

UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: March 2022

Benefit Interpretation Policy Updates

Click the document title in the table below to view a complete copy of the revised policy.

Updated			
Policy Title	Effective Date	Applicable State(s)	Summary of Changes
Gender Dysphoria (Gender Identity Disorder) Treatment	Mar. 1, 2022	California	<p>Covered Benefits</p> <ul style="list-style-type: none"> Added disclaimer language to indicate: <ul style="list-style-type: none"> The DMHC requires that we utilize the WPATH Standards of Care as a clinical guide for covered persons seeking treatment for Gender Dysphoria The World Professional Association for Transgender Health (WPATH) standards of health care for individuals has been used in the policy where applicable, and will be used when making determinations in accordance with SB 855 “Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People” (WPATH, 2012, Version 7) <p>Covered Surgical Treatments for Gender Dysphoria</p> <ul style="list-style-type: none"> Revised list of surgeries to change specified secondary sex characteristics; replaced “augmentation mammoplasty (including breast prosthesis, if necessary) <i>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 role</i>” with “augmentation mammoplasty (including breast prosthesis if necessary)” <p>Eligibility Qualifications for Genital Surgery</p> <ul style="list-style-type: none"> Revised eligibility qualifications: <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> For some surgeries, additional criteria include preparation and treatment consisting of feminizing/masculinizing hormone therapy and one year of continuous living in a gender role that is congruent with one’s gender identity Replaced criterion requiring: <ul style="list-style-type: none"> “The covered person must complete 12 months of successful continuous full time real life experience in the desired gender” with “12 continuous months of living in a gender role that is congruent with their gender identity; the

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Gender Dysphoria (Gender Identity Disorder) Treatment (continued)	Mar. 1, 2022	California (continued)	<p>criterion noted [in the policy] for some types of genital surgeries—that is, that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity—is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role before undergoing irreversible surgery”</p> <ul style="list-style-type: none"> ▪ “The covered person may be required to complete continuous hormone therapy (for those without contraindications); in consultation with the member’s physician, this should be determined on a case-by-case basis through the notification process” with “12 continuous months of hormone therapy as appropriate to the patient’s gender goals (unless hormones are not clinically indicated for the individual); the aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, before the patient undergoes irreversible surgical intervention” <p><i>Eligibility Qualifications for Breast/Chest Surgery</i></p> <ul style="list-style-type: none"> ● Revised eligibility qualifications for a biologic male member that is only requesting a breast augmentation: <ul style="list-style-type: none"> ○ Replaced language indicating “if able to take female hormones, the member should take the female hormones for at least 12-24 months before being considered for bilateral breast augmentation since the member may achieve adequate breast development without surgery” with “if able to take female hormones, the member should take the female hormones for at least 12 months before being considered for bilateral breast augmentation since the member may achieve adequate breast development without surgery <i>or to maximize breast growth in order to obtain better surgical results</i>” ○ Removed notation indicating the <i>Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline (2009)</i> recommends 2 years of hormone therapy prior to breast augmentation surgery ● Removed language indicating benefits are limited to one sex transformation reassignment per lifetime which may include several staged procedures ● Added rationale for a preoperative 12-month experience of living in an identity-congruent gender role to indicate: <ul style="list-style-type: none"> ○ The criterion noted [in the policy] for some types of genital surgeries (i.e., that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity) is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery

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Gender Dysphoria (Gender Identity Disorder) Treatment (continued)	Mar. 1, 2022	California (continued)	<ul style="list-style-type: none"> ○ As noted in section VII [of WPATH 2012 Version 7], the social aspects of changing one’s gender role are usually challenging – often more so than the physical aspects ○ Changing gender role can have profound personal and social consequences, and the decision to do so should include an awareness of what the familial, interpersonal, educational, vocational, economic, and legal challenges are likely to be, so that people can function successfully in their gender role ○ Support from a qualified mental health professional and from peers can be invaluable in ensuring a successful gender role adaptation ○ The duration of 12 months allows for a range of different life experiences and events that may occur throughout the year (e.g., family events, holidays, vacations, season-specific work or school experiences); during this time, patients should present consistently, on a day-to-day basis and across all settings of life, in their desired gender role; this includes coming out to partners, family, friends, and community members (e.g., at school, work, other settings) ○ Health professionals should clearly document a patient’s experience in the gender role in the medical chart, including the start date of living full time for those who are preparing for genital surgery <ul style="list-style-type: none"> ▪ In some situations, if needed, health professionals may request verification that this criterion has been fulfilled ▪ They may communicate with individuals who have related to the patient in an identity-congruent gender role, or request documentation of a legal name and/or gender marker change, if applicable <p>Not Covered</p> <ul style="list-style-type: none"> ● Revised list of non-covered services; removed "reversal of genital surgery or reversal of surgery to revise secondary sex characteristics" <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>References</i> section to reflect the most current information

General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare is adopting a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Policy Update Bulletin was developed to share important information regarding UnitedHealthcare West Benefit Interpretation Policy updates. Where information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Policy Update Classifications

New

A new policy detailing applicable federal/state mandated regulations, state market plan enhancements and/or benefit coverage guidelines has been adopted for a health service (e.g., test, drug, device or procedure)

Updated

An existing policy has been reviewed and no changes have been made to the applicable federal/state mandated regulations, state market plan enhancements, and/or benefit coverage guidelines; however, supporting information such as definitions and reference links may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the applicable federal/state mandated regulations, state market plan enhancements and/or benefit coverage guidelines

Replaced

An existing policy has been replaced with a new or different policy

Retired

An existing policy has been retired due to lack of federal/state mandated regulations or state market plan enhancements and/or benefit plan changes



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