

Clinical Policy Bulletin
Update to Medically Necessary Coverage- Yale Health
Revised May 2024

Coverage for Treatments Related to Gender Affirming Care

Background

This Clinical Policy Bulletin addresses coverage of gender-affirming care for individuals with gender dysphoria/gender incongruence. These services may be considered medically necessary when:

- marked and sustained gender dysphoria/incongruence has been documented by a healthcare provider.
- the member can provide informed consent.
- other possible causes of apparent gender incongruence have been excluded.
- mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed.

Covered services

The Plan covers medically necessary treatments for gender dysphoria and gender incongruence as described below. These treatments may include:

- Hormone therapy to feminize or masculinize the body
- Treatments to delay the onset of puberty
- Surgery to change primary sexual characteristics (genital and breast surgery)
- Surgery to create a more feminine or masculine appearing face
- Permanent removal of facial hair (refer to electrolysis section in the Student Handbook (for students and their covered dependents) or Member Coverage Booklet (for Faculty, Staff, and their covered dependents))
- Fertility preservation (refer to the infertility section in the Student or Member Coverage Booklet)
- Mental health services for purposes of exploring gender identity, role, and expression; addressing the negative impact of gender incongruence/dysphoria and stigma on mental health; enhancing social and peer support or promoting resilience.

All coverage requires prior authorization and is subject to any relevant network restrictions, co-pays, and limits as outlined in the Member Coverage Booklet and Schedule of Benefits.

Services are covered when a Yale Health provider has determined that the member has gender dysphoria and/or gender incongruence that is marked and sustained, understands the risks and

potential benefits of treatment and is able to provide informed consent. Additional considerations for determination of eligibility may include mental health assessments, assessment of effects of social transition, as well as treatment of co-existing medical or psychiatric diagnoses. Irreversible treatments are generally not authorized for members under the age of 18. However, when delay would cause significant distress, procedures for members under 18 may be approved with parental consent and specific recommendations from a qualified mental health provider.

Members seeking access to treatments for gender dysphoria/incongruence should meet with their primary care clinician and request a referral to Care Management. Based on the specific services requested, Care Management will inform and assist the member with the process of seeking authorization for and obtaining necessary services.

Coverage for treatments of gender dysphoria/incongruence is in addition to the other benefits provided by Yale Health. Yale Health does not consider any treatments for gender dysphoria/incongruence to be reconstructive services to correct a physical functional impairment nor to be cosmetic surgery. Coverage for reconstructive surgery or cosmetic services is limited to the services described in relevant portions of the Student or Member Coverage Booklet.

Mental Health Providers

Mental health providers perform assessments of transgender and gender-diverse people wishing for gender-related medical treatment. The following are considered essential functions of mental health providers in conjunction with coverage for the treatment of gender incongruence or dysphoria.

1. Assess and document gender dysphoria. This should include: an assessment of gender incongruence and dysphoria; history and development of gender dysphoric feelings; the impact of stigma; support systems; and evaluation of current or prior mental health conditions and impact on treatment plans
2. Assess, diagnose, and discuss treatment options for co-existing mental health concerns.
3. Provide required documentation to establish eligibility for surgical treatment.
4. Assist patient with decision-making about, preparation for, and process of gender transition. Consider the role of social transition together with the individual.
5. Communicate as needed with other medical providers in support of patient-centered goals.

Puberty suppressing hormones

Yale Health considers the use of hormonal therapy to suppress the onset of puberty may be medically necessary for some adolescents with gender incongruence or dysphoria. The goal of puberty suppression is to give adolescents more time to explore their gender identity and to facilitate later gender transition if indicated by reducing the development of undesired secondary sexual characteristics.

Authorization for coverage of puberty-suppression requires all the following be present:

- A. A long-lasting and intense pattern of gender diversity or gender dysphoria
- B. Gender dysphoria that emerged or worsened with the onset of puberty
- C. Pubertal development to at least Tanner Stage 2
- D. Stability with regard to co-existing mental health problems, social and educational functioning, and family support
- E. Consent of the parents or legal guardians if the patient has not reached the age of legal majority or informed consent of the patient if the patient is 18 or older.
- F. Confirmation of A, B, and D in a letter submitted by a licensed mental health provider (MD, psychologist, or social worker) with sufficient knowledge of the patient to provide reliable opinions, and with experience in the assessment and treatment of adolescent gender dysphoria /incongruence.

Hormone Therapy

Yale Health considers the administration of exogenous endocrine agents to induce feminizing or masculinizing changes to be a medically necessary intervention for many individuals with gender incongruence or dysphoria. The goal of hormone therapy is to achieve patient-determined goals for induction or reduction of secondary sexual characteristics while minimizing side effects and health risks.

Coverage of professional services and pharmacy products related to gender-affirming hormone therapy requires the presence of all of the following:

- A. Gender incongruence or dysphoria that is marked and sustained as documented by a Yale Health provider
- B. Capacity to make a fully informed decision
- C. Written parental consent if under the age of 18
- D. Reasonable control of any significant co-existing mental health problems if present
- E. Reasonable control of any co-existing medical problems that may be exacerbated by hormone therapy

Network limitations may apply. Hormonal therapy is generally initiated and monitored by physicians with board certification in endocrinology and with experience in treating individuals with gender dysphoria/incongruence. Primary care providers are an integral part of the care team and aspects of care may be performed in primary care.

Fertility preservation

Hormonal and surgical procedures to treat gender dysphoria may impair or eliminate fertility (the ability to reproduce). When these treatments are determined to be medically necessary, fertility preservation may be authorized under the terms described in the Student Handbook or Member

Coverage Booklet. Fertility preservation and subsequent infertility services are subject to all limitations, requirements, and authorization requirements listed in the Student Handbook and the Schedule of Benefits or Member Coverage Booklet and the Schedule of Benefits.

Gender-affirming surgery

Yale Health considers surgery to better align physical characteristics with an individual's gender identity (gender-affirming surgery) to be medically necessary for some patients with gender dysphoria/incongruence that is marked and sustained.

A. Requirements for Breast Removal (all)

1. Documentation of marked and sustained gender dysphoria/incongruence.
2. Signed letter from a qualified mental health professional (see Appendix) assessing the transgender/gender diverse individual's readiness for physical treatment.
3. Other possible causes of apparent gender incongruence have been excluded.
4. Mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed.
5. The patient is able to provide informed consent for the treatment.
6. For members less than 18 years of age, completion of one year of testosterone treatment, unless hormone therapy is not desired or medically contraindicated.
7. Risk factors associated with breast cancer have been assessed.

B. Requirements for Breast Augmentation (Implants/Lipofilling)

1. Documentation of marked and sustained gender dysphoria /incongruence
2. Signed letter from a qualified mental health professional assessing the transgender/gender diverse individual's readiness for physical treatments
3. Other possible causes of apparent gender incongruence have been excluded
4. Mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed
5. The patient is able to provide informed consent for the treatment
6. Completion of six months of feminizing hormone therapy (12 months for adolescents less than 18 years of age) prior to breast augmentation surgery, unless hormone therapy is not desired or medically contraindicated);
7. Risk factors associated with breast cancer have been assessed.

C. Requirements for Gonadectomy (Hysterectomy and Oophorectomy or Orchiectomy)

1. Signed letter from a qualified mental health professional assessing the transgender/gender diverse individual's readiness for physical treatments
2. Documentation of marked and sustained gender dysphoria/incongruence
3. Other possible causes of apparent gender incongruence have been excluded
4. Mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed
5. Patient is able to provide informed consent for the treatment
6. Six months of continuous hormone therapy as appropriate to the member's gender goals (12 months for adolescents less than 18 years of age), unless hormone therapy is not desired or medically contraindicated.

D. Requirements for Genital Reconstructive Surgery (i.e., vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, placement of a testicular prosthesis and erectile prosthesis, penectomy, vaginoplasty, labiaplasty, clitoroplasty and electrolysis or sessions for skin graft preparation for genital surgery)

1. Documentation of marked and sustained gender dysphoria/incongruence
2. Signed letter from a qualified mental health professional assessing the transgender/gender diverse individual's readiness for physical treatments
3. Other possible causes of apparent gender incongruence have been excluded
4. Mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed
5. Documentation of marked and sustained gender dysphoria/incongruence
6. Six months of continuous hormone therapy as appropriate to the member's gender goals (12 months for adolescents less than 18 years of age) unless hormone therapy is not desired or medically contraindicated.

E. Facial feminization or masculinization surgery coverage is limited to those procedures that are specifically intended to alter sex-specific facial characteristics that develop after puberty.

Covered procedures may include the following:

- Genioplasty
- Osteoplasty
- Otoplasty
- Rhinoplasty
- Forehead contouring
- Mandible/jaw contouring
- Tracheoplasty
- Blepharoplasty (lower and upper eyelid)

- Rhytidectomy
- Suction-assisted lipectomy (facial)

Yale Health considers reversal of gender-affirming surgery (performing surgical procedures to return anatomy to that of the sex assigned at birth), when possible, to be medically necessary for persons who seek such procedures, where applicable requirements for gender-affirming surgery listed above are met.

Coverage for gender-affirming surgery is limited to the specific surgical procedures listed. Specific procedural codes must be submitted for prior authorization to the claims department. Coverage applies to in-network services only. Prior authorization is required for all surgical procedures under this benefit.

Once initial gender-affirming surgery has been completed, additional procedures to improve the appearance without functional impact may be considered cosmetic.

A Note About Letter Requirements:

A letter of support is required for each surgical procedure a patient wishes to undergo. It must be specific in nature, identifying the procedure and indicating that the outcome of gender-affirming surgical intervention has been assessed, with risks and benefits being discussed with the patient. The letter must be timely in relation to the requested surgical procedure and will be considered appropriate when dated within six months of a given procedure.

Related Exclusions:

The following services are not covered for the purpose of treating gender dysphoria/incongruence. Services not included in this list may be excluded as well if not medically necessary or otherwise excluded by the Plan:

- Surgical procedures to create a more youthful or aesthetically pleasing appearance rather than to reduce sexual characteristics are considered cosmetic and are not covered.
- Face-lifting
- Lip reduction/enhancement
- Abdominoplasty (changing the shape or appearance of the abdomen)
- Collagen injections
- Dermabrasion or chemical peels
- Facial implants or injections
- Panniculectomy (removal of overhanging abdominal fat)
- Laryngoplasty, or other voice modification surgery
- Silicone injections of the breast
- Liposuction except as part of approved facial surgery

- Hair transplantation
- Collagen injections
- Removal of excess skin
- Voice therapy
- Hair removal other than electrolysis (see electrolysis-specific coverage in Member Coverage Booklet)
- Reimbursement for travel expenses

Gender Affirming Surgery Requirements				
	Mental Health Provider Letter	Endocrine/Primary Care Provider Letter	Hormone Therapy	Other documentation
Facial Feminization	Yes, 1 letter*	No	Not required; some surgeons recommend	Under 18, parental consent letter required
Top Surgery-Breast Augmentation	Yes, 1 letter*	Yes documentation of completion of six months of feminizing hormone therapy unless hormone therapy is not desired or medically contraindicated	Yes unless not desired or medically contraindicated	Under 18 12 months of hormone therapy unless not desired or medically contraindicated, parental consent letter required
Top Surgery Breast Reduction or Mastectomy	Yes, 1 letter*	No	No	Under 18, parental consent letter required
Gonadectomy (Hysterectomy, Oophorectomy, Orchiectomy)	Yes, 1 letter*	Yes documentation of completion of six months of hormone therapy unless hormone therapy is not desired or medically contraindicated	No	Under 18, 12 months of hormone therapy unless not desired or medically contraindicated, parental consent letter required
Bottom Surgery/Genital Reconstructive Surgery (vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, placement of a testicular prosthesis and erectile prosthesis,	Yes, 1 letter*	Yes documentation of completion of six months of hormone therapy unless hormone therapy is not desired or medically contraindicated	No	Under 18, 12 months of hormone therapy unless not desired or medically contraindicated, parental consent letter required

penectomy, vaginoplasty, labiaplasty, clitoroplasty)				
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**letter required for each surgical procedure requested, must be dated within 6 months of procedure.*

Members with questions about coverage under this benefit should contact the Member Services Department.

Appendix

DSM 5 Criteria for Gender Dysphoria in Adults and Adolescents

A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by two or more of the following:

1. A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
2. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
3. A strong desire for the primary and/or secondary sex characteristics of the other gender
4. A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender)
5. A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender)
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender)

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Format for Referral Letters from Qualified Health Professional:

1. Client’s general identifying characteristics; *and*
2. Results of the client’s psychosocial assessment, including any diagnoses; *and*
3. The duration of the mental health professional’s relationship with the client, including the type of evaluation and therapy or counseling to date; *and*
4. An explanation that the WPATH criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient’s request for surgery; *and*

5. A statement about the fact that informed consent has been obtained from the patient; *and*
6. A statement that the mental health professional is available for coordination of care and follow-up visits.

Note: There is no minimum duration of relationship required with a mental health professional. It is the professional's judgment as to the appropriate length of time before a referral letter can appropriately be written. A common period of time is more than three months.

Characteristics of a Qualified Mental Health Professional:

1. Master's or doctoral level degree in a clinical behavioral science field granted by an institution accredited by the appropriate national accrediting board (e.g. MD, PhD, LCSW). The professional should also have documented credentials from the relevant licensing board or equivalent; *and*
2. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Disease for diagnostic purposes; *and*
3. Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria; *and*
4. Knowledgeable about gender diverse identities and expressions, and the assessment and treatment of gender dysphoria; *and*
5. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars, obtaining supervision from a mental health professional with relevant experience, or participating in research related to gender diversity and gender dysphoria.