

**The transgender medical necessity criteria  
from PIA for UCSD's insurance coverage**

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- \_\_\_\_\_ 1. Member is at least 18 years old; and
2. Member has met criteria for the diagnosis of "true" transsexualism, including:
  - \_\_\_\_\_ Life-long sense of belonging to the opposite sex and of having been born into the wrong sex, often since childhood;
  - \_\_\_\_\_ and A sense of estrangement from one's own body, so that any evidence of one's own biological sex is regarded as repugnant;
  - \_\_\_\_\_ and Wishes to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment;
  - \_\_\_\_\_ and A stable transsexual orientation evidenced by a desire to be rid of one's genitals and to live in society as a member of the other sex for at least 2 years, that is, not limited to periods of stress;
  - \_\_\_\_\_ and Does not gain sexual arousal from cross-dressing;
  - \_\_\_\_\_ and Absence of physical inter-sex or genetic abnormality;
  - \_\_\_\_\_ and Not due to another biological, chromosomal or associated psychiatric disorder, such as schizophrenia; and
3. Member has completed a recognized program at a specialized gender identity treatment center as evidenced by all of the following:
  - \_\_\_\_\_ The member has successfully lived and worked within the desired gender role full-time for at least 12 months (so-called real-life experience), without periods of returning to the original gender;
  - \_\_\_\_\_ and Unless medically contraindicated, member has received at least 12 months of continuous hormonal sex reassignment therapy

recommended by a mental health professional and carried out by an endocrinologist (which can be simultaneous with the real-life experience);

\_\_\_\_\_ and A qualified mental health professional\* who has been acquainted with the member for at least 18 months recommends sex reassignment surgery documented in the form of a written comprehensive evaluation; and A second concurring recommendation by another qualified mental health professional \* must be documented in the form of a written expert opinion\*\*;

\_\_\_\_\_ and Psychotherapy is not an absolute requirement for surgery unless the mental health professional's initial assessment leads to a recommendation for psychotherapy that specifies the goals of treatment, estimates its frequency and duration throughout the real life experience (usually a minimum of 3 months);

\_\_\_\_\_ and Member has undergone a urological examination for the purpose of identifying and perhaps treating abnormalities of the genitourinary tract, since genital surgical sex reassignment includes the invasion of, and the alteration of, the genitourinary tract;

\_\_\_\_\_ and Member has a recent negative HIV test;

\_\_\_\_\_ and Member has signed a consent of understanding the proposed Male to Female or Female to Male sex reassignment surgery with its attendant costs, required lengths of hospitalizations, likely complications, and post surgical rehabilitation requirements prior to the planned surgery. If the member is married, the physician may not require divorce but may also require the spouse to sign a waiver of liability form.

\* At least one of the two clinical behavioral scientists making the favorable recommendation for surgical (genital and breast) sex reassignment must possess a doctoral degree (e.g., Ph.D., Ed.D., D.Sc., D.S.W., Psy.D., or M.D.).

Note: Evaluation of candidacy for sex reassignment surgery by a mental health professional is covered under the member's medical benefit, unless the services of a mental health professional are necessary to evaluate and treat a mental health problem, in which case the mental health professional's services are covered under the member's behavioral health benefit. Please check benefit plan descriptions.

\*\* Either two separate letters or one letter with two signatures is acceptable.