



Yale Health Coverage Policy
Sex Reassignment Surgery

Policy

Yale Health provides limited coverage to eligible Faculty and M&P members for sex reassignment surgery. In order to be eligible for coverage, certain criteria must be met in order to determine that the requested procedure is considered medically appropriate (i.e., indicated for the specific individual based on widely-accepted standards of care and pursuant to the general medical necessity criteria as described in the Member Handbook).

Yale Health follows the general standards of transgender health care as defined by the World Professional Association for Transgender Health (WPATH: <http://www.wpath.org/>)

Yale Health considers the WPATH standards of care to be recommendations rather than absolute rules for care. Criteria for undergoing hormonal or surgical treatments are considered minimum acceptable criteria. Yale Health may require additional information or criteria for commencing and/or continuing treatment for any given member, based on individual circumstances.

Provided other medical necessity conditions are met, Yale Health provides coverage for sex reassignment surgery when all of the following criteria are met:

1. Member is at least 18 years old; *and*
2. Member has met criteria for the diagnosis of "true" transsexualism, including:
 - A sense of estrangement from one's own body, so that any evidence of one's own biological sex is regarded as repugnant; *and*
 - A stable transsexual orientation evidenced by a desire to be rid of one's genitals and to live in society as a member of the other sex for at least 2 years, that is, not limited to periods of stress; *and*
 - Absence of physical inter-sex or genetic abnormality; *and*
 - Does not gain sexual arousal from cross-dressing; *and*
 - Life-long sense of belonging to the opposite sex and of having been born into the wrong sex, often since childhood; *and*
 - Not due to another biological, chromosomal or associated psychiatric disorder, such as schizophrenia; *and*
 - Wishes to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; *and*
3. Member has completed a recognized program of transgender identity treatment as evidenced by all of the following:
 - A qualified mental health professional* who has been acquainted with the member for at least 18 months recommends sex reassignment surgery

- documented in the form of a written comprehensive evaluation; *and*
- A second concurring recommendation by another qualified mental health professional, identified by Yale Health must be documented in the form of a written expert opinion**; *and*
- For genital surgical sex reassignment, member has undergone a urological examination for the purpose of identifying and perhaps treating abnormalities of the genitourinary tract, since genital surgical sex reassignment includes the invasion of, and the alteration of, the genitourinary tract (urological examination is not required for persons not undergoing genital reassignment); *and*
- Member has demonstrated an understanding of the proposed male-to-female or female-to-male sex reassignment surgery with its attendant costs, required lengths of hospitalization, likely complications, and post surgical rehabilitation requirements of the planned surgery; *and*
- Psychotherapy is not an absolute requirement for surgery unless the mental health professional's initial assessment leads to a recommendation for psychotherapy that specifies the goals of treatment, estimates its frequency and duration throughout the real life experience (usually a minimum of 3 months); *and*
- The member has successfully lived and worked within the desired gender role full-time (so-called real-life experience) for 12 months before genital surgery***, without periods of returning to the original gender; *and*
- Unless medically contraindicated, member has received at least 12 months of continuous hormonal sex reassignment therapy recommended by a mental health professional and carried out by an endocrinologist (which can be simultaneous with the real-life experience). A period of 6 months may be sufficient before breast surgery, based on individual circumstances.

* At least one of the two clinical behavioral scientists making the favorable recommendation for surgical (genital) sex reassignment must possess a doctoral degree (e.g., Ph.D., Ed.D., D.Sc., D.S.W., Psy.D., or M.D.). Note: Evaluation of candidacy for sex reassignment surgery by a mental health professional is covered under the member's medical benefit, unless the services of a mental health professional are necessary to evaluate and treat a mental health problem, in which case the mental health professional's services are covered under the member's behavioral health benefit.

** Separate letters are required.

***Some period of real life experience is desirable before breast surgery, but no absolute time period is required. Timing for approval of breast surgery will be based on assessment of individual circumstances.

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Covered surgical procedures for female to male persons include: mastectomy, hysterectomy, vaginectomy, salpingo-oophorectomy, metoidioplasty, phalloplasty, urethroplasty, scrotoplasty and placement of testicular prostheses, and erectile prostheses.

Covered surgical procedures for male to female persons include: penectomy, orchidectomy, vaginoplasty, clitoroplasty, and labiaplasty.

Note: Rhinoplasty, face-lifting, lip enhancement, facial bone reduction, blepharoplasty, breast augmentation, liposuction of the waist (body contouring), reduction thyroid chondroplasty, hair removal, voice modification surgery (laryngoplasty or shortening of the vocal cords), and skin resurfacing, which have been used in feminization, are considered cosmetic. Similarly, chin implants, nose implants, and lip reduction, which have been used to assist masculinization, are considered cosmetic.

Note on gender specific services for transgender persons:

Gender-specific services may be medically necessary for transgender persons appropriate to their anatomy. Examples include:

1. Breast cancer screening may be medically necessary for female to male transgender persons who have not undergone a mastectomy;
2. Prostate cancer screening may be medically necessary for male to female transgender individuals who have retained their prostate.

Background

Transsexualism is "a gender identity disorder in which the person manifests, with constant and persistent conviction, the desire to live as a member of the opposite sex and progressively take steps to live in the opposite sex role full-time." People who wish to change their sex may be referred to as "Transsexuals" or as people suffering from "Gender Dysphoria" (meaning unhappiness with one's gender).

Transsexuals usually present to the medical profession with a diagnosis of transsexualism, a sophisticated understanding of their condition, and a desired course of treatment, that is, hormone therapy and sex-reassignment surgery. The therapeutic approach to gender identity disorder consists of three parts: a real life experience in the desired role, hormones of the desired gender, and surgery to change the genitalia and other sex characteristics (Day, 2002). The most

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typical order, if all three elements are undertaken, is hormones followed by real life experience and, finally, surgery.

For male to female transsexuals selected for surgery, procedures may include genital reconstruction (vaginoplasty, penectomy, orchidectomy, clitoroplasty), breast augmentation and cosmetic surgery (facial reshaping, rhinoplasty, abdominoplasty, laryngeal shaving, vocal cord shortening, hair transplants) (Day, 2002). For female to male transsexuals, surgical procedures may include genital reconstruction (phalloplasty, genitoplasty, hysterectomy, bilateral oophorectomy), mastectomy, chest wall contouring and cosmetic surgery (Day, 1992).

Due to the far-reaching and irreversible results of hormonal and/or surgical transformational measures, a careful diagnosis and differential diagnosis is absolutely vital to the patient's best interest. In and of themselves, a patient's self-diagnosis and the intensity of his desire for sex reassignment cannot be viewed as reliable indicators of transsexuality. A vital part of the long-term diagnostic therapy is the so-called real-life experience, in which the patient lives as a member of the desired sex continually and in all social spheres in order to accumulate necessary experience. Experience in specialist Gender Identity Units has shown that only about 15% of male transsexuals and 90% of female transsexuals are considered suitable for surgery or still desire it after specialist psychiatric care and a prolonged period of observation used to identify the relatively rare "true" transsexual from the more common "secondary" transsexual.

Hormone therapy and sex-reassignment surgery are superficial changes in comparison to the major psychological adjustments necessary in changing sex. Treatment should concentrate on the psychological adjustment, with hormone therapy and sex-reassignment surgery being viewed as confirmatory procedures dependent on adequate psychological adjustment. Psychiatric care may need to be continued for many years after sex-reassignment surgery. The technical success of sex-reassignment surgery is greater for male-to-female transsexuals than female-to-male transsexuals, and continues to improve as new techniques are developed. The overall success of treatment depends partly on the technical success of the surgery, but more crucially on the psychological adjustment of the transsexual, and the support from family, friends, employers and the medical profession.

Given the lifelong impact of irreversible sex reassignment surgery, Yale Health carefully reviews all referrals for surgical treatment. Referral should be made by the Primary Care Clinician or an Endocrinologist who has managed the patient's hormone treatment. Referrals are reviewed by a panel of professionals from the disciplines of endocrinology, mental health, internal medicine/family medicine and nursing. Decisions regarding coverage will be communicated to the member via the referring clinician and in writing to the member. Adverse determinations may be appealed to the Yale Health Claims Committee and to external review as stipulated in the member handbook for non-urgent pre-service claims.

CPT Codes / HCPCS Codes / ICD-9 Codes

CPT codes covered if selection criteria are met:

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19301, 19303 -
19304

53430

54125

54400 - 54417

54520

54660

54690

55175

55180

55970

55980

56625

56800

56805

56810

57106 - 57107,
57110 - 57111

57291 - 57292

57335

58150, 58180,
58260 - 58262,
58275 - 58291,
58541 - 58544,
58550 - 58554

58570 - 58573

58661

58720

CPT codes not covered for indications listed in the CPB [considered cosmetic]:

11950 - 11954

15780 - 15787

15788 - 15793

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15820 - 15823

15824 - 15828

15830 - 15839

15876 - 15879

17380

19316

19318

19324 - 19325

19340

19342

19350

21120 - 21123

21125 - 21127

30400 - 30420

30430 - 30450

Other CPT codes related to the CPB:

90804 - 90857

ICD-9 codes covered if selection criteria are met:

302.50 - 302.53 Trans-sexualism

302.85 Gender identity disorder in adolescents or adults

ICD-9 codes not covered for indications listed in the CPB:

293.0 - 302.4, Mental disorders [other than transexualism and gender identity disorder]
302.6 - 302.84,
302.89 - 319

752.7 Indeterminate sex and pseudohermaphroditism

758.0 - 758.9 Chromosomal anomalies

The above policy is based on the following references:

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