



CHAPTER 519.24 GENDER AFFIRMATION SURGERY

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**DISCLAIMER:** This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

## CHAPTER 519.24 GENDER AFFIRMATION SURGERY

### BACKGROUND

West Virginia Medicaid covers medically necessary surgical procedures for Gender Affirmation for Gender Dysphoria when certain criteria are met and prior authorization is obtained.

Gender Dysphoria is a condition defined in the DSM-V in which a person experiences clinically significant distress or impairment because there is an incongruence between their biological sex and gender identity. Gender affirmation surgeries are covered for individuals diagnosed with gender dysphoria and meeting certain criteria to align their biological sex with their gender identity.

Successful treatment of Gender Dysphoria often involves a combination of medical and psychological interventions. Prior to gender affirmation surgery, members may begin medical therapies and behavioral trials. Members must receive medical and psychological evaluations to confirm surgery as the most appropriate treatment.

Studies evaluating the efficacy of gender affirmation surgery in treating Gender Dysphoria are limited. The peer-reviewed literature primarily consists of single case reports and studies with very small sample sizes. The publications highlight the lack of information about long term efficacy of surgical interventions, particularly on mental health outcomes. In addition, research to date has not established definitive patient selection criteria for ancillary procedures, services, and treatment for Gender Dysphoria.

West Virginia Medicaid acknowledges the absence of clear clinical, scientific and therapeutic guidance, however, West Virginia Medicaid is committed to facilitating access to specific forms of gender affirmation treatment for the Medicaid population.

### POLICY

#### Conditions of Coverage

- Member must be 21 years or older prior to being considered for this procedure.
- Written clinical evaluation that may be in the form of a letter documenting eligibility and medical necessity from two qualified mental health professionals demonstrating that the member:
  - Has been separately assessed by two qualified, mental health professionals, as defined in this policy each resulting in a diagnosis of Gender Dysphoria meeting DSM-V criteria, and
  - The qualified mental health professionals are unaffiliated.
- A written clinical evaluation by a qualified mental health professional will include at a minimum:
  - Diagnosis of persistent gender dysphoria, with demonstrated participation in a treatment plan in consolidating gender identity
  - Diagnosis and treatment of co-morbid conditions,
  - Counseling of treatment options and implications
  - Psychotherapy for a minimum of 8 visits in the 12 months preceding surgery
  - Affirmation that the member has been assessed face-to-face, in person, by the qualified mental health professional
  - Formal recommendations of readiness for surgical treatment, documented in a letter that includes:
    - Documentation of all diagnoses

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- Duration of professional relationship and the type of therapy
- Rationale for surgery
- 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.
- A letter from the treating surgeon stating that the member meets the criteria listed in the policy and has personally communicated to the treating mental health provider, physician, and the member the ramifications of the surgery including:
  - The required length of the hospitalization
  - Possible complications of surgery/surgeries
  - The post-surgical rehabilitation requirement of the various surgical approaches and the planned surgery
  - Pain management
- Completion of at least 12 continuous months of living as transgender Male to Female (MTF) or Female to Male (FTM) in all aspects of daily living as documented in medical/psychological records.
- Documentation of 12 months continuous hormone therapy as appropriate to the member's gender goals, unless medically contraindicated whereas the provider must document why the hormones are not clinically indicated.
- Documentation of follow up every three months during the first year of hormone therapy to monitor hormone levels.
- Documentation the member has received counseling about the risks, benefits, and alternatives of hormone therapy and surgery.

### 519.24.1 COVERED SERVICES

The following gender affirmation surgeries may be considered medically necessary when the above criteria are met and prior authorization is obtained:

- **Male to Female (MTF)**
  - Orchiectomy
  - Penectomy
  - Vaginoplasty
  - Colovaginoplasty
  - Clitoroplasty
  - Labiaplasty
  - Augmentation Mammoplasty
  - Perineoplasty
- **Female to Male (FTM)**
  - Breast reduction (e.g., mastectomy, reduction mammoplasty)
  - Hysterectomy
  - Salpingo-oophorectomy
  - Colpectomy/Vaginectomy
  - Trachelectomy (Cervicectomy)

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- Vulvectomy
- Metoidioplasty
- Phalloplasty
- Urethroplasty
- Scrotoplasty
- Testicular prosthesis implantation

**Providers for Gender Affirmation Surgery:** All treating, rendering, ordering, or referring providers MUST be enrolled with West Virginia Medicaid prior to services being performed. See [Chapter 300, Provider Participation Requirements](#). All providers must follow [Policy 519.16, Surgical Services](#) in addition to this policy.

**Provider Documentation Criteria for Gender Affirmation Surgery:** The treating clinicians must provide the following documentation. The documentation must be provided in letters from the appropriate clinicians and contain the information noted below:

The letters must attest to the psychological aspects of the candidate's Gender Dysphoria as defined by the DSM-V.

a. One of the letters must be from a licensed behavioral health professional with an appropriate degree:

- Doctor of Philosophy (Ph.D.);
- Doctor of Medicine (M.D.);
- Licensed Certified Social Worker (LCSW)
- Doctor of Education (Ed.D.);
- Doctor of Science (D.Sc.);
- Doctor of Social Work (DSW);
- Psychiatric physician assistant, Doctor of Psychology (Psy.D), or psychiatric nurse practitioner under the supervision of a psychiatrist with established competence and clinical expertise in the assessment and treatment of gender dysphoria, who is capable of adequately evaluating if the candidate has any co-morbid psychiatric conditions.

When patients with gender dysphoria are also diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated. Reevaluation by a mental health professional qualified to assess and manage psychotic conditions should be conducted prior to surgery, describing the patient's mental status and readiness for surgery. It is preferable that this mental health professional be familiar with the patient. No surgery should be performed while a patient is actively psychotic.

b. One of the letters must be from the candidate's established physician or behavioral health provider. The letter or letters must document the following:

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- Whether the author of the letter is part of a gender dysphoria treatment team and/or follows current World Professional Association for Transgender Health (WPATH) Standards of Care; or
- Endocrine Society Guidelines for the Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons for evaluation and treatment of gender dysphoria; and
- The initial and evolving gender, sexual, and other psychiatric diagnoses (if applicable); and
- The duration of their professional relationship including the type of evaluation that the candidate underwent; and
- The eligibility criteria that have been met by the candidate according to the above Standards of Care; and
- The physician or mental health professional's rationale for hormone therapy and/or surgery.
- The extent of participation in psychotherapy throughout the 12-month real-life trial; and
- 12-Month Hormone Therapy
- Demonstrable progress on the part of the candidate in consolidating the new gender identity, including improvements in the ability to handle:
  - Work, family, and interpersonal issues
  - Behavioral health issues, should they exist.

If the letters specified in 1a and 1b above come from the same clinician, then a letter from a second physician or behavioral health provider familiar with the candidate corroborating the information provided by the first clinician is required.

For members requesting surgical treatment, 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 that:

- The member meets the “candidate criteria” listed in this policy and
- The treating surgeon feels that the member is likely to benefit from surgery and
- The surgeon has personally communicated with the treating mental health provider or physician treating the candidate, and
- The surgeon has personally communicated with the candidate and the candidate understands the ramifications of surgery, including:
  - The required length of hospitalizations,
  - Possible complications of the surgery, and
  - The post-surgical rehabilitation requirements of the various surgical approaches and the planned surgery.

### **Contraindications to Surgery**

Patient exclusion criteria in the reviewed studies included an accompanying psychiatric disorder, severe environmental challenges, failure to remain in a cross-sex role during the trial period, illicit drug use, or a lack of Gender Dysphoria diagnosis.

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### 519.24.2 PRIOR AUTHORIZATION REQUIREMENT

West Virginia Medicaid requires Prior Authorization for all gender affirmation surgeries for the treatment of gender dysphoria. Prior Authorization will be reviewed by the contracted utilization organization.

### 519.24.3 NON-COVERED ITEMS

- West Virginia Medicaid does not cover reversal of the surgeries approved under this rule.
- Cryopreservation, storage, or thawing of reproductive tissue is not covered. Surrogate parenting will not be covered.
- Coverage is not available for surgeries or procedures that are cosmetic, such as services that change a beneficiary's appearance but not medically necessary to treat the patients underlying gender dysphoria.
- Cosmetic Procedures not covered include, but are not limited to:
  - Abdominoplasty
  - Blepharoplasty
  - Brow lift
  - Calf implants
  - Cheek/Malar implants
  - Chemical peel
  - Chin/nose implants or prosthesis
  - Collagen injections
  - Dermabrasion
  - Hair transplantation
  - Lip reduction
  - Liposuction
  - Mastopexy
  - Neck tightening
  - Pectoral implants for chest masculinization
  - Removal of redundant skin
  - Voice modifications such as laryngoplasty, glottoplasty or shortening of the vocal cords
  - Gluteal augmentation

Non covered services are not eligible for a West Virginia Department of Health and Human Resources (DHHR) Fair Hearing or a Desk/Document review.

## GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

**Gender Affirmation Surgery:** The surgical procedures by which the physical appearance and function of a person's primary and/or secondary sex characteristics are modified to establish greater congruence with their gender identity.

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**Gender Dysphoria:** A distressed state arising from conflict between a person's gender identity and the sex the person has or was identified as having at birth in accordance with the definition and diagnostic criteria established by the DSM-V.

**Gender Identity:** A person's internal sense of being male, female, some combination of male and female, or neither male or female.

**Transgender Female:** A person assigned a female sex at birth who identifies as male.

**Transgender Male:** A person assigned a male sex at birth who identifies as female.

### CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
New Chapter	Gender Affirmation Surgery	September 1, 2022