

## Upper Peninsula Health Plan Gender Affirmation Surgery Authorization Criteria

*Applicable to the following product lines: Upper Peninsula Health Plan (UPHP) Medicaid, Healthy Michigan Plan (HMP), Children's Special Health Care Services (CSHCS), and MICHild.*

**Description:** *Gender affirmation surgery* is a term used to describe multiple medical and/or surgical treatments related to alleviating gender dysphoria. *Gender* is a term that refers to the psychological and cultural characteristics associated with biological sex. It is a psychological concept and sociological term, not a biological one. *Gender identity* refers to an individual's awareness of being male or female and is sometimes referred to as an individual's "experienced gender." *Gender dysphoria* refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's biology.

**A. Gender Transition is considered medically appropriate if ALL the following are met. Member MUST meet the following prior to surgical treatment:**

1. Member is 18 years of age or older; and
2. Member has the capacity to make a fully informed consent to treatment; and
3. Any significant medical concerns are well controlled (e.g., hypertension, diabetes, coronary artery disease); and
4. Any significant mental health concerns are well controlled (e.g., anxiety, depression, conduct disorder, substance abuse, dissociative identity disorders, borderline personality disorder); and
5. Clinical documentation, along with letter of support, that shows persistent gender dysphoria by a mental health professional\*\* is required within a year of top surgery (e.g., breast or chest surgeries) and the following are present:
  - a. The desire to live as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
  - b. 1 year life experience in the chosen gender prior to genital confirming surgery; and
  - c. The transsexual identity has been present persistently for at least 12 months; and
  - d. The disorder is not a symptom of another mental disorder; and
  - e. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
6. Bottom (genital) surgery requires clinical documentation, along with letters of support from two separate mental health professionals \*\*\*who have independently assessed member is required within one year of surgery and the above a-e are present.
7. Smoking cessation 6 weeks prior to surgical treatment(s).
8. Documentation of continuous hormone replacement therapy for minimum of 12 months or medical contraindication, inability, or unwillingness to take hormones.

**B. Covered Surgical Procedures**

1. Female-to-male gender procedures includes any of the following:

- a. Mastectomy/Breast reduction
  - b. Nipple reconstruction/grafting and neurotization
  - c. Hysterectomy
  - d. Metoidioplasty
  - e. Oophorectomy
  - f. Phalloplasty
  - g. Salpingectomy
  - h. Vaginectomy
  - i. Vulvectomy
  - j. Scrotoplasty
  - k. Urethroplasty
  - l. Suprapubic tube placement and cystoscopy
  - m. Up to 4 laser hair removal treatments in preparation of free flaps used in phalloplasty and urethroplasty to prevent complications from hair growth
2. Male-to-female gender procedures includes any of the following:
    - a. Clitoroplasty
    - b. Orchiectomy
    - c. Penectomy
    - d. Vaginoplasty/labiaplasty
    - e. Vulvoplasty

\*\* For coverage of gender affirmation surgical procedures, the medical necessity determination must include a mental health evaluation indicating the individual meets diagnostic and readiness criteria in accordance with current WPATH standards of care. The mental health evaluation must be conducted by a fully licensed mental health professional who possesses, at a minimum, a master's degree or equivalent in a clinical behavioral science field and has experience in the treatment and assessment of gender dysphoria. The evaluation must be documented in the beneficiary's medical record and included in requests for coverage of surgical interventions that require prior authorization.

\*\*\*If the first letter is from the member's psychotherapist, the second letter should be from a person who has an evaluative role with the member. Two separate letters or one letter signed by both providers (e.g., if practicing within the same clinic) may be sent.

### **Bibliography**

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5. AAPC, 2018, *Clear Up Misconceptions About Transgender Coding*, May 7, 2021, < <https://www.aapc.com/blog/42647-clear-up-misconceptions-about-transgender-coding/>>
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10. World Professional Association for Transgender Health. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender-Conforming People [8th Version]*. <https://www.wpath.org/publications/soc>
11. Michigan Department of Health and Human Services Medical Services Administration Bulletin, #MSA 21-28, *Coverage of Gender Affirmation Services*, effective November 1, 2021, <http://www.michigan.gov/medicaidproviders>

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