UnitedHealthcare Gender Dysphoria Standard Approach for Fully-Insured and ASO Business



Section 1557 is the civil rights provision of the Affordable Care Act of 2010 which prohibits discrimination on the grounds of race, color, national origin, sex, age, or disability in certain health programs and activities.

These protections against sex discrimination include:

- Individuals cannot be denied health care or health coverage based on their sex, including their gender identity and sex stereotyping.
- Women must be treated equally with men in the health care they receive and the insurance they
- Categorical coverage exclusions or limitations for all health care services related to gender transition are discriminatory.
- Individuals must be treated consistent with their gender identity. Treatment may not be denied or limited for any health services that are ordinarily or exclusively available to individuals of one gender based on the fact that a person seeking such services identifies as belonging to another gender.

While the recent guidance prohibits broad categorical exclusion of gender transformation it does not mandate coverage of specific medical services; however, when any benefits are covered, they may not be administered in a discriminatory manner. For UnitedHealthcare's fully-insured business and self-funded plans administered by UnitedHealthcare, the following benefits and exclusions/limitations are included in their standard offering:

Covered Health Services for the treatment of Gender Dysphoria:

- Psychotherapy for Gender Dysphoria and associated co-morbid psychiatric diagnoses
- Cross-sex hormone therapy administered by a medical provider during an office visit or dispensed from a pharmacy when the group purchases a drug rider.
- Puberty suppressing medication injected or implanted by a medical provider in a clinical setting.
- Laboratory testing to monitor the safety of continuous cross-sex hormone therapy.
- Surgery for the treatment of Gender Dysphoria, including the surgeries listed below.

Male to Female:

- Clitoroplasty (creation of clitoris)
- Labiaplasty (creation of labia)
- Orchiectomy (removal of testicles)
- Penectomy (removal of penis)
- Urethroplasty (reconstruction of female urethra)
- Vaginoplasty (creation of vagina)

Female to Male:

- Bilateral mastectomy or breast reduction
- Hysterectomy (removal of uterus)
- Metoidioplasty (creation of penis, using clitoris)
- Penile prosthesis
- Phalloplasty (creation of penis)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Scrotoplasty (creation of scrotum)
- Testicular prosthesis
- Urethroplasty (reconstruction of male urethra)
- Vaginectomy (removal of vagina)
- Vulvectomy (removal of vulva)

Specific documentation and written psychological assessments from one or more qualified behavioral health providers experienced in treating Gender Dysphoria are required prior to approval for a bilateral mastectomy, breast reduction surgery, or genital surgery.

Exclusions and Limitations

Exclusions and Limitations include surgeries and/or related services that are considered cosmetic, unproven, and not medically necessary.

Cosmetic Procedures, including the following:

- Abdominoplasty
- Blepharoplasty
- Breast enlargement, including augmentation mammoplasty and breast implants
- Body contouring, such as lipoplasty
- Brow lift
- Calf implants
- Cheek, chin, and nose implants
- Injection of fillers or neurotoxins
- Face lift, forehead lift, or neck tightening
- Facial bone remodeling for facial feminizations
- Hair removal
- Hair transplantation
- Lip augmentation
- Lip reduction
- Liposuction
- Mastopexy
- Pectoral implants for chest masculinization

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- Rhinoplasty
- Skin resurfacing
- Thyroid cartilage reduction; reduction thyroid chondroplasty; trachea shave (removal or reduction of the Adam's Apple)
- Voice modification surgery
- Voice lessons and voice therapy