

## Gender Affirming Surgery, Surgical 108

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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [\\*](#).**

### Description & Definitions:

**Gender dysphoria (GD)** is defined in the textbook, "Management of Gender Dysphoria: A multidisciplinary Approach, as a "psychological state whereby a person demonstrates dissatisfaction with their sex of birth and their sex role, as socially defined, which applies to that sex, and who requests hormonal and surgical sex reassignment." The Diagnostic and Statistical Manual of Mental Disorders, -5th edition (DSM-5) outlines criteria for GD, including a requirement of marked incongruence between the individual's expressed/experienced gender and their assigned gender. People with gender dysphoria often report a feeling of being born the wrong sex. This condition is associated with clinically significant distress or impairment in social, school, occupational and other important areas of functioning.

Gender Dysphoria cannot be treated by psychotherapy, medical interventions or surgical interventions in isolation. The multidisciplinary approach to GD is a complex process involving multiple medical, psychiatric, and surgical specialists working in conjunction with each other and the individual to achieve successful behavioral, medical, and surgical outcomes. Gender reassignment surgery (also known as sex reassignment surgery and gender confirmation surgery), can be one component within a multidisciplinary treatment approach. 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.

Both behavioral health professionals submitting letters must be licensed and must have an advanced degree (doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field (for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) They must be capable of competently and comprehensively evaluating co-morbid psychiatric conditions. Qualified mental health professionals must also have demonstrated competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Disease for diagnostic purposes; the ability to recognize and diagnose co-existing mental health concerns and distinguish these from GD; AND be Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria; Qualified professionals must demonstrate continuous learning in the assessment and treatment of GD.

Gender-specific services may be medically necessary for transgender persons appropriate to their anatomy. Examples include:

- Breast cancer screening may be medically necessary for female to male trans identified persons who have not undergone a mastectomy;
- Prostate cancer screening may be medically necessary for male to female trans identified persons who have retained their prostate.

Services covered in this policy will be authorized once per member lifetime unless medically necessary for another indication (eg trauma).

## Criteria:

Gender reassignment surgery is considered medically necessary with **1 or more** of the following:

- **Gonadectomy** and individual undergoing any combination of the following; hysterectomy, salpingo-oophorectomy, oophorectomy, or orchiectomy, is considered medically necessary with **ALL** of the following:
  - Individual is at least 18 years of age
  - Individual has capacity to make fully informed decisions and consent for treatment
  - Individual has been diagnosed with gender dysphoria with **ALL** of the following:
    - 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
    - The transsexual identity has been present persistently for at least two years
    - The disorder is not a symptom of another mental disorder
    - The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
  - Individuals without a medical contraindication and 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 with **ALL** the following:
    - If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated
    - Two referrals from qualified mental health professionals who have independently assessed the individual with **ALL** of the following:
      - If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual.
        - Letter(s) must have been signed within 12 months of the request submission
        - Referral letters from a qualified health professional should include **All** the following:
          - Results of the client's psychosocial assessment, including any diagnoses
          - The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date
          - An explanation that MNC (medically necessary criteria) for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery
          - A statement about the fact that informed consent has been obtained from the patient
          - A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this
- **Genital Reconstruction** and individuals undergoing any combination of the following: metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty, or placement of testicular prosthesis, electrolysis if needed for surgery, is considered medically necessary with **ALL** of the following:
  - Individual is at least 18 years of age
  - Individual has capacity to make fully informed decisions and consent for treatment
  - Individual has been diagnosed with gender dysphoria with **ALL** of the following:
    - 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
    - The gender identity has been present persistently for at least two years
    - The disorder is not a symptom of another mental disorder

- The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
  - Individuals without a medical contraindication and have 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
  - Documentation that the individual has completed a minimum of 12 months of successful continuous full-time real-life experience in their new gender, across a wide range of life experiences and events that may occur throughout the year (for example, family events, holidays, vacations, season-specific work or school experiences). This includes coming out to partners, family, friends, and community members (for example, at school, work, and other settings) with **1 or more** of the following:
    - Verification via communication with individuals who have related to the individual in an identity-congruent gender role
    - requesting documentation of a legal name change, may be reasonable in some cases
  - Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner
  - If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated
  - Two referrals from qualified mental health professionals who have independently assessed the individual with **ALL** of the following:
    - If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual.
    - Letter(s) must have been signed within 12 months of the request submission
    - Referral letters from a qualified health professional should include **ALL** the following:
      - Results of the client's psychosocial assessment, including any diagnoses
      - The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date
      - An explanation that MNC (medically necessary criteria) for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery
      - A statement about the fact that informed consent has been obtained from the patient
      - A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this
- **Procedures of the Chest** and individuals undergoing a bilateral mastectomy or breast augmentation with or without nipple reconstruction are considered medically necessary for **ALL the following**:
  - The individual is at least 18 years of age
  - Individuals without a medical contraindication and 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
  - The individual has capacity to make fully informed decisions and consent for treatment
  - The individual has been diagnosed with gender dysphoria and exhibits **All** of the following:
    - 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
    - The gender identity has been present persistently for at least two years
    - The disorder is not a symptom of another mental disorder
    - The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
  - If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated
- **Procedures of the Face** and facial feminization or masculinization with **ALL** of the following:
  - Surgery is for **1 or more** of the following:
    - Tracheal shave [reduction thyroid chondroplasty]

- Thyroid cartilage reduction/chondroplasty/trachea shave (removal or reduction of the Adam's apple)
- Genioplasty
- Forehead contouring
- Rhinoplasty
- Electrolysis or laser hair removal of the face, head and/or neck
- The member is at least 18 years of age.
- Individuals without a medical contraindication and 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.
- The member has been assessed and diagnosed with gender dysphoria according to DSM-V criteria, by a licensed mental health professional.
- The aforementioned licensed mental health professional recommends the specific surgical procedure(s) for the member.
- Coexisting behavioral health and medical comorbidities or social problems that may interfere with diagnostic procedures or treatment are being appropriately treated and are not causing symptoms of gender dysphoria.
- The member has the capacity to make informed treatment decisions and has consented to the procedure after a discussion of potential benefits and risks.

**Gender reassignment surgery** is considered **not medically necessary** for uses other than those listed in the clinical criteria, to include but not limited to:

- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics
- Cosmetic procedures when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo sex reassignment surgery, including, but not limited to, the following:
  - Abdominoplasty
  - Blepharoplasty
  - Brow lift
  - Calf implants
  - Cheek/malar implants
  - Chin/nose implants
  - Collagen injections
  - Construction of a clitoral hood
  - Drugs for hair loss or growth
  - Forehead lift
  - Gluteal augmentation
  - Hair removal (e.g., electrolysis, laser hair removal)
  - Hair transplantation
  - Jaw reduction (jaw contouring)
  - Lip reduction
  - Liposuction
  - Mastopexy
  - Neck tightening
  - Nose implants
  - Pectoral implants for chest masculinization
  - Removal of redundant skin
  - Rhinoplasty
  - Thyroid cartilage reduction/chondroplasty/trachea shave (removal or reduction of the Adam's apple)
  - Voice modifications (e.g., laryngoplasty, glottoplasty or shortening of the vocal cords)
  - Voice therapy/voice lessons

## Document History:

Revised Dates:

- 2026: January – Implementation date of May 1, 2026. Annual Review completed, no changes to coverage criteria.
- 2025: January – Procedure coding updated to align with changes in service authorization. Annual review completed – references updated.
- 2023: July

- 2022: April
- 2021: January, March
- 2019: November
- 2018: September

Reviewed Dates:

- 2023: March
- 2020: March
- 2018: December

Origination Date:

- January 2017

## Coding:

### Medically necessary with criteria:

Coding	Description
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical
17380	Electrolysis epilation, each 30 minutes
19303	Mastectomy, simple, complete
19318	Breast reduction
19325	Breast augmentation with implant
19350	Nipple/areola reconstruction
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip

30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
31599	Unlisted procedure, larynx
31750	Tracheoplasty; cervical
31899	Unlisted procedure, trachea, bronchi (for Tracheal Shave)
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopy, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55899	Unlisted procedure, male genital system
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106	Vaginectomy, partial removal of vaginal wall
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)

57110	Vaginectomy, complete removal of vaginal wall
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57335	Vaginoplasty for intersex state
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58275	Vaginal hysterectomy, with total or partial vaginectomy
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285	Vaginal hysterectomy, radical (Schauta type operation)
58290	Vaginal hysterectomy, for uterus greater than 250 g
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) less; with removal of tube(s) and/or ovary(s)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable J1950 Injection, leuprolide acetate (for depot suspension), per 3.75 mg

Considered **Not** Medically Necessary:

Coding	Description
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11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, p-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

19316	Mastopexy
21087	Impression and custom preparation; nasal prosthesis
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21270	Malar augmentation, prosthetic material
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
S9128	Speech therapy, in the home, per diem

*The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

### Policy Approach and Special Notes: \*

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plan Commercial products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

### References:

#### References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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[ge%2522:0,%2522size%2522:50%252D,%2522type%2522:%2522all%2522,%2522](https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522gender%2520affirming%2520care%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2522pa)

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Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children. (2025, Dec 19). Retrieved Dec 31, 2025, from Federal Register - The Daily Journal of the United States Government: <https://www.federalregister.gov/documents/2025/12/19/2025-23464/medicaid-program-prohibition-on-federal-medicare-and-childrens-health-insurance-program-funding-for>

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## Keywords:

Gender Affirming, gender reassignment surgery, hysterectomy, salpingo-oophorectomy, oophorectomy, or orchiectomy, metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty, testicular prostheses, Abdominoplasty, Blepharoplasty, Brow lift, Calf implants, Cheek/malar implants, Chin/nose implants, Collagen injections, clitoral hood, Forehead lift, Jaw reduction (jaw contouring), Hair removal (e.g., electrolysis, laser hair removal), Hair transplantation, Lip reduction, Liposuction, Mastopexy, Neck tightening, Nose implants, Pectoral implants for chest masculinization, Removal of redundant skin, Rhinoplasty, Voice therapy/voice lessons, Voice modifications (e.g., laryngoplasty, glottoplasty or shortening of the vocal cords), Thyroid cartilage reduction/chondroplasty/trachea shave (removal or reduction of the Adam's apple), Breast augmentation, Gluteal augmentation, Facial bone reconstruction/implants, Nipple reconstruction