MEDICAL POLICY

Medical Policy Title	**Gender Affirming Surgery and Treatments for Commercial and Medicare Advantage Members**
Policy Number	**7.01.84**
Current Effective Date	**November 11, 2026**
Next Review Date	**July 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates, and the member's subscriber contract language are considered first in the determination of a covered service. (Link to Product Disclaimer)

POLICY STATEMENT(S)

General Requirements

I. Gender affirming surgery or non-surgical procedures may be considered **medically necessary/appropriate** for the treatment of gender dysphoria when **ALL** the following criteria are met:

   A. Individual is 18 years of age or older, except for mastectomy (see Policy Statement II.B);

   B. One (1) letter of assessment from a qualified professional (see Policy Guideline IV) recommending the gender affirming intervention, documenting that the individual meets **all** the following:

      1. Meets the DSM-5-TR diagnostic criteria for gender dysphoria;
      2. Gender dysphoria is marked and sustained for at least 6-months;
      3. Other possible causes of apparent gender dysphoria have been identified and excluded;
      4. Mental health and physical conditions that could negatively impact the outcome of the intervention have been assessed, with risks and benefits discussed; **and**
      5. Demonstrates the capacity to provide informed consent for the specific gender-affirming surgical or non-surgical intervention, including an understanding of risks, benefits, and long-term considerations (e.g., permanence, recovery, routine health surveillance);

   C. Applicable procedure-specific criteria below are met.

Procedure-Specific Requirements

Chest Procedures

II. Mastectomy (see Policy Guideline III) is considered **medically necessary** when **BOTH** of the following criteria are met:

   A. All general criteria in Policy Statement I are met;

   B. For individuals under 18 years of age, the qualified professional's letter documents **either** of the following:

1. The individual demonstrates the emotional and cognitive maturity required for decision making and consent/assent; **or**
2. All legally responsible parties (e.g., parent[s] or guardian[s]) consent to the mastectomy and confirm the surgery aligns with the individual's needs and wishes.

III. Breast augmentation (see Policy Guideline III), when the individual's current chest characteristics differ significantly from the physical chest characteristics typically associated with their gender identity (see Policy Guideline XI), is considered **medically necessary**, when **BOTH** of the following criteria are met:

A. All general criteria in Policy Statement I are met;

B. The qualified professional's letter documents **either** of the following:

1. Completion of six (6) months of continuous hormone therapy with negligible breast growth; **or**
2. Hormone therapy is medically contraindicated.

Hysterectomy and Gonadectomy

IV. Hysterectomy and gonadectomy (i.e., salpingo-oophorectomy and orchiectomy) is considered **medically necessary** when **BOTH** of the following criteria are met:

A. All general criteria in Policy Statement I are met;

B. The qualified professional's letter documents **one (1)** of the following:

1. Completion of six (6) months of continuous hormone therapy to achieve the desired gender affirming goals;
2. Hormone therapy is medically contraindicated; **or**
3. Hormone therapy is not clinically indicated.

Genital Reconstructive Surgery

V. Genital reconstructive surgery (see Policy Guideline III) is considered **medically necessary** when **BOTH** of the following additional criteria are met:

A. All general criteria in Policy Statement I are met;

B. The qualified professional's letter documents **either**:

1. Completion of six (6) months of continuous hormone therapy to achieve the desired gender affirming goals; **or**
2. Hormone therapy is medically contraindicated.

Ancillary Procedures

VI. All other surgical and non-surgical procedures associated with gender affirmation (see Policy Guideline III) will be reviewed based on clinical documentation and considered reconstructive

and **medically appropriate** when **EITHER** of the following criteria are met:

A. For staged genital reconstructive procedures only (e.g., monsplasty), the treating surgeon documents (e.g., medical records) that the requested procedure meets **both** of the following:
   1. This is a staged procedure of a previously approved genital reconstructive surgery; **and**
   2. The procedure is medically necessary to treat the individual's persistent (marked and sustained) gender dysphoria;

OR

B. For all other procedures, **all** the following are met:
   1. All general criteria in Policy Statement I are met;
   2. Documentation (e.g., medical records) of the individual's readiness for the requested procedure(s) with **all** the following criteria:
      a. The procedure is medically necessary to treat the member's persistent (marked and sustained) gender dysphoria;
      b. Completion of 6-months of hormone therapy unless documented as medically contraindicated or not clinically indicated;
      c. There is documentation detailing that conservative medical or surgical intervention(s) have failed or are contraindicated (e.g., diet and exercise prior to body contouring); **and**
      d. Gender-related goal(s) and how these fit with the requested intervention; **and**
   3. Documentation supports that the procedure meets **all** the following:
      a. Is appropriate, consistent, and required for the direct care and treatment of the individual's gender dysphoria, and if the procedure is not provided, the individual's condition would be adversely affected;
      b. Provided in accordance with standards of generally accepted medical practice;
      c. Is not primarily for the convenience of the member, the member's family, the provider of services, or another provider;
      d. Is the most appropriate service, rendered in the most efficient and economical way and at the most economical level of care that can safely be provided;
      e. There is sufficient evidence (e.g., published peer-reviewed literature and professional practice guidelines) proving that the requested gender-affirming procedure and the way it is provided (e.g., type, frequency, extent, site, and/or duration) is as at least as effective in improving health outcomes as an established service; **and**

f. When applicable, the procedure has received final approval from the appropriate government regulatory bodies (e.g., U.S. Food and Drug Administration [FDA]).

C. Surgeries/procedures that do not meet the above criteria are considered **not medically necessary**.

Revision Surgery

VII. Surgery to revise the appearance or function of gender-affirming surgery due to a medical complication or dissatisfaction with the outcome is considered **medically appropriate** when **ALL** the following are met:

A. Documentation of the member's clinically significant post-operative symptoms (e.g., pain, discomfort, distress, limitations) that causes marked functional impairment that interferes with activities of daily living;

B. The requested revision is required for the direct care and treatment or management of the individual's gender dysphoria, and without the revision the individual would be adversely affected;

C. The revision is provided in accordance with standards of generally accepted medical practice;

D. The revision is not primarily for the convenience of the individual, the provider of services, or another provider;

E. The revision is the most appropriate service(s), rendered in the most efficient and economical way and at the most economical level of care that can safely be provided.

Reversal Procedures

VIII. Procedures to reverse gender-affirming surgery are considered **not medically necessary**, except when medical records document a serious medical condition or complication necessitating reversal. Documentation will be reviewed by a Health Plan Behavioral Health Medical Director, in consultation with a Physical Health Medical Director as needed.

Voice Modification/Vocal Cord Surgery

IX. Voice modification/vocal cord surgery is considered **medically appropriate** when **ALL** the following criteria are met:

A. All general criteria in Policy Statement I are met;

B. The qualified professional's letter documents **all** the following:

1. The individual has completed a trial of voice therapy prior to voice modification surgery (refer to Policy Statement XI);

2. Post-operative treatment plan that includes voice training; **and**

3. For surgery to masculinize the voice, the surgeon documents **either**:

a. Completion of six (6) months of continuous hormone therapy; **or**

b. Hormone therapy is medically contraindicated.

*Note: There is no evidence that feminizing hormones or GnRH agonists are an effective intervention to feminize the voice.

Initial Voice Therapy

X. Voice and communication therapy (CPT 92507, speech therapy) is considered **medically appropriate** when **ALL** the following criteria are met:

A. All general criteria in Policy Statement I are met:

B. The qualified professional's letter documents **all** the following:

1. Social transition, or that additional assessments were conducted to offer the individual an opportunity to consider the possible effects of not socially transitioning; **and**

2. Alignment of voice therapy with the individual's gender-related goals and lived experiences (e.g., distress, comfort, joy, self-fulfillment);

C. Voice therapy (assessment, support, training) is performed by a state licensed speech language pathologist or speech therapist.

Continuation of Voice Therapy

XI. Continuation of voice therapy services (CPT 92507) is considered **medically appropriate** when the treating speech language pathologist/speech therapist documents **BOTH** of the following:

A. The individual has not reached a maintenance service level at which no additional functional progress/improvement is apparent or expected;

B. Significant improvement is demonstrated by objective measures (e.g., fundamental frequency [pitch range], resonance, intonation, voice quality, and clinician-performed auditory-perceptual gender ratings).

RELATED POLICIES

Corporate Medical Policy

3.01.22 Gender Affirming Behavioral Health and Medical Services

7.01.105 Gender Reassignment/Gender Affirming Surgery and Treatments for Medicaid Managed Care Plan (MMCP) and Health and Recovery Plan (HARP) Members

11.01.13 Out-of-Network Services

Pharmacy Policy

Pharmacy Management Drug Policy # Pharmacy-63 Clinical Review Prior Authorization (CRPA) Medical for hormone therapy requests.

POLICY GUIDELINE(S)

I. Clinical documentation review is conducted by a Health Plan Behavioral Health Medical Director, in consultation with a Physical Health Medical Director as needed.

II. Cases requiring a clinical peer review must be conducted by a Health Plan Behavioral Health Medical Director.

III. Procedure examples from Policy Statements:

A. Mastectomy: with or without chest reconstruction, pectoral implants, nipple-areola preservation, reconstruction, or tattooing.

B. Breast augmentation: implant or tissue expanders, autologous (includes flap-based and lipofilling), including nipple/areola reconstruction and tattooing.

C. Genital reconstructive procedures: metoidioplasty and phalloplasty, including hair removal from the face, body, genital areas for gender affirmation of preoperative preparation (i.e., electrolysis, laser epilation), with or without vaginectomy, scrotoplasty, urethroplasty or urethral lengthening, penile or testicular prosthesis, colpectomy or colpocleisis; vaginoplasty, vulvoplasty, clitoroplasty, penectomy, labiaplasty.

D. Ancillary procedures, including but are not limited to: blepharoplasty, breast liposuction, brow (reduction, augmentation, lift), cheek (implant, lipofilling), chin reshaping (osteoplastic, alloplastic [implant-based]), chondrolaryngoplasty (tracheal shave), facial bone reconstruction, facelift/mid-facelift (following alteration of underlying skeletal structure [+/- neck lift (platysmaplasty)]), hair line advancement and/or hair transplant reconstruction, hair removal not in preparation for genital reconstructive surgery, lip (upper lip shortening, lip augmentation [autologous and non-autologous]), lower jaw (reduction of mandibular angle or augmentation), monsplasty/mons reduction, rhinoplasty (+/- fillers). other liposuction or lipofilling, and other implants (pectoral, hip, gluteal, calf), uterine transplantation, penile transplantation.

IV. A qualified health care professional is a professional who has competencies in the assessment of transgender and gender diverse people-related medical and surgical treatment. The World Professional Association for Transgender Health (WPATH) Standards of Care Version 8 (SOC-8) recommends “transgender and gender diverse adults who fulfill the criteria for gender-affirming medical and surgical treatment require a single opinion for the initiation of this treatment” from this professional (Coleman 2022).

A. The qualified professional must document competency in the assessment of transgender and gender diverse people-related medical and surgical treatment with all the following qualifications:

1. Is licensed by their statutory body;

2. Holds, at a minimum, a master’s degree, or equivalent training in a clinical field relevant to this role;

3. Is able to identify and diagnose co-existing mental health or other psychosocial concerns and distinguish these from gender dysphoria, incongruence, and diversity;
4. Is able to assess capacity to consent for treatment.

V. In lieu of an established, ongoing professional relationship, qualified behavioral health providers must indicate that assessments related to gender affirming intervention were conducted over an adequate/appropriate length of time to render an opinion of the member's readiness and capacity.

VI. For individuals with considerable comorbidities or a history of severe symptoms (due to gender dysphoria, minority stress, or other behavioral health diagnosis), the provider may provide a recommendation for surgery that includes an appropriate treatment plan for addressing and mitigating these symptoms, stressors, or conditions in the pre-and post-surgical periods.

VII. Qualified surgeon performing gender-affirming surgical procedures: WPATH SOC-8 recommends "surgeons who perform gender-affirming surgical procedures have the following credentials" (Coleman 2022):

A. Training and documented supervision in gender-affirming procedures;
B. Maintenance of an active practice in gender-affirming surgical procedures;
C. Knowledge about gender diverse identities and expressions;
D. Continuing education in the field of gender-affirmation surgery;
E. Tracking of surgical outcomes.

VIII. WPATH SOC-8 recommends that surgeons assess transgender and gender diverse people for risk factors associated with breast cancer prior to breast augmentation or mastectomy.

IX. American Speech-Language-Hearing Association (ASHA 2023) cites studies indicating that speaking fundamental frequency (SFF) higher than 180 hertz (Hz) is more likely to be perceived as feminine, a fundamental frequency (F0) lower than 130 Hz is more likely to be perceived as masculine, and between 145 Hz to 175 Hz as androgynous or gender-neutral.

X. Preoperative permanent hair removal is required for any skin area (e.g., genital and body donor sites) that will be brought in contact with urine (e.g., used to construct a neourethra) or moved to reside within a partially closed cavity with the body (e.g., used to line the neovagina). See Supportive Literature section.

XI. Postoperative care is determined by the treating surgeon and should include sufficient medical, nursing (e.g., home care), and emotional support (e.g., family or friends) to adequately address needs in the post-operative, recovery, and healing period. For individuals having surgery remotely the patient must have medical/surgical providers in place who will be responsible for all post-surgical care including complications. A plan to use urgent/emergency care is not sufficient.

XII. Breast size and contour vary widely among individuals and are considered part of normal anatomic diversity. Surgical breast augmentation for the purpose of altering size or shape in the

absence of a reconstructive indication is considered a cosmetic procedure.

DESCRIPTION

Gender dysphoria, defined by the American Psychological Association (2023), is the experienced discomfort or distress related to incongruence between a person's gender identity, sex assigned at birth, gender identity, and/or primary and secondary sex characteristics. Transgender and gender diverse (TGD) is a broad and comprehensive as possible phrase describing members of the many varied communities that exist globally of people with gender identifies or expression that different from the gender socially attributed to the sex assigned to them at birth. (Coleman 2022).

A clinical diagnosis of gender dysphoria is based on a comprehensive evaluation by qualified medical and behavioral health professionals. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) and International Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) provide criteria and diagnostic classifications. The DSM-5 defines gender dysphoria as a marked incongruence between one's experienced/expressed gender and assigned gender of at least 6 months' duration, and provides separate developmentally appropriate criteria for children, adolescents, and adults.

While gender dysphoria is still considered a mental health condition in the DSM-5-TR, the diagnosis is no longer seen as pathological or a mental disorder in the world health community (Coleman 2022). In a 2023 reaffirmed policy statement, that American Academy of Pediatrics recognizes that transgender identities and diverse gender expressions do not constitute a mental disorder (Rafferty 2018). Gender incongruence is recognized as a condition in the International Classification of Diseases and Related Health Problems, 11th Version of the World Health Organization (ICD-11). The ICD-11 is available for use globally as of January 2022; however, the system will require a minimum of 4 to 5 years before successfully implemented in the United States (Feinstein 2023).

Transgender health care is greater than the sum of its parts, involving holistic inter- and multidisciplinary care between endocrinology, surgery, voice and communication, primary care, reproductive health, sexual health, and mental health disciplines to support gender-affirming interventions as well as preventive care and chronic disease management. Gender-affirming care aims to support transgender and gender diverse people in addressing their social, mental, behavioral, and medical health needs while respecting their gender identity. This approach spans across the lifespan, from childhood through older adulthood, and for those experiencing uncertainty about their gender identity before or after transitioning.

The goal of psychotherapy should never be aimed at modifying a person's gender identity. Research studies have shown that the most effective treatment for gender dysphoria is gender transition, which for many may involve social transition, hormonal therapy, psychotherapy, and gender-affirming surgery. Evidence demonstrates that individuals with untreated gender dysphoria develop higher rates of depression, anxiety, substance use disorders, and suicide. Psychological techniques that attempt to treat gender dysphoria via attempts to alter the individual's gender identity or expression to one considered appropriate for the person's assigned sex (conversion and reparative therapy) have been shown to be ineffective and harmful.

Gender identities can present along a spectrum, and the expression of a person's identity may vary quite widely amongst individuals. While the overall goal of gender-affirming care includes reduction of gender dysphoria or achieving gender congruence, gender diverse presentations may lead to individually customized surgical requests.

SUPPORTIVE LITERATURE

Not Applicable

PROFESSIONAL GUIDELINE(S)

Major U.S. medical and mental health organizations, along with the World Health Organization (WHO), support access to age-appropriate, individualized gender-affirming care for youth and adults. Several organizations have issued expert clinical guidance with recommendations for patient-centered, evidence-based care for transgender and gender diverse people, including the American Congress of Obstetricians and Gynecologists (ACOG), American Psychological Association (APA), American Academy of Pediatrics (AAP), Endocrine Society, and the World Professional Association for Transgender Health Standards of Care for the Health of Transgender and Gender Diverse People (WPATH) (Coleman 2022).

The World Professional Association for Transgender Health (WPATH) is an international interdisciplinary professional organization dedicated to promoting evidence-based care, education, research, public policy, and respect in transgender health. WPATH upholds the highest standards of healthcare for transgender and gender diverse (TGD) people through guidelines, known as the Standards of Care (SOC). These guidelines offer clinical guidance for health professionals to better assist transgender and gender diverse people (WPATH 2024).

The 8th version of the WPATH SOC (SOC-8) was developed using an evidence-based approach to optimize patient care. The guidelines provide recommendations based on a systematic review of evidence, and an assessment of the benefits and harms of alternative care options, to help healthcare professionals offer safe and effective pathways to achieve lasting personal comfort with their gendered selves, and to maximize their overall health, psychological well-being, and self-fulfillment (Coleman 2022).

According to WPATH SOC-8, the goal of gender affirming medical and/or surgical treatments (GAMSTs) is to better align the body with the person's gender identity, and in appropriately selected TGD individual, the current literature supports the benefits of gender-affirming surgery (GAS). Acknowledging that GAS effects a permanent change to a person's anatomy, SOC-8 states that the informed consent process needs to address the irreversibility of some procedures, the new nature of some procedures, and the limited information available about the long-term outcomes of some procedures. Informed consent includes knowledge that appropriate aftercare is essential for optimizing outcomes and it is important patients are informed about postoperative needs (including local wound care, activity restrictions, time off from work or school, etc.).

<u>Hormone Therapy</u>

The Endocrine Society issued guideline resources on endocrine treatment of gender dysphoric/gender incongruent persons (Hembree 2017). The Endocrine Society advises that only trained mental health professionals (MHP) should diagnosis gender dysphoria and that decisions regarding the social transition of prepubertal youths with gender dysphoria/gender incongruence are made with the assistance of an MHP or another experienced professional. Additionally, the guideline:

- Recommends against puberty blocking and gender-affirming hormone treatment in pre-pubertal children with gender dysphoria/gender incongruence;
- Advises that clinicians approve genital gender-affirming surgery only after completion of at least 1 year of consistent and compliant hormone treatment, unless hormone therapy is not desired or medically contraindicated;
- Advises that the clinician responsible for endocrine treatment and the primary care provider ensure appropriate medical clearance of the individual for genital gender-affirming surgery.

The American College of Obstetricians and Gynecologists (ACOG) Committee Opinion No. 823 (2021; reaffirmed 2024) acknowledges that individuals have diverse goals and that not all people desire hormone therapy. It is generally recommended that patients wait at least six months after initiating feminizing hormone therapy before undergoing breast augmentation; however, some experts suggest waiting 2 to 3 years to maximize hormonal effects.

WPATH SOC-8's suggests that surgeons consider offering gonadectomy to eligible transgender and gender diverse adults when there is evidence they have tolerated a minimum of 6 months of hormone therapy (unless hormone replacement therapy or gonadal suppression is not clinically indicated or the procedure is inconsistent with the patient's desires, goals, or expressions of individual gender identity). For adolescents, SOC-8 recommends at least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, unless hormone therapy is either not desired or is medically contraindicated.

Hair (Removal or Restoration)

Hair removal may be an important part of gender affirmation for some individuals; however, it is necessary for genital gender affirming surgery (GAS). Surgeons performing genital GAS require preoperative permanent hair removal from any skin area that will either be brought into contact with urine (e.g., used to construct a neourethra) or be moved to reside within a partially closed cavity within the body (e.g., used to line the neovagina) (Zhang 2016; Coleman 2022). Genital GAS often utilizes hair-bearing flaps (e.g., forearm, thigh) for reconstruction of the genitals to match an individual's desired gender expression.

For hair removal not associated with genital GAS, there are widely available and easily accessible methods to remove unwanted hair (e.g., shaving, waxing, depilatories, threading, laser, and electrolysis) (AAD 2023).

Platelet rich plasma (PRP) and hyperbaric oxygen therapy (HBOT) are being investigated as adjuvant treatment options for people with androgenetic alopecia (AGA). Both lack evidence-based peer-reviewed literature, and both lack FDA clearance/authorization for treatment of AGA.

Voice and Communication

WPATH SOC 8 describes voice and communication as a behavioral, non-surgical intervention that may improve voice-related satisfaction and communication-related quality of life and may help reduce gender dysphoria; however, the overall strength of evidence is limited by small, non-randomized studies and a lack of long-term outcomes. While not all TGD people seek or require voice-related care, trained specialists—such as speech-language pathologists with expertise in gender spectrum voice work—can support behavioral modification of pitch, resonance, intonation, voice quality, articulation, nonverbal communication, and respiratory patterns (American Speech-Language-Hearing Association 2023).

According to the American Speech-Language-Hearing Association (ASHA 2023) speech-language pathologists (SLPs) provide expertise in modifying the voice and other aspects of communication. SLPs assess elements of verbal and nonverbal communication (e.g., vocal pitch, intonation, voice quality, resonance, fluency, articulation, pragmatics, and nonverbal vocalizations) to better align gender and gender expression. ASHA cites studies indicating that speaking fundamental frequency (SFF) higher than 180 hertz (Hz) is more likely to be perceived as feminine, a fundamental frequency (F0) lower than 130 Hz is more likely to be perceived as masculine, and between 145 Hz to 175 Hz as androgynous or gender-neutral.

Surgical procedures can be performed to raise fundamental frequency, including Wendler glottoplasty (anterior glottic web creation), cricothyroid approximation (CTA), feminization laryngoplasty, and laser-assisted voice adjustment (LAVA) (Coleman 2022). These procedures vary in durability, vocal outcomes, and risk profiles, and published guidelines emphasize that voice surgery should be performed only after comprehensive evaluation by both a laryngologist and a voice-specialized speech-language pathologist.

Surgical Intervention Under 18 Years of Age

Given the complexity of phalloplasty, and current high rates of complications in comparison to other gender-affirming surgical treatments, it is not recommended this surgery be considered in youth under 18 years of age (Coleman 2022).

The American Academy of Child and Adolescent Psychiatry (AACAP) 2024 policy statement recommends that all children and adolescents have access to multidisciplinary, evidence-based, and trauma-informed gender-affirming healthcare. The AACAP notes that research consistently demonstrates gender-diverse youth experience better mental health outcomes when supported in exploring or living in a gender role aligned with their identity.

The Endocrine Society suggests delaying gender-affirming genital surgery (e.g., gonadectomy, hysterectomy) until the patient is at least 18 years old or legal age of majority (Hembree 2017).

The American Academy of Pediatrics (AAP) issued a policy statement (Rafferty 2018, reaffirmed 2023) noting that eligibility criteria for gender-affirmative surgical interventions among adolescents are not clearly defined between established protocols and practice. However, surgical interventions are occasionally pursued during adolescence on a case-by-case basis, considering the necessity and

benefit to the adolescent's overall health and often including multidisciplinary input from medical, mental health, and surgical providers.

The American Psychiatric Association (APA) (2025) published an updated position statement for Gender-Affirming Care for Transgender Youth. Data demonstrates that gender-affirming care reduces the risk of specific adverse outcomes among youth, such as depression, anxiety, and suicidal ideation, and that gender affirming care encompasses medical and surgical interventions .

- Families and youth should have access to the full range of gender-affirming treatment options, and the decision-making process should remain within the purview of families, youth, and their physician- led clinical team.
- The decision-making process should be deliberate and supportive, and inclusive of: access to mental health resources; informed consent; education about the risks, benefits, and alternatives to treatment; and the risks and benefits of withholding care.

Uterine Transplantation

WPATH SOC-8 suggests that health care professionals caring for individuals with intersexuality and congenital infertility introduce them and their families, early and gradually, to the various alternative options of parenthood (Coleman 2023). WPATH acknowledges the preliminary success of uterus transplantation in people with Mullerian agenesis and that there is no protocol to date that avoids exposure of the developing fetus to the risks associated with the medications used to avoid transplant rejection. Although listed among gender-affirming procedures in Appendix E, SOC-8 does not include uterine transplantation in the list of medically necessary gender-affirming interventions in Statement 2.1.

The American College of Obstetricians and Gynecologists has not published a clinical practice guideline for uterine transplantation; however, in their Committee Opinion (Number 728) on mullerian agenesis (2020) indicates that while live births have resulted from uterine transplantation, "given limited data, this procedure currently is considered experimental and is not widely available."

Penile Transplantation

Penile transplantation using vascularized composite allografts is an emerging technique to treat genital loss. Szafran et al (2018) described the early development of penile transplantation programs in the United States, noting that Johns Hopkins Medical Institutions initiated program planning in November 2013 with an initial focus on restoring function in combat veterans with severe genital injuries. The first successful penile transplantation in the United States was performed at Massachusetts General Hospital in May 2016.

WPATH SOC-8 lists penile transplantation among gender-affirming procedures in Appendix E, SOC-8 does not include penile transplantation in the list of medically necessary gender-affirming interventions in Statement 2.1.

REGULATORY STATUS

Guidance issued by the New York State Department of Financial Services prohibits the Health Plan

from denying benefits for medically necessary treatment that is otherwise covered by a health insurance contract, solely on the basis that the treatment is for gender dysphoria. Furthermore, the New York Insurance Law requires that Health Plan contracts providing coverage for inpatient hospital care and/or physician services must also provide coverage for the diagnosis and treatment of mental, nervous, or emotional disorders or ailments. Under New York Insurance Law and Public Health Law Article 49 (§4900–4903), utilization review determinations involving mental health conditions, including gender dysphoria, must be made by a clinical peer reviewer who specializes in behavioral health and has experience delivering mental health courses of treatment.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
15769	Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	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
15774	each additional 25 cc or less injectate, or part thereof (List separately in addition to the code for primary procedure)
15775	Punch graft for hair transplant; 1 to 15 punch grafts (as part of forehead feminization surgery)
15776	Punch graft for hair transplant; more than 15 punch grafts (as part of forehead feminization surgery)
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad

Code	Description
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
15830	Excision, excessive skin, and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	thigh
15833	leg
15834	hip
15835	buttock
15836	arm
15837	forearm or hand
15838	submental fat pad
15839	other area
15847	Excision, excessive skin, and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17380	Electrolysis epilation, each 30 minutes
19303	Mastectomy, simple, complete
19316	Mastopexy
19318	Breast reduction
19325	Breast augmentation with implant
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft

Code	Description
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21270	Malar augmentation, prosthetic material
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)
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
31599	Unlisted procedure, larynx (can be used for reduction of thyroid cartilage)
40500	Vermilionectomy (lip shave), with mucosal advancement
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53430	Urethroplasty, reconstruction of female urethra
54120	Amputation penis; partial
54125	Amputation 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
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
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session

Code	Description
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
54522	Orchiectomy, partial
54660	Insertion of testicular prosthesis (separate procedure)
55175	Scrotoplasty; simple
55180	Scrotoplasty, complicated
55899	Unlisted procedure, male genital system (*when used to report metoidioplasty/ phalloplasty)
55970	Intersex surgery, male to female
55980	Intersex surgery, female to male
56800	Plastic repair introitus
56805	Clitoroplasty for intersex state
57106	Vaginectomy, partial removal of vaginal wall
57110	Vaginectomy, complete removal of vaginal wall;
58150	Total abdominal hysterectomy, (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58152	with colpo-urethrocystopexy (e.g., Marshall-Machetti-Krantz, Burch)
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	for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58263	with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270	with repair of enterocele
58275	with total or partial vaginectomy;
58280	with total or partial vaginectomy;
58285	Vaginal hysterectomy, radical (Schauta type operation)
58290	for uterus greater than 250 g;
58291	for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	with removal of tube(s) and/or ovary(s), with repair of enterocele

Code	Description
58294	with repair of enterocele
58720	Salpingo-oophorectomy, complete or partial, unilateral, or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral, or bilateral;
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;
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

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HCPCS Codes

Code	Description
Not Applicable	

ICD10 Codes

Code	Description
F64.0 - F64.9	Gender identity disorders (code range)
Z87.890	Personal history of sex reassignment
There is no ICD-10 code for gender incongruence.	

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SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9) [accessed 2026 Jun 25]

Gender Dysphoria and Gender Reassignment Surgery National Coverage Analysis (NCA) (CAG-00446N) [accessed 2026 Jun 25]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific

service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
10/28/10, 12/08/11, 10/25/12, 10/24/13, 10/23/14, 12/10/15, 12/8/16, 04/26/18, 04/24/19, 04/23/20, 12/10/20, 02/17/21, 03/24/22, 12/22/22, 02/22/24, 08/22/24, 05/22/25, 05/21/26, 07/16/26	
Date	**Summary of Changes**
07/16/26	• Off-cycle policy update, revised consent documentation requirements in Policy Statement I for a positive intent change, and extensive criteria reorganization and clarifying edits with intent unchanged.
05/21/26	• Annual review, intent unchanged.
10/07/25	• Policy edit, intent unchanged, to add an example to the non-inclusive list of surgeries and procedures related to secondary sex characteristics for clarity.
09/12/25	• Policy edit, intent unchanged to correct the location of several “refer to” statements.
08/19/25	• Effective date for implementation of criteria updated in May 2025.
05/22/25	• Annual review and updated criteria, with policy intent changes, to comply with New York State Mandate.
01/01/25	• Summary of changes tracking implemented.
10/28/10	• Original effective date