
- E. **Gender Dysphoria:** as a general descriptive term refers to an individual's affective/cognitive discontent with the assigned gender but is more specifically defined when used as a diagnostic category. Individuals with gender dysphoria have a marked incongruence between the gender they have been assigned to (usually at birth, referred to as natal gender) and their experienced/expressed gender. There must also be evidence of distress about this incongruence.
- F. **Gender Dysphoria in Children 302.6 (F64.2)**
  - 1. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least six of the following (one of which must be Criterion A1):
    - a. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
    - b. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
    - c. A strong preference for cross-gender roles in make-believe play or fantasy play.
    - d. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
    - e. A strong preference for playmates of the other gender.
    - f. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
    - g. A strong dislike of one's sexual anatomy.
    - h. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

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2. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.
3. Can also coordinate with diagnosis of: a disorder of sex development (e.g., a congenital adreno-genital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome).

### G. Gender Dysphoria in Adolescents and Adults 302.85 (F64.1)

1. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:
  - a. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
  - b. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
  - c. A strong desire for the primary and/or secondary sex characteristics of the other gender.
  - d. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
  - e. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
  - f. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
2. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
3. Can include: With a disorder of sex development (e.g., a congenital adreno-genital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome)

H. **Post transition:** The individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen—namely, regular cross-sex hormone treatment or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in a natal male; mastectomy or phalloplasty in a natal female).

## IV. Reference Documents

- A. Hayes Inc. Medical Technology Directory
- B. World Professional Association for Transgender Health (WPATH) Standards of Care 7
- C. Illinois Legislative Mandates
- D. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

## V. Gender Reassignment Surgery

### A. Criteria for Gender or Sexual Reassignment Surgery to treat Gender Dysphoria:

1. Member has reached the age of majority AND
2. Has the capacity to make a fully informed decision and to consent for treatment AND
3. Been diagnosed with persistent, well documented gender dysphoria AND
4. Has undergone hormone therapy continuously for at least one year (or the provider submits documentation regarding medical contraindication to such therapy or substantial barriers to accessing hormone therapy) AND
5. Lived as the desired gender role for at least one year AND
6. For chest surgery, have at least one letter of support and for genital surgery have at least two letters of support from independent Mental Health Professionals who are competent in the assessment and treatment of gender dysphoria.
7. MercyCare shall submit documentation of the above criteria together with any other supporting documents to an Independent Review organization for determination of coverage.

### B. Male to Female Covered Procedures:

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1. Breast modification, including but not limited to breast enlargement, breast augmentation, mastopexy, implant insertion, and silicone injections, and nipple or areola reconstruction;
2. Clitoroplasty;
3. Coloproctostomy;
4. Colovaginoplasty;
5. Labioplasty;
6. Orchiectomy;
7. Penectomy;
8. Penile skin inversion;
9. Repair of introitus;
10. Vaginoplasty with construction of vagina with graft; and/or
11. Vulvoplasty

### C. Female to Male Covered Procedures:

1. Hysterectomy;
2. Metoidioplasty;
3. Phalloplasty;
4. Placement of implantable erectile prostheses;
5. Placement of testicular prostheses;
6. Salpingo-oophorectomy;
7. Scrotoplasty;
8. Subcutaneous mastectomy, including nipple or areola reconstruction;
9. Vaginectomy (colpectomy);
10. Urethroplasty; and/or
11. Urethromeatoplasty

### D. Non Covered Procedures (except where allowed by the member's specific benefit plan)

1. Abdominoplasty;
2. Blepharoplasty (rejuvenation of the eyelid);
3. Brow lift;
4. Calf implants, Cheek implants, pectoral implants
6. Chin or nose implants;
7. External penile prosthesis (vacuum erection devices);
8. Face lift
9. Facial bone reconstruction/sculpturing/reduction, including jaw shortening or lengthening,
10. Forehead lift or contouring;
11. Hair removal (any method) or hair transplantation
12. Laryngoplasty and/or chondrolaryngoplasty (tracheal shave)
13. Lip reduction or lip enhancement;
14. Liposuction or injection of fat or body contouring of waist, buttocks, hips, and thighs reduction;
15. Neck tightening;
16. Reduction thyroid chondroplasty or trachea shaving
17. Lipectomy: Redundant/excessive skin removal
18. Rhinoplasty (nose correction);
19. Skin resurfacing by any method including but not limited to chemical and/or laser
20. Testicular expanders;
21. Voice modification surgery
22. Voice (speech) therapy or voice lessons
23. Procedures considered cosmetic in nature with no functional defect
24. Drugs to treat hair loss or growth, sexual performance post gender reassignment genital surgery, and cosmetic enhancements, including but not limited to collagen and/or Botox injections

## VI. Pharmacy: Gender Reassignment

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- A. Benefit coverage shall apply to Continuous Hormone Replacement therapy prior to and/or after gender reassignment surgery which may include hormone injections by the medical provider or self-administered drugs under the member's pharmacy benefit. Benefit coverage for a variant of specific drugs shall meet the criteria established by pharmacy policies. Example: Testosterone injections vs. gel
- B. No Benefit Coverage: Drugs to treat hair loss or growth, sexual function or performance, including erectile dysfunction or cosmetic enhancements, including but not limited to collagen and/or Botox injections

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