

## LA.CLI.043 - Gender Affirmation Surgery

Effective Date:	<del>February 19, 2024</del> <a href="#">Insert Date</a>	Accountable Dept.:	<del>Medicaid Clinical Delivery Experience 10585</del>
Last Reviewed Date:	<del>November 9, 2023</del> <a href="#">November 8, 2024</a>		

### Summary of Changes:

Removed references to "member's individual certificate"

[11/8/2024: Annual review based on TAF changes to policy criteria.](#)

### Scope:

~~This policy applies to Humana Healthy Horizons in Louisiana members 18 years of age through 20 years of age.~~

This policy applies to all Humana Healthy Horizons™ in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

The purpose of this policy is to define Gender Affirmation Surgery and the criteria for medical necessity for Humana Healthy Horizons® in Louisiana. **In instances where the procedure code requested is not payable under the applicable Louisiana fee schedule, you must consult Humana's LA.CLI.061 Non-MCO Covered Codes and Services policy. This Gender Affirmation Policy will only apply where an individualized medical necessity determination is required.**

### Procedure:

Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between an individual's gender identity and the gender assigned at birth (and the associated gender role and/or primary and secondary sex characteristics). A diagnosis of gender dysphoria requires a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. This condition may cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender affirmation surgery is performed to change primary and/or secondary sex characteristics in order to align anatomy and physical appearance with an individual's expressed gender identity.

Gender affirming surgeries may include, but are not limited to, the following:

- [Breast augmentation \(increase in breast size\)](#)

- Breast reduction (decrease in breast size)
- Clitoroplasty (creation of clitoris)
- Hysterectomy (removal of uterus)
- Mastectomy (removal of breast)
- Nipple/areola reconstruction (redefines features of natural breasts)
- Metoidioplasty (creation of penis using clitoris)
- Orchiectomy (removal of testicles)
- Penectomy (removal of penis)
- Penile prosthesis (implant to allow for erection)
- Phalloplasty (creation of penis)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Scrotoplasty (creation of scrotum)
- Testicular prosthesis placement (artificial implant for testicles)
- Urethroplasty (reconstruction of urethra)
- Vaginectomy (removal of vagina)
- Vaginoplasty (creation of vagina)
- Vulvectomy (removal of vulva)

Additional procedures to enhance femininity or masculinity may be requested. Please refer to the Coverage Limitations section for examples of these procedures.

Gender affirmation surgeries are typically considered an irreversible type of intervention, depending on what procedures have taken place. However, some may require revision due to postoperative complications.

### Coverage Determination

Please refer to the member's applicable pharmacy benefit to determine benefit availability and the terms and conditions of coverage for medication for the treatment of gender dysphoria.

Services provided by a psychiatrist, psychologist, or other behavioral health professionals are subject to the provisions of the applicable behavioral health benefit.

### Gender Affirming Genital Surgery

Humana members may be eligible under the Plan for gonadectomy (e.g., hysterectomy, orchiectomy, or salpingo-oophorectomy) when ALL of the following criteria are met:

- 18 years of age ~~or older; AND~~ through 20 years of age; AND
- ~~Persistent, well-documented diagnosis of gender dysphoria according to the DSM-5 with clinical notes submitted; AND~~
- Absence of a mental or physical impairment that would preclude a fully informed decision and/or consent; AND
- ~~12 continuous months of hormone therapy as appropriate to the individual's gender goals when medically appropriate and not contraindicated; AND~~

- ~~Two~~ One (1) referral letters from a qualified mental health professionals; ~~one in a purely evaluative role (please see Appendix B for specific referral letter requirements); AND stating that the member has:~~
- Participated in a minimum of six (6) months of psychotherapy; AND
- Persistent, well-documented, diagnosis of gender dysphoria according to the DSM-5 with clinical notes submitted; AND
- Preoperative surgical clearance based on psychological evaluation by a licensed healthcare professional; AND
- Co-existing mental health conditions (if present) are managed without active exacerbations; AND
- A minimum of six (6) continuous months of living in a gender role congruent with gender identity\*; AND
- A minimum of six (6) continuous months of hormone therapy\* as appropriate to the individual's gender goals, when medically appropriate, and not contra-indicated.
- ~~Preoperative surgical clearance (within three months prior to the procedure) based on medical and psychological evaluation to assess whether other coexisting conditions are regulated, maintained or managed without active exacerbations or concerns~~
- \*The requirement for six (6) continuous months of living in the desired gender role congruent with gender identity may or may not take place concurrently with the six (6) continuous months of hormone therapy.

#### Gender Affirming Genital Reconstructive Surgery

~~Humana members~~ Members may be eligible under the Plan for genital reconstructive surgery (e.g., clitoroplasty, labiaplasty, metoidioplasty, penectomy, penile prosthesis, phalloplasty, scrotoplasty, testicular prosthesis placement, urethroplasty, vaginectomy, vaginoplasty, vulvectomy) when ALL of the following criteria are met:

- 18 years of age ~~or older; AND through 20 years of age; AND~~
- ~~Persistent, well documented diagnosis of gender dysphoria according to the DSM-5 with clinical notes submitted; AND~~
- Absence of a mental or physical impairment that would preclude a fully informed decision and/or consent; AND
- ~~12 continuous months of hormone therapy as appropriate to the individual's gender goals when medically appropriate and not contraindicated; AND~~
- ~~12 continuous months\* of living in a gender role that is congruent with their gender identity; AND~~
- ~~Two referral~~ One (1) letters from qualified mental health professionals, one in a purely evaluative role ~~(please see Appendix B for specific referral letter requirements); AND~~
- Participated in a minimum of six (6) months of psychotherapy; AND
- Persistent, well-documented, diagnosis of gender dysphoria according to the DSM-5 with clinical notes submitted; AND
- Preoperative surgical clearance based on medical and psychological evaluation by a licensed healthcare professional; AND
- Co-existing mental health conditions (if present) are managed without active exacerbations; AND

- A minimum of six (6) continuous months of living in a gender role congruent with gender identity\*; AND
- A minimum of six (6) continuous months of hormone therapy\* as appropriate to the individual's gender goals, when medically appropriate, and not contra-indicated.
- ~~Preoperative surgical clearance (within three months prior to the procedure) based on medical and psychological evaluation to assess whether other coexisting conditions are regulated, maintained or managed without active exacerbations or concerns~~

\*The requirement for six (6) continuous months of living in the desired gender role congruent with gender identity may or may not take place concurrently with the six (6) continuous months of hormone therapy.

~~\*The requirement for 12 continuous months of living in the desired gender role may or may not take place concurrently with the 12 continuous months of hormone therapy.~~

Members may be eligible under the Plan for permanent hair removal by electrolysis or laser when ALL of the following criteria are met:

- Criteria for gender affirming genital reconstructive surgery has been met; AND
- As preparation for genital reconstructive surgery which will require areas to be permanently without hair (e.g., donor site tissue or tissue used for neopenis/neovagina).

#### Gender Affirming Chest Surgery

Humana members may be eligible under the Plan for gender affirming chest surgery (~~i.e.g.~~, breast augmentation, breast reduction, mastectomy, nipple/areola reconstruction) when ALL of the following criteria are met:

- ~~18 years of age through 20 years of age; AND or older; AND~~
- ~~Persistent, well-documented diagnosis of gender dysphoria according to the DSM-5 with clinical notes submitted; AND~~
- Absence of a mental or physical impairment that would preclude a fully informed decision and/or consent; AND
- One (1) letters from qualified mental health professionals, one in a purely evaluative role;
  - Participated in a minimum of six (6) months of psychotherapy; AND
  - Persistent, well-documented, diagnosis of gender dysphoria according to the DSM-5 with clinical notes submitted; AND
  - Preoperative surgical clearance based on medical and psychological evaluation by a licensed healthcare professional; AND
  - Co-existing mental health conditions (if present) are managed without active exacerbations; AND
  - A minimum of six (6) continuous months of living in a gender role congruent with gender identity\*; AND
  - A minimum of six (6) continuous months of hormone therapy\* as appropriate to the individual's gender goals, when medically appropriate, and not contra-indicated.
- ~~Single letter of referral from a qualified mental health professional (please see Appendix B for specific referral letter requirements); AND~~

- ~~Preoperative surgical clearance (within three months prior to the procedure) based on medical and psychological evaluation to assess whether other coexisting conditions are regulated, maintained or managed without active exacerbations or concerns~~

\*The requirement for six (6) continuous months of living in the desired gender role congruent with gender identity may or may not take place concurrently with the six (6) continuous months of hormone therapy.

#### Revision of Gender Affirming Surgical Procedures

Humana members, 18 years of age through 20 years of age, may be eligible under the Plan for revision of gender affirming ~~Procedures~~ procedures as a result of a surgical complication (e.g., bleeding, hematoma, infection, ~~Injury~~ injury to surrounding organs, mechanical complication [e.g., fistula, malposition, strictures], remnant tissue, wound dehiscence).

~~Note: The criteria for gender affirming surgery are not consistent with the Medicare National Coverage Policy and therefore may not be applicable to Medicare members. Refer to the CMS website for additional information.~~

#### Coverage Limitations

This policy applies to Humana Healthy Horizons in Louisiana members 18 years of age through 20 years of age.

Humana members may NOT be eligible under the Plan for gender affirmation surgery for any indications other than those listed above.

Humana members may NOT be eligible under the Plan for revision of gender affirming surgical procedures for any indications other than those listed above.

Humana members may NOT be eligible under the Plan for reversal of gender affirming surgical procedures.

Humana members may NOT be eligible under the Plan for procurement, cryopreservation, storage and/or thawing of embryos, oocytes, sperm or reproductive tissue (~~iee.g.~~ iee.g., ovarian or testicular tissue).

Humana members may NOT be eligible under the Plan for any other procedures as part of gender affirmation surgery including, but may not be limited to, the following:

- Abdominoplasty
- Blepharoplasty<sup>^\*\*</sup>
- Body contouring
- Brow lift<sup>^\*\*</sup>

- Calf implants
- Cheek implants
- Chin implants
- Face lift
- [Facial bone reduction \(e.g., osteoplasty\)](#)
- [Facial feminization/masculinization](#)
- Forehead contouring or lift
- Gluteal implants
- Hair removal<sup>^</sup> (e.g., electrolysis, laser)
- Hair transplantation
- Injectable fillers (e.g., collagen, fat or other biologic/synthetic material)
- Jaw reduction (e.g., jaw contouring)
- Lip enhancement or reduction
- Liposuction
- [Mastopexy<sup>^</sup>](#)
- [Neck tightening](#)
- Nose implants
- Pectoral implants
- ~~[Penile prosthesis \(inflatable or noninflatable\)](#)~~
- Redundant skin removal
- Rhinoplasty<sup>^\*\*</sup>
- Skin resurfacing (e.g., dermabrasion, chemical peel)
- Thyroid cartilage reduction (e.g., chondroplasty)
- Voice modification surgery (e.g., cricothyroid approximation, laryngoplasty)
- Voice therapy

These procedures are considered cosmetic.

**\*\*While these procedures may not be covered under this Medical Coverage Policy, Humana members may be eligible for them when criteria are met. For information regarding coverage determination/limitations, please refer to medical necessity criteria specific to the names procedure.**

**^Please refer to the Coverage Determination section for hair removal exception.**

#### Definitions:

N/A

#### Background

~~Additional information about gender dysphoria may be found from the following websites:~~

- ~~• [National Library of Medicine](#)~~
- ~~• [World Professional Association for Transgender Health](#)~~

#### References:

DOCUMENT CONTAINS CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION

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#### **APPENDIX:**

#### **Appendix A—DSM-5 Criteria for the Diagnosis of Gender Dysphoria in Adolescents and Adults**

**A** marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least two of the following:

1. ~~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); OR~~
2. ~~A strong desire to be rid of one's primary and/or secondary sex characteristics because of marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics); OR~~
3. ~~A strong desire for the primary and/or secondary sex characteristics of the other gender; OR~~
4. ~~A strong desire to be of the other gender (or some alternative gender different from one's assigned gender); OR~~
5. ~~A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender); OR~~
6. ~~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); AND~~

**B.** ~~The condition is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning.~~

#### **Appendix B—Referral Letter Requirements**

#### **Minimum Credentials for a Qualified Mental Health Professional**

- ~~1. Master's degree or equivalent in a clinical behavioral science field. This degree or a more advanced one should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent; AND~~
- ~~2. Competence in using the DSM-5 and/or the International Classification of Disease for diagnostic purposes; AND~~
- ~~3. Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria; AND~~
- ~~4. Documented supervised training and competence in psychotherapy or counseling; AND~~
- ~~5. Continuing education in the assessment and treatment of gender dysphoria. 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 gender dysphoria.~~

#### **Format for Referral Letters from a Qualified Mental Health Professional**

- ~~1. Individual's general identifying characteristics; AND~~
- ~~2. Results of the individual's psychosocial assessment, including any diagnoses; AND~~
- ~~3. Duration of the mental health professional's relationship with the individual, including the type of evaluation and therapy or counseling to date; AND~~
- ~~4. An explanation that the World Professional Association for Transgender Health (WPATH) criteria for surgery have been met and a brief description of the clinical rationale supporting the individual's request for surgery; AND~~
- ~~5. A statement about the fact that informed consent has been obtained from the individual; AND~~
- ~~6. A statement that the mental health professional is available for the coordination of the care and welcomes a phone call to establish this.~~

#### **Version Control:**

8/22/22: Policy development and review-Approved by LDH for Readiness

8/22/23: Policy Review

8/25/23: Committee Approval

9/27/23: Changed to new template for Annual Review Due by 5.15.24. Kwise, MCD Clinical Delivery Experience

11/9/23: Policy update at LA UM Policy Review Meeting.

2/23/24: Minor changes made. Kwise, RN MCD Clinical Delivery Experience

08/26/2024: EPSDT age limits applied.

11/8/2024: Annual review based on TAF changes to policy criteria.

Owner: ~~Kelli Wise~~[Brandy Holmes](#)Executive Team Member: ~~Rick Born~~~~lori dunne/dr gupta~~[Dr. Shelly Gupta](#)

Accountable VP / Director: Nicole Thibodeaux

**Non-Compliance:**

Failure to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet on Hi! (Workday & Apps/Associate Support Center).