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| hphccolo | ***Medical Review Criteria***  ***Sex Reassignment Surgery*** |

Effective Date: January, 2010

**Subject: Sex Reassignment Surgery for Harvard University Employees and Dependents**

**Background:**

Individuals with the gender identity disorder (GID) of pure transsexualism have persistent feelings of gender discomfort and inappropriateness of their anatomical sex, strong and ongoing cross-gender identification, and a desire to live and be accepted as members of the opposite sex. Pure transsexualism is characterized by an individual’s:

* Persistent feeling of discomfort regarding his/her biological sex or feelings of inadequacy in the gender role of that sex, permanent and profound identification with the opposite sex, and 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;
* Desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his/her body as congruent as possible (through surgery and hormone treatment) with the preferred sex;
* Transsexual identity that has been persistent and present for at least two years;

Pure transsexualism is not a symptom of a chromosomal abnormality or another mental disorder.

Sex reassignment surgery (SRS) includes surgical procedures by which the physical appearance and function of a person’s existing sexual characteristics are changed to those of the other sex in an effort to resolve or minimize gender dysphoria, and improve quality of life.

* SRS prescribed or recommended by qualified practitioners constitutes effective and appropriate treatment in persons diagnosed with pure transsexualism.

Commonly, the path to SRS begins with a diagnosis of transsexualism by a trained mental health professional (MHP) experienced in working with transgendered individuals. The MHP is responsible for:

* Accurately diagnosing and treating the individual's gender disorder and any co-morbid psychiatric conditions;
* Counseling the individual about the range of treatment options and their implications, and ascertaining eligibility and readiness for hormone and surgical therapy;
* Documenting the patient's relevant history and making formal treatment recommendations to medical and surgical colleagues; and
* Educating family members, employers, and institutions about gender identity disorders;

Breast appearance is an important secondary sex characteristic. The performance of breast operations should be considered with the same reservations as beginning hormonal therapy as both produce relatively irreversible changes to the body.

* For Female To Male (FTM) patients, a mastectomy procedure is usually the first, and sometimes the only, SRS performed for success in gender presentation as a man.
* For Male To Female (MTF) patients, augmentation mammoplasty may be performed if the physician prescribing hormones and the surgeon have documented that breast enlargement after undergoing hormone treatment for 18 months is not sufficient for comfort in the social gender role.\*

\* Prescription drug benefit administered by Medco.

**Policy:**

When the individual member’s benefit plan design includes coverage for medically necessary SRS, HPHC covers SRS (breast surgeries only) prescribed or recommended by qualified practitioners for individuals diagnosed with pure transsexualism.

Harvard Pilgrim Health Care, with the help of United Behavioral Health (UBH), identified two behavioral health groups as Centers of Excellence experienced in working with the transgendered community:

Rasi Associates

607 Boylston St.

2nd Floor

Boston, MA 02116

617-266-2266

http://www.rasiassociates.com/

Primary contact at Rasi Associates: Dr. Lourdes Rodríguez-Nogués, Ed.D, x126

Other Rasi contacts: Leslie Berman, LICSW, x155; Brett P. Terrien, LMHC, x153

Fenway Health

1340 Boylston Street

Boston, MA 02215

888-242-0900

www.fenwayhealth.org

Primary contact at Fenway: Ruben Hopwood, M. Div., 617-927-6225 (voicemail)

Additional Fenway contacts: Dr. Kevin Kapila, MD, Behavioral Health Medical Director

Members with questions about the SRS benefit can contact HPHC’s Clinical Concerns Department at 1-888-888-4742, ext. 38723.

**Authorization:**

Prior authorization is required for SRS.

**Criteria:**

Initial mastectomy or breast augmentation mammoplasty (as appropriate) for the purpose of gender reassignment is authorized when there is clinical documentation that the member is at least 18 years old and meets all the following:

* Has been diagnosed (by a trained MHP) with true transsexualism and desires to make his/her body as congruent as possible with the preferred sex through surgery and hormone replacement.
* SRS is recommended by both the physician responsible for endocrine transition therapy and the MHP, and the physician responsible for endocrine treatment has medically cleared the individual for SRS.

Clinical documentation must also include an evaluation from one of the Centers of Excellence identified by HPHC for transgender services.

**Exclusions:**

HPHC excludes the following procedures performed for the purpose of gender reassignment:

* Hysterectomy
* Salpingo-oophrectomy
* Colpectomy
* Metoidoplasty
* Vaginoplasty
* Colovaginoplasty
* Orchiectomy
* Penectomy
* Clitoroplasty
* Labiaplasty
* Rhinoplasty
* Face-lifting
* Lip reduction/enhancement
* Facial bone reduction, sculpturing, or feminization surgery including face/forehead lift and jaw shortening
* Blepharoplasty
* Liposuction
* Trachea shave/reduction thyroid chondroplasty
* Laryngoplasty
* Voice modification surgery
* Facial implants or injections
* Silicone injections of the breast
* Liposuction
* Electrolysis, hair removal, or hair transplantation
* Collagen injections
* Removal of redundant skin

Given the high rate of remission of GID after the onset of puberty, a complete social role change and hormone treatment in prepubertal children with GID is not recommended.

**Revision History:**

* **Initiated: xx/xx/09**

**References:**

* Harry Benjamin International Gender Dysphoria Association’s Standards of Care for Gender Identity Disorders: http://www.wpath.org/Documents2/socv6.pdf