

## Gender Affirming Surgery and Related Procedures

State(s):

Idaho  Montana  Oregon  Washington  Other:

LOB(s):

Commercial  Medicare  Medicaid  PSA

### Commercial Policy

#### BACKGROUND

The American Psychiatric Association's Diagnostic and Statistical Manual, 5th Edition (DSM 5) defines criterion A of Gender Dysphoria as "a marked incongruence between one's experience/expressed gender and assigned gender." These individuals must meet additional criteria which include persistence over time and clinically significant distress or impairment in social, occupational or other important areas of functioning.

According to DSM 5, some individuals who meet criteria for Gender Dysphoria may also identify as being transsexual in that they "seek or have undergone, a social transition from male to f socR " see

Calf Implants  
Cheek/malar implants  
Chin/nose implants  
Collagen/filler injections  
Face-lift

Coverage for initial hormone therapy is available when the member has met all the following criteria and such coverage is available under the member's policy:

1. Is at least 18 years old. Request for services for members under 18 years of age requires Medical Director review.
2. Member has persistent, well-documented Gender Dysphoria.
3. Member has any significant medical or behavioral health conditions that are stable and controlled.
4. Member has capacity to make a fully informed decision and to consent for treatment.
5.
  - a. A licensed mental health professional (LMHP) has supplied a letter to the medical professional who will be responsible for the patient's endocrine treatments addressing the following points:
    - i. The patient's general identifying characteristics;
    - ii. The individual's evolving gender and any associated mental health concerns, and other psychiatric diagnoses;
    - iii. The date of the referring licensed mental health professional's re-evaluation.





