



## Clinical UM Guideline

**Subject:** Sex Reassignment Surgery  
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### Description

This document addresses sex reassignment surgery (also known as gender reassignment surgery and gender confirmation surgery), which is one treatment option for extreme cases of gender dysphoria, a condition in which a person feels a strong and persistent identification with the opposite gender accompanied with a severe sense of discomfort in their own gender. People with gender dysphoria often report a feeling of being born the wrong sex. Sex reassignment surgery is not a single procedure, but part of a complex process involving multiple medical, psychiatric, and surgical specialists working in conjunction with each other and the individual to achieve successful behavioral and medical outcomes. Before undertaking sex reassignment surgery, important medical and psychological evaluations, medical therapies and behavioral trials should be undertaken to confirm that surgery is the most appropriate treatment choice for the individual.

**Note:** Please refer to the following documents for additional information:

- [ANC.00007 Cosmetic and Reconstructive Services: Skin Related](#)
- [ANC.00008 Cosmetic and Reconstructive Services of the Head and Neck](#)
- [ANC.00009 Cosmetic and Reconstructive Services of the Trunk and Groin](#)
- [SURG.00023 Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures](#)

### Clinical Indications

**Note:** Procedures for the chest, also known as “top surgery”, and those for the groin and reproductive organs, also known as “bottom surgery”, do not need to be done in conjunction. Additionally, individuals undergoing top surgery do not need to subsequently undergo bottom surgery, or vice versa. The selection of appropriate procedures should be based on the needs of the individual in relation to the treatment of **his or her** diagnosis of gender dysphoria.

#### Medically Necessary:

For individuals undergoing sex reassignment surgery, consisting of any combination of the following; hysterectomy, salpingo-oophorectomy, ovariectomy, or orchiectomy, it is considered **medically necessary** when *all* of the following criteria are met:

- A. The individual is at least 18 years of age; **and**
- B. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- C. The individual has been diagnosed with gender dysphoria, and **exhibits all of the following**
  1. The desire to live and be accepted 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**
  2. The transsexual identity has been present persistently for at least two years; **and**
  3. The disorder is not a symptom of another mental disorder; **and**
  4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; **and**
- D. For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
- E. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, 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; **and**
- F. Two referrals from qualified mental health professionals\* who have independently assessed the individual. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter(s) must have been signed within 12 months of the request submission.

For individuals undergoing sex reassignment surgery, consisting of any combination of the following, metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty, or placement of testicular prostheses, it is considered **medically necessary** when *all* of the following criteria are met:

- A. The individual is at least 18 years of age; **and**
- B. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- C. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
  - 1. The desire to live and be accepted 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**
  - 2. The transsexual identity has been present persistently for at least two years; **and**
  - 3. The disorder is not a symptom of another mental disorder; **and**
  - 4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; **and**
- D. For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
- E. Documentation\*\* that the individual has completed a minimum of 12 months of successful continuous full time real-life experience in the new gender, across a wide range of life experiences and events that may occur throughout the year (for example, family events, holidays, vacations, season-specific work or school experiences). This includes coming out to partners, family, friends, and community members (for example, at school, work, and other settings); **and**
- F. Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner; **and**
- G. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, 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; **and**
- H. Two referrals from qualified mental health professionals\* who have independently assessed the individual. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter(s) must have been signed within 12 months of the request submission.

For individuals undergoing sex reassignment surgery, bilateral mastectomy is considered **medically necessary** when *all* of the following criteria have been met:

- A. The individual is at least 18 years of age; **and**
- B. The individual has capacity to make fully informed decisions and consent for treatment; **and**
- C. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
  - 1. The desire to live and be accepted 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**
  - 2. The transsexual identity has been present persistently for at least two years; **and**
  - 3. The disorder is not a symptom of another mental disorder; **and**
  - 4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; **and**
- D. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, 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; **and**
- E. One referral from a qualified mental health professional\* who has independently assessed the individual. One letter signed by the referring mental health professional is required; the letter must have been signed within 12 months of the request submission; **and**
- F. The individual is a female desiring gender transition.

\*At least one of the professionals submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field (for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating co-morbid psychiatric conditions. One letter is sufficient if signed by two providers, one of whom has met the specifications set forth above.

\*\*The medical documentation should include the start date of living full time in the new gender. Verification via communication with individuals who have related to the individual in an identity-congruent gender role, or requesting documentation of a legal name change, may be reasonable in some cases.

NOTE: Procedures to address postoperative complications of sex reassignment surgery procedures (for example, stenosis, scarring, chronic infection, or pain) are not considered a separate sex reassignment surgery procedure.