

## Upper Peninsula Health Plan Gender Affirming 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 MI Child.*

**Description:** *Gender affirmation surgery (GAS)* term used to describe surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity. *Gender* depending on the context, gender may reference gender identity, gender expression, and/or social gender role, including understandings and expectations culturally tied to people who were assigned male or female at birth. *Gender identities* other than those of men and women include transgender, nonbinary, genderqueer, gender neutral, agender, gender fluid, and third gender, among others; many other genders are recognized around the world. *Gender dysphoria* describes a state of distress or discomfort that may be experienced because a person's gender identity differs from that which is physically and/or socially attributed to their sex assigned at birth. Gender dysphoria is also a diagnostic term in the DSM-5 denoting an incongruence between the sex assigned at birth and experienced gender accompanied by distress. Not all transgender and gender diverse people experience gender dysphoria.

UPHP criteria for gender affirming care are aligned with federal nondiscrimination requirements, including Section 1557 of the Affordable Care Act, which prohibits discrimination on the basis of gender identity. Coverage determinations for gender affirming care, including medical and surgical interventions, will not create unnecessary barriers and will be based on individualized medical necessity.

Medical and surgical treatments can be requested before, during or after social transition, however, social transition is not a requirement for these treatments.

### A. For members 18 years of age and older:

1. Member has the capacity to make fully informed consent to treatment; and
2. Any significant medical concerns are well controlled (e.g., hypertension, diabetes, coronary artery disease); and
3. Any significant mental health concerns are well controlled (e.g., anxiety, depression, conduct disorder, substance abuse, dissociative identity disorders, borderline personality disorder); and
4. Clinical documentation of health care assessment, along with letter of support, that shows persistent gender dysphoria or incongruence by one qualified licensed health care provider (HCP). \*\*
  - a. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
5. Documentation that member has been informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility.
6. Member is stable on their gender affirming hormonal treatment regimen (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result unless hormone therapy is either not desired or is medically contraindicated).
7. Treatment and procedure codes must be listed on the Michigan Department of Health and Human Services (MDHHS) Fee Schedule.

8. Requests must include documentation of multidisciplinary assessments, including medical and mental health evaluation, and evidence of informed consent that discusses risks, benefits, alternatives, reproductive effects, and current uncertainties regarding long-term outcomes. Counseling on fertility preservation must be documented.

**B. Members of Adolescent Age:**

1. Must have already reached Tanner stage 2 puberty with documentation of this in clinical assessment; and
2. Member has the capacity to make fully informed consent to treatment, including emotional and cognitive maturity, as noted in documentation (provider clinical or letter); 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 of health care assessment, along with letter of support, that shows persistent gender dysphoria or incongruence by one qualified licensed health care provider.\*\*
6. Documentation that member has been informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility.
7. Member has at least 12 months of gender affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender affirming treatment unless hormone replacement therapy is either not desired or is medically contraindicated.
8. Treatment and procedure codes must be listed on the Michigan Department of Health and Human Services (MDHHS) Fee Schedule.
9. Coverage of gender affirming interventions for members under age 18 is subject to applicable state and federal law and may be further limited by institutional policy or evolving clinical standards.
10. All requests for adolescent gender affirming care must be reviewed by UPHP Medical Director (for standard and expedited requests)/contracted Practitioner Reviewer (for expedited requests when UPHP Medical Director is unavailable) for medical necessity and include documentation of multidisciplinary assessment (including medical, mental health, and, when appropriate, ethical consultation), evidence of emotional and cognitive maturity to provide fully informed consent, documentation of thorough informed consent (including discussion of risks, benefits, alternatives, potential reproductive effects, and current uncertainties regarding long-term outcomes), and counseling/discussion of fertility preservation options prior to initiation of irreversible interventions. Ongoing psychosocial support must be offered.

**C. Detransition:**

1. Term used to describe an individual's retransition to the gender stereotypically associated with their sex assigned at birth.
2. Requests for detransition (retransition to the gender associated with sex assigned at birth) will be reviewed individually by the UPHP Medical Director/contracted Practitioner Reviewer, with attention to psychosocial factors, support needs, and clinical context.

\*\* For coverage of gender affirming treatments, World Professional Association for Transgender Health (WPATH) recommends providers are licensed by their statutory body and hold, at a minimum, a master's degree or equivalent in a clinical field related to transgender health or equivalent further clinical training and be statutorily regulated (examples include a mental health professional, general medical practitioner, nurse, or other qualified HCP). Providers should have experience or be qualified to assess clinical aspects of gender dysphoria, incongruence, and diversity. They should also undergo continuing education in

health care relating to gender dysphoria, incongruence, and diversity.

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### **Ongoing Review:**

Note is made that this subject is one where emerging evidence, changes in federal or state directives, and evolving national/international guidelines may impact the standard of care. The plan will monitor developments in clinical outcomes, regulatory policy, and institutional practice patterns to ensure criteria remain current and evidence based.

### **Bibliography**

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