

# Gender Affirmation Surgery



INDEPENDENT CARE HEALTH PLAN

Effective Date: 01/01/2024

Revision Date: N/A

Review Date: 11/21/2023

Policy Number: WI.PA-1091

Line of Business: Medicare

## Medicare Advantage Medical Coverage Policy

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#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

Blepharoplasty, Blepharoptosis Repair and Brow Lift Medical Coverage Policy

Cosmetic and Reconstructive Surgery Medical Coverage Policy

## Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
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Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 16	<a href="#">§ 120 General Exclusions from Coverage = Cosmetic Surgery</a>		
NCD	Gender Dysphoria and Gender Reassignment Surgery	<a href="#">140.9</a>		
LCA	Billing and Coding: Gender Reassignment Services for Gender Dysphoria	<a href="#">A53793</a>	JJ - Palmetto GBA (Part A/B MAC)	AL, GA, TN
LCA	Billing and Coding: Gender Reassignment Services for Gender Dysphoria	<a href="#">A53793</a>	JM - Palmetto GBA (Part A/B MAC)	NC, SC, VA, WV

## Description

Gender dysphoria refers to discomfort or distress caused by a discrepancy between an individual's gender identity and the gender assigned at birth (and the associated gender role and/or primary and secondary sex characteristics). A diagnosis of gender dysphoria requires a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least 6 months. This condition may cause clinically significant distress or impairment in social, occupational or other important areas of functioning.<sup>3</sup>

Gender affirmation surgery is an umbrella term for reconstructive procedures performed to change primary and/or secondary sex characteristics to align anatomy and physical appearance with an individual's expressed gender identity.

Gender affirming surgeries may include, but are not limited to, the following:

- Breast augmentation (increase in breast size)
- Breast reduction (decrease in breast size)
- Clitoroplasty (creation of clitoris)
- Hysterectomy (removal of uterus)
- Labiaplasty (creation of labia)
- Mastectomy (removal of breasts)
- Metoidioplasty (creation of penis using clitoris)
- Nipple/areola reconstruction (redefines features of natural breasts)
- Orchiectomy (removal of testicles)
- Penectomy (removal of penis)

- Penile prosthesis (implant to allow for erection)
- Phalloplasty (creation of penis)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Scrotoplasty (creation of scrotum)
- Testicular prosthesis (artificial implant for testicles)
- Urethroplasty (reconstruction of urethra)
- Vaginectomy (removal of vagina)
- Vaginoplasty (creation of vagina)
- Vulvectomy (removal of vulva)

Additional procedures to enhance femininity or masculinity may be requested. Please refer to the [Coverage Limitations section](#) for examples of these procedures.

Gender affirmation surgeries are typically considered an irreversible type of intervention, depending on the type of procedures completed. However, an individual may require revision due to postoperative complications.

## Coverage Determination

*iCare follows the CMS requirement that only allows coverage and payment for services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by CMS*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria.*

### Gender Affirming Genital Surgery

**Gonadectomy procedure(s)** (eg, hysterectomy, orchiectomy, salpingo-oophorectomy) will be considered medically reasonable and necessary when all the following requirements<sup>5</sup> are met:

- Absence of a mental or physical impairment that would preclude a fully informed decision and/or consent; **AND**
- One referral letter from a mental health professional stating that the individual has had, at minimum, 12 months of psychotherapy sessions attesting to the following:
  - Persistent, well-documented diagnosis of gender dysphoria according to the [DSM-5](#) with clinical notes submitted; **AND**
  - Preoperative surgical clearance based on medical and psychological evaluation by a licensed healthcare professional to assess whether other coexisting conditions are regulated, maintained or managed without active exacerbations or concerns; **AND**

- [12 continuous months](#)\* of living in a gender role that is congruent with their gender identity; **AND**
- 12 continuous months of hormone therapy as appropriate to the individual's gender goals, when medically appropriate and not contraindicated

\*The requirement for 12 continuous months of living in the desired gender role may or may not take place concurrently with the 12 continuous months of hormone therapy.

### **Gender Affirming Genital Reconstructive Surgery**

**Genital reconstructive surgery** (eg, clitoroplasty, labiaplasty, metoidioplasty, penectomy, penile prosthesis, phalloplasty, scrotoplasty, testicular prosthesis placement, urethroplasty, vaginectomy, vaginoplasty, vulvectomy) will be considered medically reasonable and necessary when all the following requirements are met:

- Absence of a mental or physical impairment that would preclude a fully informed decision and/or consent; **AND**
- One referral letter from a mental health professional stating that the individual has had, at minimum, 12 months of psychotherapy sessions attesting to the following:
  - Persistent, well-documented diagnosis of gender dysphoria according to the [DSM-5](#) with clinical notes submitted; **AND**
  - Preoperative surgical clearance based on medical and psychological evaluation by a licensed healthcare professional to assess whether other coexisting conditions are regulated, maintained or managed without active exacerbations or concerns; **AND**
  - [12 continuous months](#)\* of living in a gender role that is congruent with their gender identity; **AND**
- 12 continuous months of hormone therapy as appropriate to the individual's gender goals, when medically appropriate and not contraindicated

**Permanent hair removal by electrolysis or laser** will be considered medically reasonable and necessary when all the following requirements are met:

- [Criteria for gender affirming genital reconstructive surgery](#) has been met; **AND**
- As preparation for genital reconstructive surgery which will require areas to be permanently without hair (eg, donor site tissue or tissue used for neopenis/neovagina)

### **Gender Affirming Chest Surgery**

**Gender affirming chest surgery** (eg, breast augmentation, breast reduction, mastectomy, nipple/areola reconstruction) will be considered medically reasonable and necessary when all the following requirements are met:

- Absence of a mental or physical impairment that would preclude a fully informed decision and/or consent; **AND**
- One referral letter from a mental health professional stating that the individual has had, at minimum, 12 months of psychotherapy sessions attesting to the following:
  - Persistent, well-documented diagnosis of gender dysphoria according to the [DSM-5](#) with clinical notes submitted; **AND**
  - Preoperative surgical clearance based on medical and psychological evaluation by a licensed healthcare professional to assess whether other coexisting conditions are regulated, maintained or managed without active exacerbations or concerns; **AND**
  - [12 continuous months](#)\* of living in a gender role that is congruent with their gender identity; **AND**
- 12 continuous months of hormone therapy as appropriate to the individual's gender goals, when medically appropriate and not contraindicated

### **Revision of Gender Affirming Surgical Procedures**

**Revision of gender affirming procedures** will be considered medically reasonable and necessary when related to a surgical complication (eg, bleeding, hematoma, infection, injury to surrounding organs, mechanical complication [eg, fistula, malposition, strictures], remnant tissue, wound dehiscence).

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

### **Coverage Limitations**

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

The following services may not be considered a benefit (statutory exclusion):

- Abdominoplasty
- Blepharoplasty

- Body contouring
- Brow lift
- Calf implants
- Cheek implants
- Chin implants
- Face lift
- Facial bone reduction (eg, osteoplasty)
- Facial feminization/masculinization
- Forehead contouring or lift
- Gluteal implants
- [Hair removal](#)\*\* (eg, electrolysis, laser)
- Hair transplantation
- Injectable fillers (eg, collagen, fat or other biologic/synthetic material)
- Jaw reduction (eg, jaw contouring)
- Lip enhancement or reduction
- Liposuction
- Mastopexy
- Neck tightening
- Nose implants
- Pectoral implants
- Redundant skin removal
- Rhinoplasty
- Skin resurfacing (eg, chemical peel, dermabrasion)
- Thyroid cartilage reduction (eg, chondroplasty)
- Voice modification surgery (eg, cricothyroid approximation, laryngoplasty)

These treatments and services fall within the Medicare program's statutory exclusion that prohibits payment for items and services that have not been demonstrated to be reasonable and necessary for the diagnosis and treatment of illness or injury (§1862(a)(1) of the Act). Other **procedures for gender affirmation surgery** fall within the Medicare program's statutory exclusion at 1862(a)(12), which prohibits payment.

\*\*Please refer to the [Coverage Determination section](#) for hair removal exception

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
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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	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, 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	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	
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	
15775	Punch graft for hair transplant; 1 to 15 punch grafts	
15776	Punch graft for hair transplant; more than 15 punch grafts	
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	
17380	Electrolysis epilation, each 30 minutes	
19303	Mastectomy, simple, complete	
19316	Mastopexy	
19325	Breast augmentation with implant	
19350	Nipple/areola 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)	
21125	Augmentation, mandibular body or angle; prosthetic material	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	
21209	Osteoplasty, facial bones; reduction	
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	
31899	Unlisted procedure, trachea, bronchi	
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	
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	
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	
55970	Intersex surgery; male to female	
55980	Intersex surgery; female to male	
56625	Vulvectomy simple; complete	
56800	Plastic repair of introitus	
56805	Clitoroplasty for intersex state	
57106	Vaginectomy, partial removal of vaginal wall;	
57110	Vaginectomy, complete removal of vaginal wall;	
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;	
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)	
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(s)	
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)	
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	
<b>CPT® Category III Code(s)</b>	<b>Description</b>	<b>Comments</b>

No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

## References

1. American College of Obstetricians and Gynecologists (ACOG). Committee Opinion. Elective female genital cosmetic surgery. <https://www.acog.org>. Published January 2020. Updated 2023. Accessed August 29, 2023.
2. American College of Obstetricians and Gynecologists (ACOG). Committee Opinion. Healthcare for transgender individuals. <https://www.acog.org>. Published March 2021. Accessed August 29, 2023.
3. American Psychiatric Association (APA). Gender dysphoria. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. American Psychiatric Publishing; 2013:451-459.
4. American Psychiatric Association (APA). DSM-5-TR Fact Sheet. Gender dysphoria. <https://www.psychiatry.org>. Published 2022. Accessed August 22, 2023.
5. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article. Billing and Coding: Gender Reassignment Services for Gender Dysphoria (A53793). <https://www.cms.gov>. Published October 1, 2015. Updated January 1, 2023. Accessed August 29, 2023.
6. Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 16 – general exclusions from coverage. Section 120 – Cosmetic surgery. <https://www.cms.gov>. Updated October 1, 2003. Accessed October 2, 2023.
7. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Gender dysphoria and gender reassignment surgery (140.9). <https://www.cms.gov>. Published August 30, 2016. Accessed August 29, 2023.
8. ClinicalKey. McClain M. Gender affirming care. In: Kellerman RD, Rakel DP, Heidelbaugh JJ, Lee EM. *Conn's Current Therapy 2023*. Elsevier; 2023:320-324. <https://www.clinicalkey.com>. Accessed August 28, 2023.
9. ECRI Institute. Hotline Response (ARCHIVED). Candidate selection criteria and surgical procedures for treating gender identity disorder. <https://www.ecri.org>. Published April 30, 2013. Accessed July 27, 2023.
10. ECRI Institute. Special Report. Gender dysphoria. <https://www.ecri.org>. Published January 25, 2016. Accessed July 27, 2023.
11. Endocrine Society. Endocrine treatment of gender-dysphoric/gender-incongruent persons: an Endocrine Society clinical practice guideline. <https://www.endocrine.org>. Published September 1, 2017. Accessed August 29, 2023.

12. Hayes, Inc. Evidence Analysis Research Brief. Body contouring procedures in patients with gender dysphoria. <https://evidence.hayesinc.com>. Published June 28, 2022. Accessed July 27, 2023.
13. Hayes, Inc. Evidence Analysis Research Brief. Female-to-male gender-affirming surgical procedures for adolescents with gender dysphoria. <https://evidence.hayesinc.com>. Published December 27, 2022. Accessed July 27, 2023.
14. Hayes, Inc. Evidence Analysis Research Brief. Male-to-female gender affirming surgical procedures for adolescents with gender dysphoria. <https://evidence.hayesinc.com>. Published January 6, 2023. Accessed July 27, 2023.
15. Hayes, Inc. Evidence Analysis Research Brief (ARCHIVED). Facial feminization surgical procedures in patients with gender dysphoria. <https://evidence.hayesinc.com>. Published June 17, 2022. Accessed July 27, 2023.
16. Hayes, Inc. Evidence Analysis Research Brief (ARCHIVED). Hair removal in patients with gender dysphoria. <https://evidence.hayesinc.com>. Published June 23, 2022. Accessed July 27, 2023.
17. Hayes, Inc. Evidence Analysis Research Brief (ARCHIVED). Reversal of gender reassignment surgery. <https://evidence.hayesinc.com>. Published June 22, 2020. Accessed July 27, 2022.
18. Hayes, Inc. Evidence Analysis Research Brief (ARCHIVED). Vocal cord surgery for vocal feminization in patients with gender dysphoria. <https://evidence.hayesinc.com>. Published June 7, 2022. Accessed July 27, 2023.
19. Hayes, Inc. Evolving Evidence Review. Combination facial feminization surgery in patients with gender dysphoria. <https://evidence.hayesinc.com>. Published May 5, 2023. Accessed July 27, 2023.
20. Hayes, Inc. Evolving Evidence Review. Female-to-male gender-affirming surgical procedure for adolescents with gender dysphoria. <https://evidence.hayesinc.com>. Published May 23, 2023. Accessed July 27, 2023.
21. Hayes, Inc. Evolving Evidence Review. Feminizing voice and communication therapy for gender dysphoria. <https://evidence.hayesinc.com>. Published September 6, 2022. Updated August 18, 2023. Accessed August 22, 2023.
22. Hayes, Inc. Evolving Evidence Review. Gender-affirming hair removal for patients with gender dysphoria. <https://evidence.hayesinc.com>. Published June 15, 2023. Accessed July 27, 2023.
23. Hayes, Inc. Evolving Evidence Review. Hair removal procedures before gender affirming surgery in patients with gender dysphoria. <https://evidence.hayesinc.com>. Published June 15, 2023. Accessed July 27, 2023.
24. Hayes, Inc. Evolving Evidence Review. Male-to-female gender-affirming surgical procedures for adolescents with gender dysphoria. <https://evidence.hayesinc.com>. Published May 12, 2023. Accessed July 27, 2023.

25. Hayes, Inc. Evolving Evidence Review. Masculinizing voice and communication therapy for gender dysphoria. <https://evidence.hayesinc.com>. Published September 8, 2022. Accessed July 27, 2023.
26. Hayes, Inc. Evolving Evidence Review. Wendler glottoplasty surgery for voice feminization in patients with gender dysphoria. <https://evidence.hayesinc.com>. Published February 9, 2023. Accessed July 27, 2023.
27. Hayes, Inc. Medical Technology Directory (ARCHIVED). Ancillary procedure and services for the treatment of gender dysphoria. <https://evidence.hayesinc.com>. Published May 9, 2014. Updated April 6, 2018. Accessed July 27, 2023.
28. Hayes, Inc. Medical Technology Directory (ARCHIVED). Sex reassignment surgery for the treatment of gender dysphoria. <https://evidence.hayesinc.com>. Published August 1, 2018. Updated July 27, 2022. Accessed July 27, 2023.
29. MCG Health. Gender-affirming surgery or procedure GRG. 27<sup>th</sup> edition. <https://www.mcg.com>. Accessed August 2, 2023.
30. Merck Manual: Professional Version. Gender incongruence and gender dysphoria. <https://www.merckmanuals.com>. Updated June 2023. Accessed August 28, 2023.
31. Safer JD, Tangprica V. Care of the transgender patient. *Ann Intern Med*. 2019;171(1):ITC1-ITC16. <https://www.acponline.org>. Accessed September 16, 2019.
32. UpToDate, Inc. Gender-affirming surgery: female to male. <https://www.uptodate.com>. Updated July 2023. Accessed August 29, 2023.
33. UpToDate, Inc. Gender-affirming surgery: male to female. <https://www.uptodate.com> Updated July 2023. Accessed August 29, 2023.
34. UpToDate, Inc. Transgender men: evaluation and management. <https://www.uptodate.com>. Updated July 2023. Accessed August 29, 2023.
35. World Professional Association for Transgender Health (WPATH). Standards of care for the health of transgender and gender diverse people, version 8. <https://www.wpath.org>. Published September 15, 2022. Accessed August 22, 2023.

## Appendix

### Appendix A

#### DSM-5 Criteria for the Diagnosis of Gender Dysphoria in Adolescents and Adults<sup>3</sup>

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least **two** of the following:
1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics); **OR**
  2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics); **OR**
  3. A strong desire for the primary and/or secondary sex characteristics of the other gender; **OR**
  4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender); **OR**
  5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender); **OR**
  6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender); **AND**
- B. The condition is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning

## Change Summary

- 01/01/2024 New Policy.