

Anthem Blue Cross PPO

Clinical Indications for Gender Reassignment Surgery

Gender reassignment surgery is one treatment option for extreme cases of Gender Identity Disorder (GID), 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 GID often report a feeling of being born the wrong sex. Gender 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 gender 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.

Gender reassignment surgery* is considered **medically necessary** when *all* of the following criteria are met:

1. The individual is at least 18 years of age; and
2. The individual has been diagnosed with the Gender Identity Disorder (GID) of transsexualism, including all of the following:
 - a. 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
 - b. The transsexual identity has been present persistently for at least two years; and
 - c. The disorder is not a symptom of another mental disorder or a chromosomal abnormality; and
 - d. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
3. For those 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
4. The individual has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, with no returning to their original gender, including one or more of the following:
 - a. Maintain part- or full-time employment; or
 - b. Function as a student in an academic setting; or
 - c. Function in a community-based volunteer activity; and
5. The individual has acquired a legal gender-identity-appropriate name change; and
6. The individual has provided documentation to the treating therapist that persons other than the treating therapist know that the individual functions in the desired gender role; and

7. Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner; and
8. Demonstrable knowledge of the required length of hospitalizations, likely complications, and post surgical rehabilitation requirements of various surgical approaches; and
9. Demonstrable progress in consolidating one's gender identity, including demonstrable progress in dealing with work, family, and interpersonal issues resulting in a significantly better state of mental health (this implies satisfactory control of problems such as sociopathy, substance abuse, psychosis, suicidality, for instance); and
10. A letter** from the individual's physician or mental health provider, who has treated the individual for a minimum of 18 months, documenting the following:
 - a. The individual's general identifying characteristics; and
 - b. The initial and evolving gender, sexual, and other psychiatric diagnoses; and
 - c. The duration of their professional relationship including the type of psychotherapy or evaluation that the individual underwent; and
 - d. The eligibility criteria that have been met and the physician or mental health professional's rationale for surgery; and
 - e. The degree to which the individual has followed the eligibility criteria to date and the likelihood of future compliance; and
 - f. Whether the author of the report is part of a gender identity disorder treatment team; and
11. A letter** from a second physician or mental health provider familiar with the individual's treatment and the psychological aspects of Gender Identity Disorders, corroborating the information provided in the first letter (see #10 above); and
12. When one of the signatories on the letters indicated above is not the treating surgeon, a letter from the surgeon confirming that that they have personally communicated with the treating mental health provider or physician, as well as the individual, and confirming that the individual meets the above criteria, understands the ramifications and possible complications of surgery, and that the surgeon feels that the individual is likely to benefit from surgery.