

Gender Dysphoria/Gender Nonconformity Coverage Guidelines

Gender Nonconformity – extent to which a person’s gender identity, role or expression differs from cultural norms prescribed for people of a particular sex and Gender Dysphoria – discomfort or distress that is caused by a discrepancy between the person’s identity and that person’s sex at birth.

These guidelines are not intended to address specific treatment choices for individual beneficiaries.

Coverage Guidelines

Non Covered Services include but are not limited to:

1. Gender reassignment services for members who are dissatisfied with their natal sex or prefer to be opposite sex without clinically significant distress or impairment.
2. Cosmetic procedures.
3. Reversal of gender reassignment surgery.
4. Procedures for the preservation of fertility such as the procurement, preservation and storage of sperm, oocytes or embryos.

Required documentation for prior-authorization requests:

1. Documentation of persistent Gender Dysphoria.
2. Inclusion of a specific management plan for medical and behavioral health concerns as documented by the treating clinician.
3. Attestation by the provider that the record includes an informed consent agreement signed by the member and that the document includes a summary of required post procedure management and screenings.
4. Documentation of appropriate Behavioral Health assessment and counseling.
5. Documentation of face to face evaluation within 30 days of the prior-authorization request being submitted, which includes clinical history, summary of prior therapies, plan for ongoing and post procedure management and the presence of necessary post procedure support services.

Covered services for members age 18 and older:

1. Behavioral Health
2. Hormonal therapy
3. Laboratory testing required to monitor hormonal therapy.
4. Surgical procedures included in list below. **PRIOR-AUTHORIZATION IS REQUIRED FOR THESE PROCEDURES.**

10/15

The following procedures are covered for females transitioning to males:

Hysterectomy

Mastectomy

Metoidioplasty

Phallic reconstruction/Phalloplasty

Testicular prostheses implantation

Salpingo-oophorectomy

Urethroplasty

Vaginectomy

The following procedures are covered for males transitioning to females:

Vulvoplasty

Clitoroplasty

Orchiectomy

Penectomy

Vaginoplasty

Colovaginectomy

Breast augmentation (when the member is not comfortable in social role after 12 months of hormonal therapy).

Covered services for members age 17 or younger:

1. Behavioral Health
2. Pharmacological and hormonal therapy to delay physical changes of puberty or to masculinize or feminize. **REQUIRES PRIOR-authorization**
3. Non-reversible hormonal therapy. **REQUIRES PRIOR-AUTHORIZATION.**

Approved:  Associate Medical Director

Jerry Fingerut, MD

Date: 28 October 2015

Reviewed: _____

Revised: _____