



# CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

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Coverage Policy Number ..... 0266

Subject **Gender Reassignment Surgery**

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## Hyperlink to Related Coverage Policies

Abdominoplasty and Panniculectomy  
 Blepharoplasty, Reconstructive Eyelid  
 Surgery, and Brow Lift  
 Redundant Skin Surgery  
 Rhinoplasty  
 Rhinoplasty/Septoplasty

### INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans as well as benefit plans formerly administered by Great-West Healthcare. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a participant's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a participant's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable group benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2010 CIGNA

## Coverage Policy

Gender reassignment surgery (including, but not limited to, related services such as medical counseling, psychological clearance for surgery in the absence of a need for behavioral health therapeutic services, and hormonal therapy) is specifically excluded under many benefit plans. In addition, procedures associated with gender reassignment surgery that are performed solely for the purpose of improving or altering appearance or self-esteem, or to treat psychological symptomatology or psychosocial complaints related to one's appearance are considered cosmetic in nature and not medically necessary and are not covered under many benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

If coverage for gender reassignment surgery is available, the following conditions of coverage apply.

CIGNA covers gender reassignment surgery as medically necessary when ALL of the following criteria are met:

- The individual is 18 years of age or older.
- The individual is diagnosed as having a gender identity disorder (GID), including a diagnosis of transsexualism that includes ALL of the following criteria:

- The individual has demonstrated the desire to live and be accepted as a member of the opposite sex, in addition to a desire to make his/her body as congruent as possible with the preferred sex through surgery and hormone replacement.
  - The transsexual identity has been present consistently for at least two years.
  - The disorder is not due to another mental disorder or chromosome abnormality.
- The individual is an active participant in a recognized gender identity treatment program and demonstrates **ALL** of the following conditions:
    - The individual has successfully lived and worked within the desired gender role full-time for at least 12 months (real life experience) without returning to the original gender.
    - One qualified health professional recommends initiation of hormonal therapy or breast surgery with written documentation submitted to the physician who will be responsible for the medical treatment.
    - The individual has received at least 12 months of continuous hormonal sex reassignment therapy, unless medically contraindicated. (May be simultaneous with real life experience.)
    - Two qualified mental health professionals recommend sex reassignment surgery with written documentation submitted to the physician performing the genital surgery. (At least one letter should be an extensive report. Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist.)
    - The individual has undergone evaluation by the physician performing the genital surgery.

**CIGNA covers as medically necessary the following surgeries when performed as part of initial gender reassignment surgery:**

- initial mastectomy/breast reduction
- hysterectomy
- salpingo-oophorectomy
- colpectomy
- metoidioplasty
- vaginoplasty
- colovaginoplasty
- orchiectomy
- penectomy
- clitoroplasty
- labiaplasty

**CIGNA considers the following associated gender reassignment surgeries cosmetic in nature and not medically necessary; therefore, these services are not generally covered, even in the presence of a benefit for gender reassignment surgery (this list may not be all-inclusive):**

- breast augmentation/silicone injections of the breast
- blepharoplasty
- facial feminization surgery
- rhinoplasty
- lip reduction/enhancement
- face/forehead lift
- chin/nose implants
- trachea shave/reduction thyroid chondroplasty
- laryngoplasty
- liposuction
- electrolysis
- jaw shortening/sculpturing/facial bone reduction
- collagen injections
- removal of redundant skin
- voice modification surgery

- hair removal/hair transplantation
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## General Background

Gender reassignment therapy is an umbrella term for all medical procedures relating to gender reassignment of both transgendered (i.e., non-identification with the gender one was assigned at birth) and intersexual people (i.e., born with sex characteristics of indeterminate sex). The term "gender reassignment surgery," also known as sexual reassignment surgery, may be used to mean either the reconstruction of male or female genitals, specifically, or the reshaping, by any surgical procedure, of a male body into a body with female appearance, or vice versa. Gender reassignment surgery is part of a treatment plan for gender identity disorder (GID). The causes of GID and the developmental factors associated with it are not well-understood. The individual who is genetically male but who feels that the male gender does not describe him completely or accurately, and/or who desires or has undergone a male to female conversion is known as a transwoman; and the individual who is genetically female who feels that the female gender does not describe her completely or accurately, and/or who desires or has undergone the female to male conversion is known as a transman.

According to the World Professional Association for Transgender Health (WPATH) (formerly known as the Harry Benjamin International Gender Dysphoria Association [(H)BIGDA]), Standards of Care (SOC) a GID clinical threshold occurs when concerns, uncertainties and questions about gender identity persist during a person's development and become so intense that they are the most important aspect of the person's life or prevent the establishment of a relatively unconflicted gender identity. The person's struggles may be referred to as a gender identity problem, gender dysphoria, gender problem, gender concern, gender conflict or gender transsexualism. Patients may demonstrate varying degrees of dissatisfaction, and some patients with GID may desire surgical transformation of their bodies.

Gender reassignment surgery is intended to be a permanent change to a patient's sexual identity and is not reversible. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history; gynecological, endocrinological and urological examination, and a clinical psychiatric/psychological examination. A patient's self-assessment and desire for sex reassignment cannot be viewed as reliable indicators of GID.

Transsexualism is a form of GID, which is considered a mental disorder and is designated in the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV TR, 2000). Other differential diagnoses include, but are not limited to, partial or temporary disorders as seen in adolescent crisis, transvestitism, refusal to accept a homosexual orientation, psychotic misjudgments of gender identity and severe personality disorders (Becker, et al., 1998). Gender reassignment surgery is not indicated for conditions other than transsexualism.

Two frequently used methods of diagnosing transsexualism are the German Standards for the Treatment and Diagnostic Assessment of Transsexuals (Becker, et al., 1998) and the WPATH SOC (2001). According to these standards of care, transsexualism is identified as follows:

- a permanent and profound identification with the opposite sex
- a persistent feeling of discomfort regarding one's biological sex or feelings of inadequacy in the gender role of that sex
- the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone replacement
- clinically relevant distress and/or impaired ability to function in social, work-related and other situations as a result of preoccupation with non-identification with the gender assigned at birth
- not a symptom of another mental disorder or a chromosomal abnormality
- persistent presence of the transsexual identity for at least two years

Mental health professionals play a strong role in working with individuals with GID, as they need to diagnose the gender disorder and any comorbid psychiatric conditions accurately, counsel the individual regarding treatment options, and provide psychotherapy and assess eligibility and readiness for hormone and surgical therapy. They usually provide documentation and formal recommendations to medical and surgical specialists. Psychiatric

care may need to continue for several years after gender reassignment surgery, as major psychological adjustments may continue to be necessary. Other providers of care may include a family physician or internist, endocrinologist, urologist, plastic surgeon, general surgeon and gynecologist. The overall success of the surgery is highly dependent on psychological adjustment and continued support.

After diagnosis, the therapeutic approach usually includes three elements: hormones of the desired gender, real life experience in the desired role, and surgery to change the genitalia and other sex characteristics.

Prior to gender reassignment surgery, patients undergo hormone replacement therapy, which plays an important role in the gender transition process. Biological males can be treated with estrogens and anti-androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease testicular size and erections. Biological females are treated with testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. Hormones must be administered by a physician and require ongoing medical management, including physical examination and lab studies to evaluate dosage, side effects, etc. Lifelong maintenance is usually required. Hormone therapy also limits fertility, and individuals need to be informed of sperm preservation options and cryopreservation of fertilized embryos prior to starting hormone therapy.

The individual identified with GID also undergoes what is called a "real life experience," in which he/she adopts the new or evolving gender role and lives in that role as part of the transition pathway. This process tests the individual's resolve and commitment for change, as well as the adequacy of his/her support system. During this time, a person would be expected to maintain full- or part-time employment, participate in community activities, acquire a legal gender identity appropriate first name, and provide an indication that others are aware of the change in gender role. Mental health professionals continue to play an important role in this individual's continuum of care.

### **Transmen**

Transmen assume male gender identities or strive to present in more male gender roles. Gender reassignment surgery from female to male (FTM) includes surgical procedures that reshape a female body into the appearance of a male body. Procedures often performed as part of gender reassignment surgery of FTM include mastectomy, hysterectomy, salpingo-oophorectomy, colpectomy (i.e., removal of the vagina) and metoidioplasty (i.e., construction of a penis).

### **Transwomen**

Transwomen strive for a female identity. Gender reassignment surgery from male to female (MTF) includes procedures that shape a male body into the appearance of and, to the maximum extent possible, the function of a female body. Procedures often performed as part of gender reassignment surgery of MTF include vaginoplasty, penile inversion to create a vagina and clitoris, penectomy, colovaginoplasty (i.e., creation of vagina from sigmoid colon), breast augmentation, orchiectomy, clitoroplasty and labiaplasty.

### **Professional Society/Organization**

In 2009 the Endocrine Society published a clinical practice guideline for endocrine treatment of transsexual persons (Hembree, et al., 2009). As part of this guideline, the endocrine society recommends that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable; that surgery be recommended only after completion of at least one year of consistent and compliant hormone treatment; and that the physician responsible for endocrine treatment medically clear the individual for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.

### **Summary**

Sex reassignment surgical procedures for diagnosed cases of GID should be recommended only after a comprehensive evaluation by a qualified mental health professional. The surgeon should have a demonstrated competency and extensive training in sexual reconstructive surgery. Long-term follow-up is highly recommended for the enduringly successful outcome of surgery.

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## **Coding/Billing Information**

**Note:** This list of codes may not be all-inclusive.

**Covered when medically necessary:**

CPT®* Codes	Description
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male

ICD-9-CM Diagnosis Codes	Description
302.50	Trans-sexualism with unspecified sexual history
302.51	Trans-sexualism with asexual history
302.53	Trans-sexualism with heterosexual history
302.85	Gender identity disorder of adolescent or adult life

\*Current Procedural Terminology (CPT®) © 2010 American Medical Association: Chicago, IL.

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## Policy History

<b>Pre-Merger Organizations</b>	<b>Last Review Date</b>	<b>Policy Number</b>	<b>Title</b>
CIGNA HealthCare	12/15/2007	0266	Gender Reassignment Surgery

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Connecticut General Life Insurance Company has acquired the business of Great-West Healthcare from Great-West Life & Annuity Insurance Company (GWLA). Certain products continue to be provided by GWLA (Life, Accident and Disability, and Excess Loss). GWLA is not licensed to do business in New York. In New York, these products are sold by GWLA’s subsidiary, First Great-West Life & Annuity Insurance Company, White Plains, N.Y.