

Gender Dysphoria (Gender Identity Disorder) Treatment (for Washington Only)

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[Instructions for Use](#)

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Related Benefit Interpretation Policy
<ul style="list-style-type: none"> Medications and Off-Label Drugs
Related Medical Policies
<ul style="list-style-type: none"> Breast Reconstruction Breast Reduction Surgery Brow Ptosis and Eyelid Repair Rhinoplasty and Other Nasal Surgeries

Application

This policy applies to:

- UnitedHealthcare West plans (UnitedHealthcare of Washington, Inc.)
- UnitedHealthcare Commercial fully-insured group plans
- UnitedHealthcare Individual Exchange fully-insured group plans

Federal/State Mandated Regulations

Revised Code of Washington (RCW) Section 48.43.0128

<https://app.leg.wa.gov/rcw/default.aspx?cite=48.43.0128>

Non-grandfathered health plans and plans issued or renewed on or after January 1, 2022—Prohibited discrimination—Rules.

- (1) A health carrier offering a non-grandfathered health plan or a plan deemed by the commissioner to have a short-term limited purpose or duration, or to be a student-only plan that is guaranteed renewable while the covered person is enrolled as a regular, full-time undergraduate student at an accredited higher education institution may not:
 - (a) In its benefit design or implementation of its benefit design, discriminate against individuals because of their age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions; and
 - (b) With respect to the health plan or plan deemed by the commissioner to have a short-term limited purpose or duration, or to be a student-only plan that is guaranteed renewable while the covered person is enrolled as a regular, full-time undergraduate student at an accredited higher education institution, discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, or sexual orientation.
- (2) Nothing in this section may be construed to prevent a carrier from appropriately utilizing reasonable medical management techniques.
- (3) For health plans issued or renewed on or after January 1, 2022:
 - (a) A health carrier may not deny or limit coverage for gender affirming treatment when that treatment is prescribed to an individual because of, related to, or consistent with a person's gender expression or identity, as defined in RCW 49.60.040, is medically necessary, and is prescribed in accordance with accepted standards of care.
 - (b) A health carrier may not apply categorical cosmetic or blanket exclusions to gender affirming treatment. When prescribed as medically necessary gender affirming treatment, a health carrier may not exclude as cosmetic services facial feminization surgeries and other facial gender affirming treatment, such as tracheal shaves, hair

electrolysis, and other care such as mastectomies, breast reductions, breast implants, or any combination of gender affirming procedures, including revisions to prior treatment.

- (c) A health carrier may not issue an adverse benefit determination denying or limiting access to gender affirming services, unless a health care provider with experience prescribing or delivering gender affirming treatment has reviewed and confirmed the appropriateness of the adverse benefit determination.
- (d) Health carriers must comply with all network access rules and requirements established by the commissioner.
- (4) For the purposes of this section, "gender affirming treatment" means a service or product that a health care provider, as defined in RCW [70.02.010](#), prescribes to an individual to treat any condition related to the individual's gender identity and is prescribed in accordance with generally accepted standards of care. Gender affirming treatment must be covered in a manner compliant with the federal mental health parity and addiction equity act of 2008 and the federal affordable care act. Gender affirming treatment can be prescribed to two spirit, transgender, nonbinary, intersex, and other gender diverse individuals.
- (5) Nothing in this section may be construed to mandate coverage of a service that is not medically necessary.
- (6) By December 1, 2022, the commissioner, in consultation with the health care authority and the department of health, must issue a report on geographic access to gender affirming treatment across the state. The report must include the number of gender affirming providers offering care in each county, the carriers and medicaid managed care organizations those providers have active contracts with, and the types of services provided by each provider in each region. The commissioner must update the report biannually and post the report on its website.
- (7) The commissioner shall adopt any rules necessary to implement subsections (3), (4), and (5) of this section.
- (8) Unless preempted by federal law, the commissioner shall adopt any rules necessary to implement subsections (1) and (2) of this section, consistent with federal rules and guidance in effect on January 1, 2017, implementing the patient protection and affordable care act.

RCW Section 74.09.675

<https://app.leg.wa.gov/RCW/default.aspx?cite=74.09.675>

Gender affirming care services—Prohibited discrimination.

- (1) In the provision of gender affirming care services through programs under this chapter, the authority, managed care plans, and providers that administer or deliver such services may not discriminate in the delivery of a service provided through a program of the authority based on the covered person's gender identity or expression.
- (2) Beginning January 1, 2022:
 - (a) The authority and any managed care plans delivering or administering services purchased or contracted for by the authority may not apply categorical cosmetic or blanket exclusions to gender affirming treatment.
 - (b) Facial feminization surgeries and facial gender affirming treatment, such as tracheal shaves, hair electrolysis, and other care such as mastectomies, breast reductions, breast implants, or any combination of gender affirming procedures, including revisions to prior treatment, when prescribed as gender affirming treatment, may not be excluded as cosmetic.
 - (c) The authority and managed care plans administering services purchased or contracted for by the authority may not issue an adverse benefit determination denying or limiting access to gender affirming treatment, unless a health care provider with experience prescribing or delivering gender affirming treatment has reviewed and confirmed the appropriateness of the adverse benefit determination.
 - (d) If the authority and managed care plans administering services purchased or contracted for by the authority do not have an adequate network for gender affirming treatment, they shall ensure the delivery of timely and geographically accessible medically necessary gender affirming treatment at no greater expense than if they had an in-network, geographically accessible provider available. This includes, but is not limited to, providing case management services to secure out-of-network gender affirming treatment options that are available to the enrollee in a timely manner within their geographic region. The enrollee shall pay no more than the same cost sharing that the enrollee would pay for the same covered services received from an in-network provider.
- (3) For the purposes of this section, "gender affirming treatment" means a service or product that a health care provider, as defined in RCW [70.02.010](#), prescribes to an individual to support and affirm the individual's gender identity. Gender affirming treatment includes, but is not limited to, treatment for gender dysphoria. Gender affirming treatment can be prescribed to two spirit, transgender, nonbinary, and other gender diverse individuals.
- (4) Nothing in this section may be construed to mandate coverage of a service that is not medically necessary.
- (5) The authority shall adopt rules necessary to implement this section.

State Market Plan Enhancements

Effective Jun. 25, 2014

Washington Office of the Insurance Commissioner, Commissioner's Letter Gender Identity Non Discrimination Requirements: <https://www.insurance.wa.gov/sites/default/files/documents/gender-identity-discrimination-letter.pdf>.

Washington Administrative Code Section 284-43-5622

<https://apps.leg.wa.gov/wac/default.aspx?cite=284-43-5622>

(9) A health benefit plan must not be offered if the commissioner determines that:

- (a) It creates a risk of biased selection based on health status;
- (b) The benefits within an essential health benefit category are limited so that the coverage for the category is not a meaningful health benefit; or
- (c) The benefit has a discriminatory effect in practice, outcome or purpose in relation to age, present or predicted disability, and expected length of life, degree of medical dependency, quality of life or other health conditions, race, gender, national origin, sexual orientation and gender identity or in the application of Section 511 of Public Law 110-343 (the federal Mental Health Parity and Addiction Equity Act of 2008).

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Prior authorization of medically necessary services must be done by UnitedHealthcare or delegated providers as determined by UnitedHealthcare.

Treatment for Gender Dysphoria is sometimes referred to as: Gender Identity Disorder treatment, sex transformation surgery, sex change, sex reversal, gender change, transsexual surgery, transgender surgery, and sex or gender reassignment. **These terms are used interchangeably throughout this document, and, for purposes of this document, are intended to have the same meaning.**

Throughout this document the abbreviation WPATH refers to an advocacy group called the World Professional Association for Transgender Health. WPATH notations in this policy refer to the publication *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version*.

The eligibility qualifications for continuous hormone therapy and surgical treatment of Gender Dysphoria are in addition to the plan's overall eligibility requirements as shown in the plan document.

Authorization for Coverage: Authorization of medically necessary services must be done by UnitedHealthcare medical director or delegated medical providers as determined by contractual agreement.

Washington Signature Value (HMO) plans include medically necessary coverage for the treatment of Gender Dysphoria according to the terms and conditions of the benefit plan.

Non-Surgical Treatments for Gender Dysphoria

The following non-surgical treatment of Gender Dysphoria may be provided:

- **Psychotherapy** for Gender Dysphoria and **associated co-morbid psychiatric diagnoses**; If mental health services are not covered on the UnitedHealthcare plan (for example when mental health services are carved out of the plan design) the plan will not cover psychotherapy for Gender Dysphoria.
- **Continuous Hormone Replacement Therapy: Hormones of the desired gender.** Hormones injected by a medical provider (for example hormones injected during an office visit) are covered by the medical plan. Benefits for these injections vary depending on the plan design. Other outpatient prescription drugs may be covered as determined by the employer's sponsored pharmacy benefit manager. Refer to the member's outpatient prescription drug benefit.
- **Eligibility Qualifications for Continuous Hormone Replacement Therapy:** The covered person must meet **all** of the following eligibility qualifications for hormone replacement.
 - Persistent, well documented Gender Dysphoria (refer to definition of Gender Identity Disorder below; **and**
 - Capacity to make a fully informed decision and to consent for treatment; **and**
 - Age of majority in a given country; **and**

Note: WPATH guidelines address age of majority in a given country. For the purposes of this guideline, the age of majority is age 18. However, this refers to chronological age and not biological age. Where approval or denial of benefits is based solely on the age of the individual a case-by-case medical director review is necessary.

 - If significant medical or mental health concerns are present, they must be reasonably well controlled.

Note: Refer to the outpatient prescription drug benefit for specific prescription drug product coverage and exclusion terms. If pharmacy benefits are carved out of the plan design, the plan will not cover outpatient prescription drugs for Gender Dysphoria.

- **Puberty Suppressing Hormone Therapy.** Reviewed and approved on a case-by-case basis. Medical history should reflect well documented history of Gender Dysphoria that meets the DSM 5 Criteria, meets the assessment of Tanner 2 pubertal development, is prescribed by a pediatric endocrinologist and is contingent upon the request of an FDA approved medication that suppresses puberty.
- **Laboratory testing** to monitor the safety of continuous hormone therapy is covered.
- **Speech Therapy.**
- **Fertility Preservation** (Sperm preservation in advance of hormone treatment or gender surgery, cryopreservation of fertilized embryos).

Covered Surgical Treatments for Gender Dysphoria

Surgical treatment for Gender Dysphoria is covered when **the eligibility qualifications for surgery** are met:

- Genital surgery (by various techniques which must be appropriate to each member), including: complete hysterectomy; orchiectomy; penectomy; vaginoplasty; vaginectomy; clitoroplasty; labiaplasty; salpingo-oophorectomy; metoidioplasty; scrotoplasty; urethroplasty; placement of testicular prosthesis; phalloplasty.
- **Surgery to change specified secondary sex characteristics, specifically:**
 - Thyroid chondroplasty (removal or reduction of the Adam's Apple); **and**
 - Bilateral mastectomy; **and**
 - Augmentation mammoplasty (including breast prosthesis if necessary)
- **Related Services:** In addition to the surgeon fees, the benefit applies to the services related to the surgery, including but not limited to: anesthesia, laboratory testing, pathology, radiologic procedures, hospital and facility fees, and/or surgical center fees.
- **Hair Removal:** Hair removal related to genital reconstruction (e.g. electrolysis or laser) when part of a complete care plan and ordered by a physician.

Eligibility Qualifications for Genital Surgery

The following criteria apply to genital surgery, and to surgery to change specified secondary sex characteristics listed above. It is our expectation that surgery be performed by a qualified provider at a facility with a history of treating individuals with Gender Identity Disorder.

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.

The covered person must meet **all** of the following eligibility qualifications prior to surgery:

- Persistent, well-documented Gender Dysphoria (refer to definition of Gender Identity Disorder below); **and**
 - Capacity to make a fully informed decision and to consent for treatment; **and**
 - Age of majority in a given country; **and**
- Note:** WPATH* guidelines address age of majority in a given country. For the purposes of this guideline, the age of majority is age 18. However, this refers to chronological age, not biological age. Where approval or denial of benefits is based solely on the age of the individual a case-by-case medical director review is necessary.
- If significant medical or mental health concerns are present, these must be reasonably well-controlled; **and**
 - 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; **and**
 - 12 continuous months of living in a gender role that is congruent with their gender identity. The criterion noted above 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; **and**
 - The treatment plan must conform to identifiable external sources including the World Professional Association for Transgender Health Association (WPATH) standards, and/or evidence-based professional society guidance.

Eligibility Qualifications for Breast/Chest Surgery

In addition to the eligibility qualifications listed above note the following:

- **A biologic female** member that is only requesting a **bilateral mastectomy:**
 - Does not need to complete hormone therapy in order to qualify for the mastectomy.
 - Although not a requirement for coverage, UnitedHealthcare recommends that the member complete at least **3 months of psychotherapy** before having the mastectomy.

- **A biologic male** member that is only requesting a **breast augmentation**:
 - Although not a requirement for coverage UnitedHealthcare recommends that 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 or to maximize breast growth in order to obtain better surgical results.
 - Although not a requirement for coverage, UnitedHealthcare recommends that the member complete at least **3 months of psychotherapy** before having the breast augmentation.
- *12 months is listed by WPATH, 2012, Version 7

Note the following:

- Check the benefit plan document for any applicable prior authorization or notification requirements.
- Sterilization surgery is not required in order to receive the covered services under this benefit.
- Member cost sharing (copayments, coinsurance, and/or deductibles) apply as identified in the member's plan materials.

Rationale for a preoperative, 12-month experience of living in an identity-congruent gender role:

The criterion noted above 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. As noted in section VII, 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 (Bockting, 2008). 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. 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.

Not Covered

The following are not covered:

- Surgical or cross-gender hormone treatment for members under 18 years of age. Hormone therapy for members under 18 years of age is reviewed on a case-by-case basis by UnitedHealthcare.
- Surgical treatment not prior authorized by UnitedHealthcare or the delegated participating medical group/IPA.
- Drugs for hair loss.
- Drugs for sexual performance for members that have undergone genital reconstruction.
- Drugs or devices not approved by the FDA for use in the United States (Drugs or devices approved by the FDA will be considered for off-label use according to the Benefit Interpretation Policy titled [Medications and Off-Label Drugs](#)).
- Treatment received outside the United States.
- GnRH/Gonadotropin-Releasing Hormone Agonist (i.e. Lupron Depot, Vantas/Histrelin) drugs for use in puberty suppression are considered to be off- label; Refer to the Benefit Interpretation Policy titled [Medications and Off-Label Drugs](#) to determine coverage for the use of these drugs for Gender Dysphoria.
- Drugs when prescribed for cosmetic purposes.
- Coverage does not apply to members that do not meet the criteria listed in the eligibility qualifications for surgery section above.
- Surrogate parenting, donor eggs, donor sperm and host uterus (refer to member EOC).
- Transportation, meals, lodging or similar expenses unless medically necessary treatment outside the state of Washington is authorized and directed by plan's medical director. (Travel expense reimbursement is limited to reasonable expenses for transportation, meals, and lodging for the member to obtain authorized surgical consultation, surgical procedure(s), and follow-up care, when the authorized surgeon and facility are located outside the state of Washington. The transportation and lodging arrangements must be arranged by or approved in advance by UnitedHealthcare. Reimbursement excludes coverage for alcohol and tobacco. Food and lodging expenses are not covered for any day a member is not receiving authorized surgical services.)

Note: The drug related exclusions listed above apply to drugs administered by provider in a medical setting (including but not limited to office, outpatient, or inpatient facility). For drugs obtained at a pharmacy, check with the pharmacy plan administrator for information on covered and excluded drugs.

Definitions

Gender Identity Disorder / Gender Dysphoria: A disorder characterized by the following diagnostic criteria:

- A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).
- Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.
- The disturbance is not concurrent with a physical intersex condition.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The transsexual identity has been present persistently for at least two years.
- The disorder is not a symptom of another mental disorder or a chromosomal abnormality.

References

American Academy of Pediatrics. Policy Statement. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. October 2018.

American College of Obstetricians and Gynecologists (ACOG). Committee Opinion #512. Health care for transgender individuals. *Obstet Gynecol*. 2011 Dec;118(6):1454-8.

American College of Obstetricians and Gynecologists (ACOG). Committee Opinion #685. Care for transgender adolescents. *Obstet Gynecol*. 2017 Jan;129(1):e11-e16.

American Psychological Association. Report of the task force on gender identity and gender variance. Washington, DC: 2009.

American Psychological Association. Report of the task force on appropriate therapeutic responses to sexual orientation. Washington, DC: 2009.

American Psychological Association. Guidelines for psychological practice with transgender and gender nonconforming people. *Am Psychol*. 2015 Dec;70(9):832-64.

Bouman MB, van der Sluis WB, Buncamper ME, et al. Primary total laparoscopic sigmoid vaginoplasty in transgender women with penoscrotal hypoplasia: a prospective cohort study of surgical outcomes and follow-up of 42 patients. *Plast Reconstr Surg*. 2016 Oct;138(4):614e-23e.

Bouman MB, van Zeijl MC, Buncamper ME, et al. Intestinal vaginoplasty revisited: a review of surgical techniques, complications, and sexual function. *J Sex Med*. 2014 Jul;11(7):1835-47.

Buncamper ME, van der Sluis WB, van der Pas RS, et al. Surgical outcome after penile inversion vaginoplasty: a retrospective study of 475 transgender women. *Plast Reconstr Surg*. 2016 Nov;138(5):999-1007.

Byne W, Bradley SJ, Coleman E, et al. Report of the American Psychiatric Association task force on treatment of gender identity disorder. *Am J Psychiatry*. 2012 Aug;169(8):875-6.

Dhejne C, Lichtenstein P, Boman M, et al. Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden. *PLoS One*. 2011 Feb 22;6(2):e16885.

Djordjevic ML, Bizic MR. Comparison of two different methods for urethral lengthening in female to male (metoidioplasty) surgery. *J Sex Med*. 2013 May;10(5):1431-8.

Diagnostic and statistical manual of mental disorders (5th ed.). 2013. Washington, DC: American Psychiatric Association.

Dreher PC, Edwards D, Hager S, et al. Complications of the neovagina in male-to-female transgender surgery: A systematic review and meta-analysis with discussion of management. *Clin Anat*. 2018 Mar;31(2):191-199.

ECRI Institute. Special Report. Gender dysphoria. January 2016.

Frey JD, Poudrier G, Chiodo MV, Hazen A. A systematic review of metoidioplasty and radial forearm flap phalloplasty in female-to-male transgender genital reconstruction: is the "ideal" neophallus an achievable goal? *Plast Reconstr Surg Glob Open*. 2016 Dec 23;4(12):e1131.

Gaither TW, Awad MA, Osterberg EC, et al. Postoperative Complications following Primary Penile Inversion Vaginoplasty among 330 Male-to-Female Transgender Patients. *J Urol*. 2017 Oct 12 pii: S0022-5347(17)77717-8. doi: 10.1016/j.juro.2017.10.013. [Epub ahead of print].

Gooren LJ. Clinical practice. Care of transsexual persons. *N Engl J Med*. 2011 Mar 31;364(13):1251-7.

Hayes, Inc. Hayes Directory Report. Sex reassignment surgery for the treatment of gender dysphoria. Lansdale, PA: Hayes, Inc.; May 2014a; updated April 2018.

Hayes, Inc. Hayes Directory Report. Ancillary procedures and services for the treatment of gender dysphoria. Lansdale, PA: Hayes, Inc.; May 2014b; updated April 2018.

Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2017 Nov 1;102(11):3869-3903. <https://academic.oup.com/jcem/article/102/11/3869/4157558>.

Horbach SE, Bouman MB, Smit JM, et al. Outcome of vaginoplasty in male-to-female transgenders: a systematic review of surgical techniques. *J Sex Med*. 2015 Jun;12(6):1499-512.

Kanhai RC, Hage JJ, Mulder JW. Long-term outcome of augmentation mammoplasty in male-to-female transsexuals: a questionnaire survey of 107 patients. *Br J Plast Surg*. 2000 Apr;53(3):209-11.

Kuhn A, Bodmer C, Stadlmayr W, Kuhn P, Mueller MD, Birkhäuser M. Quality of life 15 years after sex reassignment surgery for transsexualism. *Fertil Steril*. 2009 Nov;92(5):1685-1689.e3.

Mahfouda S, Moore JK, Siafarikas A, Hewitt T, Ganti U, Lin A, Zepf FD. Gender-affirming hormones and surgery in transgender children and adolescents. *Lancet Diabetes Endocrinol*. 2019 Jun;7(6):484-498.

Manrique OJ, Adabi K, Martinez-Jorge J, et al. Complications and Patient-Reported Outcomes in Male-to-Female Vaginoplasty-Where We Are Today: A Systematic Review and Meta-Analysis. *Ann Plast Surg*. 2018 Jun;80(6):684-691.

Morrison SD, Vyas KS, Motakef S, et al. Facial feminization: systematic review of the literature. *Plast Reconstr Surg*. 2016 Jun;137(6):1759-70.

Murad MH, Elamin MB, Garcia MZ, et al. Hormonal therapy and sex reassignment: a systematic review and meta-analysis of quality of life and psychosocial outcomes. *Clin Endocrinol (Oxf)*. 2010 Feb;72(2):214-31.

Nondiscrimination in Health Programs and Activities, 81 Fed. Reg. 31376 (May 18, 2016) (codified at 45 C.F.R. pt. 92).

Sutcliffe PA, Dixon S, Akehurst RL, et al. Evaluation of surgical procedures for sex reassignment: a systematic review. *J Plast Reconstr Aesthet Surg*. 2009 Mar;62(3):294-306; discussion 306-8.

Van Damme S, Cosyns M, Deman S, et al. The effectiveness of pitch-raising surgery in male-to-female transsexuals: a systematic review. *J Voice*. 2017 Mar;31(2):244.e1-244.e5.

Weigert R, Frison E, Sessiecq Q, et al. Patient satisfaction with breasts and psychosocial, sexual, and physical well-being after breast augmentation in male-to-female transsexuals. *Plast Reconstr Surg*. 2013 Dec;132(6):1421-9.

World Professional Association for Transgender Health (WPATH). Standards of care for the health of transsexual, transgender and gender nonconforming people. 7th edition. 2012. Available at: <https://www.wpath.org>. Accessed December 2, 2024.

Zhang WR, Garrett GL, Arron ST, Garcia MM. Laser hair removal for genital gender affirming surgery. *Transl Androl Urol*. 2016 Jun;5(3):381-7.

Policy History/Revision Information

Date	Summary of Changes
01/01/2025	<p data-bbox="326 1570 565 1602">Template Update</p> <ul data-bbox="326 1606 1360 1696" style="list-style-type: none"> <li data-bbox="326 1606 589 1633">• Modified font style <li data-bbox="326 1635 1360 1696">• Updated reference links to related Medical Policies (previously classified as Medical Management Guidelines) <p data-bbox="326 1703 654 1734">Supporting Information</p> <ul data-bbox="326 1738 1157 1795" style="list-style-type: none"> <li data-bbox="326 1738 1157 1766">• Updated <i>References</i> section to reflect the most current information <li data-bbox="326 1768 870 1795">• Archived previous policy version BIP197.L

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.