



MEDICAL POLICY STATEMENT OHIO

A. SUBJECT

B. BACKGROUND

Individuals with gender dysphoria have persistent feelings of gender discomfort and inappropriateness for their natal anatomical sex, strong and ongoing cross-gender identification, and a desire to live and be accepted as a member of the opposite sex.

The Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition (DSM-5, 2013) deleted the term “Gender Identity Disorder”, and created a new category of “Gender Dysphoria” to reflect its position that gender dysphoria is no longer considered a sexual dysfunction. A clinically-significant distress or impairment in social, occupational, or other important area of functioning (in addition to the symptoms noted in DSM-5) is required to diagnose gender dysphoria. Gender nonconformity is not considered to be a psychiatric disorder.

There are typically three approaches that have been attempted to alleviate or to reduce the symptoms of gender dysphoria. These include psychotherapy, hormonal therapy, and sexual reassignment surgery (SRS). Not all individuals with gender dysphoria elect all of these approaches. Some individuals with gender dysphoria may wish to use hormones but not elect surgery. Sexual reassignment surgery involves surgery to alter the genitals and/or chest. Additional cosmetic surgeries have been performed to alter other secondary sex characteristics.

Older terminologies for gender dysphoria prior to 2013 included gender identity disorder, intersex, and transsexual. These terminologies are no longer consistent with current thinking and relate to different criteria no longer used.

C. DEFINITIONS

Female-to-Male (FtM): An adjective to describe an individual born or assigned as female at birth (“natal female”), who is changing or who has changed to a more masculine body or gender role.

Male-to-Female (MtF): An adjective to describe an individual born or assigned as male at birth (“natal male”), who is changing or who has changed to a more feminine body or gender role.

Gender Dysphoria: Distress that accompanies the incongruence between one’s experienced/expressed gender and one’s assigned or natal gender. The incongruence must be experienced for at least 6 months, and cause distress.

Gender-Nonconforming: Adjective used to describe individuals whose gender identity, role or expression does not conform to societal expectations of gender. (ed)3.996 (f)-8.996 (or at)-9.006 (l)5 (ea)4.006 (a3.002e.996 (g)-1.998 (:).998 (e)- (.7

different components of SRS. Many of the studies were performed outside of the US. An additional concern is that Institutional Review Board (IRB) oversight of study design, ethics, and safety is not always clear. Studies researching treatments for gender dysphoria with a US IRB approval are rare. Some researchers do not present conflicts of interest they have related to the study.

Studies in children and adolescents under the age of 16 that have been under the purview of an IRB are virtually nonexistent. A few investigators added adolescent subjects into adult studies; however results were not reported separately in the study conclusions.

Minors are a vulnerable population according to US institutional review Board (IRB) standards. For persons less than age 18, to protect vulnerable minors according to US standards, studies must be approved by a US institutional review board (IRB) accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP). This approach satisfies the US Code of Federal Regulations Title 25 Part 46 "Protection of Human Subjects", including research performed on minors (See <http://www.aahrpp.org/learn/find-an-accredited-organization>).

The ECRI Institute compiled a summary report for CareSource on Gender Dysphoria in January, 2016. ECRI searched studies from published PubMed, EMBASE, Cochrane Library, PsychINFO, and selected web-based resources between January 1, 2010 and January 8, 2016. The search was undertaken for clinical studies regarding gender dysphoria, study effectiveness, and the extent by which individuals were protected by an Institutional Review Board (IRB) for safety.

An additional inclusion requirement

recommendations is made by the treatment provider (if the provider is a QMHP)

03. If there is not a treating QMHP, the letters of recommendation may be made from two separate QMHPs
- 04.



01. Mastectomy
 02. Phalloplasty
 03. Urethroplasty
 04. Vulvectomy
 05. Vaginectomy
 06. Metoidioplasty
 07. Hysterectomy
 08. Salpingo-oophorectomy
 09. Implantation of erectile prosthesis
 10. Scrotal reconstruction
 11. Testicular prosthesis or tissue expansion
- E. Minimum documentation requirements
1. Surgeon
 - a. Assessment including identifying characteristics
 - b. Results of psychological assessment including diagnosis
 - c. Surgery Plan
 - d. Documentation of informed consent discussion
 01. Notation of discussion of risks, benefits alternatives to treatment including no treatment
 02. Hair removal
 03. Medical stability for surgery and anesthesia
 04. Expected outcome(s)
 2. Endocrinologist
 - a. Assessment
 - b. Exam and relevant laboratory
 - c. Documentation of informed consent discussion
 01. Notation of discussion of risks, benefits alternatives to treatment including no treatment
 02. Medical monitoring plan
 03. Statement of ongoing availability to me/TT1 9.96 Tf-0.0178 Tc 180.02 406.25 Td(01)Tj03.65 3

F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

	DATES	ACTION
Date		



16. Amend, B, Seibold, J, Toomey, P, Stenzl, A, and Sievert, DK, Surgical reconstruction for male-to-female sex reassignment. *Eur Urol.* 2013;64(1):141-149 PubMed 23375962 [PMID]
17. Weigert, R, Frison, E, Sessiecq, Q, Al, MK, and Casoli, V.
18. Ainsworth, TA, Spiegel, JH, Quality of life of individuals with and without facial feminization surgery or gender reassignment surgery. *Quality of life research: an international journal of quality of life aspect of treatment, care and rehabilitation.* 2010;19(7):1019-1024. PubMed 20461468.
19. Horbach, SE, Bouman, MB, Smit, JM, Ozer, M Buncamper, ME and Mullender, MG. Outcome of Vaginoplasty in Male-to-Female Transgenders: A Systematic Review of Surgical Techniques. *J Sex Med.* 2015;12(6):1499-1512. PubMed 25817066.
20. Bouman, MD, van Zeijl, MC, Buncamper, MD, Meijerink, WJ, van Bodegraven, AA, and Mullender, MD. Intestinal Vaginoplasty Revisited: a Review of Surgical Techniques, complication and sexual function. *J Sex Med.* 2014;11(7);1835-1847. PubMed 24697986 [PMID].
21. American Psychological Association Guidelines for Psychological Practice with Transgender and Gender Nonconforming People, December, 2015.
22. Sex Reassignment Surgery for the Treatment of Gender Dysphoria. Hayes. (2018). Retrieved on 1/14/2019 from <https://www.hayesinc.com/subscribers/subscriberHome.do>
23. American Medical Association. Memorial Resolutions Adopted Unanimously (2016) Retrieved on 1/14/2019 from <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/hod/a16-resolutions.pdf>
24. Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents Adelson, Stewart L. *Journal of the American Academy of Child & Adolescent Psychiatry* , Volume 51 , Issue 9 , 957 - 974
25. *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, <https://doi.org/10.1210/jc.2017-01658>
26. Tran, B. N., Epstein, S., Singhal, D., Lee, B. T., Tobias, A. M., & Ganor, O. (2018). Gender Affirmation Surgery. *Annals of Plastic Surgery*, 1. doi:10.1097/sap.0000000000001350
27. Weissler, J. M., Chang, B. L., Carney, M. J., Rengifo, D., Messa, C. A., Sarwer, D. B., & Percec, I. (2018). Gender-Affirming Surgery in Persons with Gender Dysphoria. *Plastic and Reconstructive Surgery*, 141(3), 388e-396e. doi:10.1097/prs.0000000000004123
28. DEPARTMENT OF DEFENSE REPORT AND RECOMMENDATIONS ON ... (2018, February). Retrieved May 22, 2019, from https://partner-mco-archive.s3.amazonaws.com/client_files/1521898539.pdf
29. Zhang, W. R., Garrett, G. L., Arron, S. T., & Garcia, M. M. (2016). Laser hair removal for genital gender affirming surgery. *Translational Andrology and Urology*, 5(3), 381-387. doi:10.21037/tau.2016.03.27

This document contains excerpts from the Hayes Medical Technology Directory as follows:

Hayes, Inc., Hayes Medical Technology Directory Report, Sex Reassignment Surgery for the Treatment of Gender Dysphoria. Lansdale, PA: Hayes, Inc.; As2:Qq0 0 612 792 reW*nBT0 g/TT1 9.96 Tf374.95 23