

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Gender Affirmation Procedures

MP9642

Covered Service: Refer to the Member Certificate or Summary Plan Description (SPD) for services eligible for coverage.

Prior Authorization Required: Yes. All services related to surgical gender affirmation procedures require prior authorization. Coverage may vary according to the terms of the member's plan document. All services dependent on applicable laws and provisions per state.

Additional Information: Refer to the following medical policies for additional information:
[Abdominoplasty/Panniculectomy MP9646](#)
[Rhinoplasty Procedure with or without Septoplasty MP9648](#)
[Plastic and Reconstructive Surgery MP9022](#)
[Blepharoplasty or Blepharoptosis Repair and Brow Lift MP9664](#).

Gender affirmation surgery/procedures refers to procedures that help an individual transition to one's self-identified gender. Gender affirmation surgery (GAS) is used to describe surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity. Gender-affirming options may include, but not limited to, genital top or bottom surgery, facial surgery, non-surgical options (e.g., hair removal, voice therapy) or other non-genital therapies procedures and surgeries necessary for the member to conform to his/her gender identity or expression.

See [Appendix 1](#) for a list of procedures considered Gender-Affirming Genital Surgical Procedures; See [Appendix 2](#) for a list of procedures/surgeries associated with Gender Affirming Non-Genital Procedures.

Criteria are based on World Professional Association for Transgender Health, Inc. (WPATH) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. [WPATH Version 8](#).

Medicare Policy: Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Dean Care Gold and Select when this service is provided by participating providers. If a member has Medicare primary and Dean Health Plan as secondary coverage, a prior authorization is required.

BadgerCare Plus Policy: Dean Health Plan covers when BadgerCare Plus also covers the benefit.

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Dean Health Plan Medical Policy:

Gender-affirming surgery or other procedure covered by this medical policy **requires** prior authorization through the Health Services Division and is indicated for **one or more** of the following:

- 1.0 Gender incongruence in adult (18 years of age or older), as indicated by **ALL** of the following:
 - 1.1 Marked and sustained gender incongruence as assessed and documented by clinician experienced in care of transgender and gender-diverse (TGD) people
 - 1.2 Gender incongruence not due to reversible cause (e.g., psychosis)
 - 1.3 Member able to grant informed consent (able to understand risks of adverse events, complications, procedure options, benefits, irreversibility, and reproductive impact)
 - 1.4 No physical or mental illness that will interfere with adherence to short-term and long-term postoperative treatment
 - 1.5 Stable on gender-affirming hormone treatment (GAHT) for at least 6 months unless contraindicated, not necessary, or not desired
 - 1.6 Social transition (e.g., name change, pronoun change, communication of affirmed gender identity to others) in place or judged by clinician to be unnecessary (e.g., nonbinary gender identity)
 - 1.7 Gender-affirming procedure needed, as indicated by **one or more** of the following:
 - 1.7.1 Masculinization or defeminization procedure, as indicated by **one or more** of the following:
 - 1.7.1.1 Chest (top) surgery (e.g., mastectomy, masculinizing chest surgery)
 - 1.7.1.2 Genital surgery (e.g., metoidioplasty, phalloplasty, scrotoplasty, vaginectomy, testicular prosthesis, penile prosthesis)
 - 1.7.1.3 Hysterectomy with or without oophorectomy
 - 1.7.1.4 Facial masculinization, when existing appearance varies significantly from that of experienced gender (e.g., rhinoplasty, facelift, contouring or augmentation of jaw, chin, or forehead)
 - 1.7.1.5 Other aesthetic procedure when existing appearance varies significantly from that of experienced gender (e.g., body contouring)
 - 1.7.1.6 Voice procedure (e.g., vocal cord injection, thyroplasty type III) if testosterone therapy and voice training insufficient
 - 1.7.2 Feminizing or demasculinizing procedure, as indicated by **one or more** of the following:

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- 1.7.2.1 Breast augmentation (after completion of estrogen therapy induced native breast development)
 - 1.7.2.2 Genital surgery (e.g., vaginoplasty, vulvoplasty)
 - 1.7.2.3 Orchiectomy
 - 1.7.2.4 Facial and neck feminization, when existing appearance varies significantly from that of experienced gender (e.g., brow reduction, chondrolaryngoplasty, rhinoplasty, hair removal, contouring or augmentation of jaw, chin, forehead)
 - 1.7.2.5 Other aesthetic procedure when existing appearance varies significantly from that of experienced gender (e.g. body contouring, hair removal)
 - 1.7.2.6 Voice procedure (e.g., glottoplasty, laryngoplasty, cricothyroid approximation, laser-assisted voice adjustment)
- 2.0 Gender incongruence in adolescent (13 to 17 years of age), as indicated by **ALL** of the following:
- 2.1 Marked and sustained gender incongruence as assessed and documented by clinician experienced in care of transgender and gender-diverse (TGD) adolescents
 - 2.2 Gender incongruence not due to reversible cause (e.g., psychosis)
 - 2.3 Member judged to have emotional and cognitive maturity required to provide informed assent for treatment
 - 2.4 No mental health concerns that may interfere with diagnostic clarity or capacity to assent
 - 2.5 Legal guardians (e.g., parents, assigned guardians) able to grant informed consent (able to understand risk of adverse events, complications, procedure options, benefits, and irreversibility) unless involvement is harmful or not possible
 - 2.6 No physical or mental illness that will interfere with adherence to short-term and long-term postoperative treatment
 - 2.7 Social transition (e.g., name change, pronoun change, communication of affirmed identity to others) in place or judged by clinician to be unnecessary (e.g., nonbinary gender identity)
 - 2.8 Gender-affirming procedure needed, as indicated by **one or more** of the following:
 - 2.8.1 Chest (top) surgery (e.g., mastectomy, masculinizing chest surgery) needed due to persistent chest dysphoria (discomfort and distress from unwanted breast development)
 - 2.8.2 Other gender-affirming procedure (e.g., breast augmentation, orchiectomy, vaginoplasty, hysterectomy, metoidioplasty, facial surgery), as indicated by **ALL** of the following:

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- 2.8.2.1 Surgery judged appropriate and necessary to address gender incongruence by multidisciplinary clinical team experienced in transgender and gender-diverse adolescents
 - 2.8.2.2 At least 12 months of gender-affirming hormone therapy (longer, if required, to achieve desired surgical result)
 - 2.8.2.3 Reproductive consequences, if any, discussed, including potential loss of fertility, available options to preserve fertility, and need for lifelong hormonal therapy (if gonadectomy)
- 3.0 Person with sexual anatomy that is not typically male or female (termed differences in sexual differentiation or intersex), as indicated by **one or more** of the following:
- 3.1 Surgery necessary due to anatomic variation that poses risk to physical health (e.g., urinary obstruction)
 - 3.2 Surgery appropriate due to multidisciplinary team evaluation and family agreement that surgery is advantageous prior to ability of member to have input or to assent (e.g., too young)
 - 3.3 Surgery appropriate due to multidisciplinary team evaluation and family agreement that surgery is advantageous with assent of pediatric member (e.g., member input as to sexual anatomy is desired)
 - 3.4 Surgery appropriate due to multidisciplinary team evaluation and member agreement that surgery is advantageous with member decision as to sexual anatomy desired.

	Committee/Source	Date(s)
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Appendix 1

GENDER-AFFIRMING GENITAL SURGICAL PROCEDURES

As the field's understanding of the many facets of gender incongruence expands, and as technology develops which allows for additional treatments, it is imperative to understand this list is not intended to be exhaustive. This is particularly important given the often lengthy time periods between updates to the WPATH Guidelines, during which evolutions in understanding and treatment modalities may occur.

Phalloplasty (with/without scrotoplasty)	<ul style="list-style-type: none"> • With/without urethral lengthening • With/without prosthesis (penile and/or testicular) • With/without colpectomy/colpocleisis
Metoidioplasty (with/without scrotoplasty)	<ul style="list-style-type: none"> • With/without urethral lengthening • With/without prosthesis (penile and/or testicular) • With/without colpectomy/colpocleisis
Vaginoplasty (inversion, peritoneal, intestinal)	<ul style="list-style-type: none"> • May include retention of penis and/or testicle
Vulvoplasty	<ul style="list-style-type: none"> • May include procedures described as "flat front"
Gonadectomy <ul style="list-style-type: none"> • Orchiectomy • Hysterectomy and/or salpingo-oophorectomy 	

Source: World Professional Association for Transgender Health Inc
 .Standards of Care for the Health of Transgender and Gender Diverse People,
 Version 8. <https://doi.org/10.1080/26895269.2022.2100644>. Published on line
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Appendix 2

GENDER-AFFIRMING NON-GENITAL SURGICAL PROCEDURES

As the field's understanding of the many facets of gender incongruence expands, and as technology develops which allows for additional treatments, it is imperative to understand this list is not intended to be exhaustive. This is particularly important given the often length time periods between updates to the WPATH Guidelines, during which evolutions in understanding and treatment modalities may occur.

FACIAL SURGERY	
Brow	<ul style="list-style-type: none"> • Brow reduction • Brow augmentation • Brow lift
Hair line advancement and/or hair transplant	
Facelift/mid-face lift (following alteration of the underlying skeletal structures)	
Facelift/mid-face lift (following alteration of the underlying skeletal structures)	<ul style="list-style-type: none"> • Platysmaplasty
Blepharoplasty	
Rhinoplasty (+/- fillers)	<ul style="list-style-type: none"> • Lipofiling
Cheek	<ul style="list-style-type: none"> • Implant • Lipofilling
Lip	<ul style="list-style-type: none"> • Upper lip shortening • Lip augmentation (includes autologous and non-autologous)
Lower jaw	<ul style="list-style-type: none"> • Reduction of mandibular angle • Augmentation
Chin reshaping	<ul style="list-style-type: none"> • Osteoplastic • Alloplastic (implant-based)
Chondrolaryngoplasty	<ul style="list-style-type: none"> • Vocal cord surgery

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BREAST / CHEST SURGERY	
Mastectomy	<ul style="list-style-type: none"> • Mastectomy with nipple-areola preservation/reconstruction as determined medically necessary for the specific patient • Mastectomy without nipple- areola preservation/reconstruction as determined medically necessary for the specific patient
Liposuction	
Breast reconstructions (augmentation)	<ul style="list-style-type: none"> • Implant and/or tissue expander
	<ul style="list-style-type: none"> • Autologous (includes flap-based and lipofilling)
BODY CONTOURING	
Liposuction	
Lip filing	
Implants	<ul style="list-style-type: none"> • Pectoral, hip, gluteal, calf
Monsplasty / mons reduction	
ADDITIONAL PROCEDURES	
Hair removal: Hair removal from the face, body, and genital areas for gender affirmation or as part of a preoperative preparation process	<ul style="list-style-type: none"> • Electrolysis • Laser epilation
Tattoo (i.e., nipple-areola)	
Uterine transplantation	
Penile transplantation	

Source: World Professional Association for Transgender Health Inc
.Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. <https://doi.org/10.1080/26895269.2022.2100644>. Published on line September 2022.