02.01.64 Gender Affirming Services

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This Medical Policy document describes the status of medical technology at the time the document was developed. Since that time, new technology may have emerged, or new medical literature may have been published. This Medical Policy will be reviewed regularly and updated as scientific and medical literature becomes available; therefore, policies are subject to change without notice.

Related Policies:

- 07.01.85 Orthognathic Surgery*
- 08.03.05 Treatment of Speech and Language Disorders* (**Note:** *Refer to this medical policy for voice therapy for Gender Dysphoria as it is not addressed in this evidence review*.)
- 10.01.02 Cosmetic and Reconstructive Services
- 05.01.45 Testosterone Agents – Topical/Buccal/Nasal/Oral/Injections

Summary

Description

This evidence review addresses gender affirming services to include medical and surgical treatments. Gender affirming medical and surgical treatment are an option for gender dysphoria, a condition in which an individual experiences persistent incongruence between gender identity and sexual anatomy at birth. Gender affirming treatment is not an isolated intervention; it is part of a complex process involving multiple medical, psychiatric and psychologic, and surgical specialists working in conjunction with each other and the individual to achieve successful behavioral and medical outcomes.

Medically Necessary: In this document, procedures are considered medically necessary if there is a significant functional impairment **AND** the procedure can be reasonably expected to improve the functional impairment.

Functional Impairment: A functional impairment results in a significantly limited, impaired, or delayed capacity to move, coordinate actions or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing activities of daily living (e.g., eating, bathing, dressing)

Cosmetic Services: In this document, procedures are considered cosmetic when services, supplies, or drugs are performed primarily to improve physical appearance. Cosmetic services are often described as those that are primarily intended to preserve or improve appearance.

Complications of a Noncovered Service or Services Related to Noncovered Services: Complications resulting from a noncovered service, supply, device, or drug is considered a noncovered benefit.

Reconstructive Surgery: In this document, procedures are considered reconstructive when intended to restore function lost or impairment as a result of an illness, injury or birth defect (even if there is incidental improvement in physical appearance) including breast reconstructive surgery following mastectomy. Breast reconstructive surgery includes the following:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.

Summary of Evidence

For individuals who receive medical and/or surgical treatment for gender dysphoria (GD), the evidence includes prospective and retrospective studies to include systematic reviews of these studies. No randomized controlled trials (RCTs) were identified. Relevant outcomes are improvement in gender dysphoria (GD) symptoms, quality of life (QOL), sexual function, individuals' satisfaction with aesthetic and functional results of gender affirming surgery (GAS), body imaging satisfaction, psychological outcomes and safety outcomes (e.g., mortality, suicide and complications or surgery). The current evidence regarding hormone therapy for individuals with GD are either cross-sectional studies that do not provide a measure of change or used a pretest-posttest design that can show change but do not have an independent control group. Regardless of study design assessments of whether the duration of hormone therapy influences treatment effect are needed. For medication(s) for the treatment of GD refer to member's applicable pharmacy benefit to determine availability and terms and conditions of coverage for medication for the treatment of GD. For the use of testosterone agents for GD refer to Pharmacy Policy 05.01.45 Testosterone Agents – Topical/Buccal/Nasal/Oral/Injection. The body of evidence regarding GAS for the treatment of GD is large and generally found that medical and surgical treatment decreased symptoms of GD and improved body image satisfaction. Results we mixed on QOL and psychological symptoms. However, the interpretation of these findings is limited by lack of well-designed studies. Studies were predominantly observational in design and considered very low quality due to limitations of these individual studies. Limitations include no RCTs, very few comparative studies related to stand-alone hormone therapy to GAS or GAS to different components of GAS. Studies did not blind outcome assessors were blind to group assignment, and safety data was limited by not all studies reporting harms outcomes overall incidence of complications. The evidence is insufficient to determine the effects of medical and/or surgical treatment for GD on net health outcomes. While the current evidence may be considered insufficient based on the current recommendations by the World Professional Association of

Transgender Health (WPATH) Standard of Care (SOC) for the health of transgender and gender diverse people version 8 (SOC-8) surgical treatments for individuals with GD will be considered medically necessary when criteria is met, see Policy.

Additional Information

Not applicable.

OBJECTIVE

The object of this medical policy is to determine whether various medical and/or surgical treatments for gender dysphoria (GD) improve the net health outcome.

PRIOR APPROVAL

Prior approval is required for gender affirming surgeries. Refer to Wellmark Authorization Table to determine the medical necessity clinical coverage criteria using InterQual® criteria.

- ***Note:*** *When benefits for gender affirming treatment are available, coverage may vary and under some plans may be excluded, refer to the member's applicable benefit document to determine available coverage.*

Prior approval for Testosterone Agents for Gender Dysphoria refer to Pharmacy Policy 05.01.45 Testosterone Agents – Topical/Buccal/Nasal/Oral/Injection.

- ***Note****: Refer to member's applicable pharmacy benefit to determine availability and terms and conditions of coverage for medication for the treatment of gender dysphoria.*

POLICY

Gender Affirming Surgical Procedures - Adults (≥ 18 years of Age)

For transgender individuals ≥ 18 years of age gender affirming surgery may be considered **medically necessary** when meeting the clinical coverage criteria using InterQual® criteria refer to Wellmark Authorization Table.

Gender affirming surgical procedure(s) for transgender individuals may be considered **not medically necessary** including but not limited to the following related procedures when one or more of the medically necessary or reconstructive criteria requiring Prior Approval have not been met:

- Bilateral mastectomy
- Clitoroplasty
- Electrolysis
- Hysterectomy
- Labiaplasty
- Laryngoplasty

- Metoidioplasty
- Nipple/areola reconstruction
- Orchiectomy
- Ovariectomy (Oophorectomy)
- Penectomy
- Penile prosthesis
- Perineoplasty
- Phalloplasty
- Salpingo-Oophorectomy
- Scrotoplasty
- Testicular prosthesis
- Urethroplasty (construction of an artificial vagina is directly related to this procedure)
- Vaginectomy
- Vaginoplasty (construction of an artificial vagina is directly related to this procedure)
- Vulvoplasty (construction of an artificial vagina is directly related to this procedure)

Gender Affirming Surgical Procedures – Adolescents (< 18 years of Age)

Chest Surgery

Gender affirming chest surgery (top surgery) in transgender adolescent individuals < 18 years of age may be considered **medically necessary** when **ALL** of the following criteria are met:

- The adolescent meets the diagnostic criteria of gender dysphoria;
- The experience of gender diversity/incongruence is marked and sustained over time;
- The adolescent demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
- The adolescent's mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed;
- The adolescent has been informed of the reproductive effects, to include the potential loss of fertility or cause infertility and the available options to preserve fertility, and these have been discussed in the context of the adolescent's stage of pubertal development;
- The adolescent has reached Tanner stage 2 (*see Policy Guidelines below*) of puberty for pubertal suppression to be initiated;
- The adolescent had 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;
- One letter of assessment signed from a member of the multidisciplinary team is required. This letter needs to reflect the assessment and opinion from the team that involves both qualified medical health care professional (HCPs) and qualified mental health professionals (MHPs); this letter must have been signed within 12 months of the request submission.

Note: *It is recommended that the health care provider submitting a letter should have a master's level (e.g., M.S.W., L.C.S.W., Nurse Practitioner, Advanced Practice Nurse, Licensed Professional Counselor, Marriage and Family Therapist, general medical practitioner) degree at minimum or equivalent training in a relevant clinical field that is nationally accredited*

Gender affirming chest surgery (top surgery) in transgender individuals < 18 years of age not meeting the above criteria is considered **not medically necessary.**

Genital Surgery

- Requests for gender affirming genital surgery in transgender individuals <18 years of age will be reviewed on a case-by-case basis by a qualified Physician experienced in treating gender dysphoria.

Gender Affirming Surgeries Considered Cosmetic and Non-Covered Benefit

The following procedures regardless of age when requested alone or in combination with other procedures are considered **cosmetic non-covered benefi**t, when applicable reconstructive criteria have not been met (functional impairment cannot be identified), or when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo gender affirming surgery, including, but not limited to the following:

- Abdominoplasty
- Blepharoplasty upper (except when medical necessity criteria is met see Wellmark Authorization Table); for blepharoplasty lower see 10.01.02 Cosmetic and Reconstructive Services
- Body contouring gender affirming surgery (liposuction, lipofilling, lipectomy, implants)
- Breast augmentation (except when medical necessity criteria is met see Wellmark Authorization Table)
- Breast reduction (except when medical necessity criteria is met see Wellmark Authorization Table)
- Brow lift, reduction or augmentation (except when medical necessity criteria is met see Wellmark Authorization Table)
- Calf implants
- Cheek augmentation or implants
- Chin augmentation (genioplasty, mentoplasty)
- Face/Forehead lift/Forehead contouring or reshaping of any means such as frontal sinus setback, osteotomies, burring, augmentation, reduction, or fillers such as methylmethacrylate
- Facial bone reconstruction
- Facial implants
- Gluteal augmentation (e.g., silicone implants, fat transfer, fat grafting)
- Hair removal (electrolysis or laser) (except when medical necessity criteria is met for bottom surgery see Wellmark Authorization Table); all other hair removal for gender affirming surgery see 10.01.02 Cosmetic and Reconstructive Services
- Hairplasty (hair transplant), hair line lowering or raising or hairline advancements
- Injectable dermal fillers (e.g., Sculptra, Radiesse)
- Jaw reduction (jaw contouring)
- Lip reduction/enhancement by any means
- Lipofilling/collagen injections
- Liposuction
- Mandibular advancement, reduction, reshaping, or contouring
- Mastopexy
- Medications for hair loss or growth hair
- Neck tightening or lifting (neck platysmaplasty)
- Nose implants
- Orbital rim osteotomies (reduction) or advancements

- Orthognathic procedures related to facial feminization surgery (FFS), masculinization facial surgery when medical necessity criteria is not met see *medical policy* 07.01.85 Orthognathic Surgery*
- Otoplasty
- Pectoral implants
- Removal of redundant skin
- Rhinoplasty (except when medical necessity criteria is met see Wellmark Authorization Table)
- Rhytidectomy
- Tattooing
- Trachea shave/reduction thyroid cartilage (chondroplasty)
- Voice modification surgery such as vocal cord chondrolaryngoplasty or Wendler glottoplasty

Surgery following gender affirming surgery regardless of age to reverse natural signs of aging or if the individual is not satisfied with the aesthetic result is considered **cosmetic and a non-covered benefit.**

Surgical Revisions Following a Prior Approved Gender Affirming Surgery

Reconstruction surgery regardless of age following a prior approved gender affirming surgery may be considered **medically necessary** when it is performed for **ANY** of the following reasons:

- Correct complications resulting from the initial surgery; **or**
- Correct a medical condition that resulted from the initial surgery that requires intervention; **or**
- Correct functional impairment resulting from the initial surgery.

Reconstruction surgery regardless of age following a prior approved gender affirming surgery not meeting the above criteria will be considered **not medically necessary.**

Complications Resulting from Noncovered Service, Supply, Device or Drug

Complications resulting from a noncovered service, supply, device, or drug is considered a **noncovered benefit**, refer to the member's applicable benefit document.

Detransition

Transgender individual seeking to detransition to include surgical intervention(s) regardless of age may be considered **medically necessary** if the individual meets **ALL** of the following criteria:

- Individual completes a comprehensive multidisciplinary team assessment that includes qualified medical health care professionals (HCPS) and qualified mental health professionals (MHPs) in transgender health regarding the role of social transition as part of the assessment process;

- One letter of assessment signed from a member of the multidisciplinary team is required. This letter needs to reflect the assessment and opinion from the team that involves both qualified medical HCPs and qualified MHPs;

- Individual meets the medical necessity criteria for procedures(s) requested see Prior Approval.

Note: *It is recommended that the health care provider submitting a letter should have a master's level (e.g., M.S.W., L.C.S.W., Nurse Practitioner, Advanced Practice Nurse, Licensed Professional Counselor, Marriage and Family Therapist, general medical practitioner) degree at minimum or equivalent training in a relevant clinical field that is nationally accredited*

Detransition and surgical intervention(s) regardless of age will be considered **not medically necessary** when the medical necessity criteria is not met, see Prior Approval..

For hormone intervention related to detransition refer to member's applicable pharmacy benefit to determine availability and terms and conditions of coverage for medication for the treatment of gender dysphoria. See also Drug Authorizations.

Medically Necessary Gender – Specific Medical Services Including but not Limited to Preventative Services

Age related, gender-specific services including but not limited to preventative health as appropriate to the individual's biologic anatomy (e.g., cancer screening [e.g., cervical, breast prostate]' treatment of prostate medical condition) may be considered **medically necessary** for transgender individuals.

Note*: The Affordable Care Act (ACA) which mandates that all non-grandfathered group and non-grandfathered individual plans must provide coverage for preventative services with no member cost share when delivered by in-network health care providers. In accordance with ACA requirement, Wellmark covers preventative services when they are delivered by in-network providers. Preventative services are defined under Section 2713 of the ACA as immunizations, screenings, and other services that are listed as recommended by the United States Preventative Services Task Force (USPSTF), the Health Resources Services Administration (HRSA) or the federal Centers for Disease Control (CDC).*

POLICY GUIDELINES

Required Documentation

- Individuals seeking surgery to treat gender dysphoria should submit a referral letter from a qualified health care provider with expertise in mental health and transgender care to the surgeon stating that preoperative requisites have been met; one letter of recommendation is required prior to gender affirming surgery.
    - It is recommended that the health care provider submitting a letter should have a master's level (e.g., M.S.W., L.C.S.W., Nurse Practitioner, Advanced Practice Nurse, Licensed Professional Counselor, Marriage and Family Therapist, general medical practitioner) degree at minimum or equivalent training in a relevant clinical field that is nationally accredited.

- The letter should also include the following:
    - Diagnostic criteria of gender dysphoria from the Diagnostic and Statistical Manual of Mental Disorders
    - Standards of care met from The World Professional Association for Transgender Health (WPATH, SOC8), and
    - Details pertaining to the individual's duration and compliance with therapy, as well as their understanding of procedures and individual readiness and consent.

- Typically, an explanation that the criteria for surgery have been met and a brief description of the clinical rationale for supporting the individual's request for surgery are also recorded. Ideally, the qualified health care professional should document willingness to coordinate care with the primary and surgical care team.

Definitions

Note: *The following definitions are from the WPATH SOC-8 document.*

Cisgender: Refers to people whose current gender identity corresponds to the sex they are assigned at birth.

Detransition: Is a term sometimes used to describe an individual's retransition to the gender stereotypically associated with their sex assigned at birth.

Eunuch: refers to an individual assigned male at birth (AMAB) whose testicles have ben surgically removed or rendered nonfunctional by chemical or physical means and who identify as eunuch. This differs from the standard medical definition by excluding those who do not identify as eunuch.

Eunuch-Identified: An individual who feels their true self is best expressed by the term eunuch. Eunuch-identified individuals generally desire to have their reproductive organs surgically removed or rendered non-functional.

Gender: Depending on the context, gender may reference gender identity, gender expression, and/or social gender role, including understandings and expectations culturally tied to individuals who were assigned male or female at birth. Gender identities other than those of men and women (who can be either cisgender or transgender) include transgender, nonbinary, genderqueer, gender neutral, agender, gender fluid, and "third" gender, among others; many other genders are recognized around the world.

Gender-Affirmation: Refers to being recognized or affirmed in an individual's gender identity. It is usually conceptualized as having social, psychological, medical, and legal dimensions. Gender affirmation is used as a term in lieu of transition (as in medical gender-affirmation) or can be used as an adjective (as in gender-affirming care).

Gender-Affirmation Surgery (GAS): Is used to describe surgery to change primary and/or secondary sex characteristics to affirm an individual's gender identity.

Gender Binary: Refers to the idea there are two and only two genders, men and women; the expectation that everyone must be one or the other; and that all men are males, and all women are females.

Gender Diverse: Is a term used to describe individuals with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth. This may include, among many other culturally diverse identities, individual's who identify as nonbinary, gender expansive, gender nonconforming, and others who do not identify as cisgender.

Gender dysphoria: Describes a state of distress or discomfort that may be experienced because an individual's gender identity differs from that which is physically and/or socially attributed to their sex assigned at birth. Gender Dysphoria is also a diagnostic term in the DSM-5 denoting an incongruence between the sex assigned at birth and experienced gender accompanied by distress. Not all transgender and gender diverse individuals experience gender dysphoria.

Gender Expansive: Is an adjective often used to describe individuals who identify or express themselves in ways that broaden the socially and culturally defined behaviors or beliefs associated with a particular

sex. Gender creative is also sometimes used. The term gender variant was used in the past and is disappearing from professional usage because of negative connotations now associated with it.

Gender Expression: Refers to how an individual enacts or expresses their gender in everyday life and within the context of their culture and society. Expression of gender through physical appearance may include dress, hairstyle, accessories, cosmetics, hormonal and surgical interventions as well as mannerisms, speech, behavioral patterns, and names. An individual gender expression may or may not conform to an individual's gender identity.

Gender identity: Refers to a person's deeply felt, internal, intrinsic sense of their own gender.

Gender Incongruence: Is a diagnostic term used in the ICD-11 that describes an individual marked and persistent experience of an incompatibility between that person's gender identity and the gender expected of them based on their birth-assigned sex.

Intersex: Refers to individuals born with sex or reproductive characteristics that do not fit binary definitions of female or male.

Misgender/Misgendering: Refers to when language is used that does not correctly reflect the gender with which an individual identifies. This may be a pronoun (he/him/his, she/her/hers, they/them/theirs) or a form of address (sir, Mr.).

Nonbinary: Refers to those with gender identities outside the gender binary. Individuals with nonbinary gender identities may identify as partially a man and partially a woman or identify as sometimes a man and sometimes a woman or identify as a gender other than a man or a woman, or as not having a gender at all. Nonbinary individuals may use the pronouns they/them/theirs instead of he/him/his or she/her/hers. Some nonbinary individuals consider themselves to be transgender or trans; some do not because they consider transgender to be part of the gender binary. The shorthand NB or "enby" is sometimes used as a descriptor for nonbinary. Examples of nonbinary gender identities are genderqueer, gender diverse, genderfluid, demigender, bigender, and agender.

Retransition: Refers to second or subsequent gender transition whether by social, medical, or legal means. A retransition may be from one binary or nonbinary gender to another binary or nonbinary gender. Individuals may retransition more than once. Retransition may occur for many reasons, including evolving gender identities, health concerns, family/societal concerns, and financial issues.

Sex Assigned at Birth: Refers to a person's status as male, female, or intersex based on physical characteristics. Sex is usually assigned at birth based on appearance of the external genitalia. AFAB is an abbreviation for "assigned female at birth." AMAB is an abbreviation for "assigned male at birth."

Sexual Orientation: Refers to an individual's sexual identity, attractions, and behaviors in relation to people on the basis of their gender(s) and or sex characteristics and those of their partners. Sexual orientation and gender identity are distinct terms.

Tanner Stages (Tanner Staging): Also known as Sexual Maturity Rating (SMR), in an objective classification system that providers use to document and track the development and sequence of secondary sex characteristics of children during puberty.

Below are the Tanner Stages described in detail for clinical reference. Tanner Stage 1 corresponds to the pre-pubertal form for all three sites of development with progression to Tanner Stage 5, the final adult form. Breast and genital staging, as well as other physical markers of puberty such as height velocity,

should be relied on more than pubic hair staging to assess pubertal development because of the independent maturation of the adrenal axis.

Pubic Hair Scale (both males and females)

- Stage 1: No hair
- Stage 2: Downy hair
- Stage 3: Scant terminal hair
- Stage 4: Terminal hair that fills the entire triangle overlying the pubic region
- Stage 5: Terminal hair that extends beyond the inguinal crease onto the thigh

Female Breast Development Scale

- Stage 1: No glandular breast tissue palpable
- Stage 2: Breast bud palpable under the areola (1st pubertal sign in females)
- Stage 3: Breast tissue palpable outside areola; no areolar development
- Stage 4: Areola elevated above the contour of the breast, forming a “double scoop” appearance
- Stage 5: Areolar mound recedes into single breast contour with areolar hyperpigmentation, papillae development, and nipple protrusion

Male External Genitalia Scale

- Stage 1: Testicular volume < 4 ml or long axis < 2.5 cm
- Stage 2: 4 ml-8 ml (or 2.5 to 3.3 cm long), 1st pubertal sign in males
- Stage 3: 9 ml-12 ml (or 3.4 to 4.0 cm long)
- Stage 4: 15-20 ml (or 4.1 to 4.5 cm long)
- Stage 5: > 20 ml (or > 4.5 cm long)

Transgender: Or trans are umbrella terms used to describe individuals whose gender identities and/or gender expressions are not what is typically expected for the sex to which they were assigned at birth. These words should always be used as adjectives (as in “trans people”) and never as nouns (as in “transgenders”) and never as verbs (as in “transgendered”).

Transgender Men or Trans Men or Men of Trans Experience: Are individuals who have gender identities as men and who were assigned female at birth. They may or may not have undergone any transition.

Transgender Women or Trans Women or Women of Trans Experience: Are individuals who have gender identities as women and who were assigned male at birth. They may or may not have undergone any transition.

Transition: Refers to the process whereby individuals usually change from the gender expression associated with their assigned sex at birth to another gender expression that better matches their gender identity. Individuals may transition socially by using methods such as changing their name, pronoun, clothing, hair styles, and/or the ways that they move and speak. Transitioning may or may not involve hormones and/or surgeries to alter the physical body. Transition can be used to describe the process of changing one’s gender expression from any gender to a different gender. Individuals may transition more than once in their lifetimes.

Coding

See the Codes table for details.

BACKGROUND

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision (DSM-5-TR) provides criteria for the diagnosis of gender dysphoria. The DSM-5-TR criteria are widely recognized as the community standard by which individuals with suspected gender dysphoria are evaluated. The DSM-5-TR criteria for gender dysphoria are as follows:

"The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnostic criteria for *gender dysphoria in children* is marked incongruence between one's experienced and/or expressed gender and the assigned gender, of at least six months duration, as manifested by a strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender) **AND** at least five of the following:

- In males (assigned gender), a strong preference to cross-dressing or simulating female attire; or in females (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing
- A strong preference for cross-gender roles in make-believe play or fantasy play
- A strong preference for the toy, games, or activities stereotypically used or engaged in by the other gender
- A strong preference for playmates of the other gender
- In males (assigned gender), a strong rejection of typical masculine toys, games, and activities, and a strong avoidance of rough-and-tumble play; or in females (assigned gender), a strong rejection of typically feminine toys, games, and activities
- A strong dislike of one's sexual anatomy
- A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender
- Clinically significant distress or impairment in social, school, or other important areas of functioning."

"The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnostic criteria for *gender dysphoria in adolescents and adults* is marked incongruence between one's experienced and or expressed gender and assigned gender, of at least six months duration as manifested by a strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender) **AND** at least two or more of the following indicators:

- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- 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)

- Clinically significant distress or impairment in social, occupational, or other important areas of functioning."

Chronicity and Timing of Surgical Procedures

Procedures for the chest, groin, and reproductive organs may not need to be done in conjunction with other procedures. Additionally, individuals undergoing top surgery do not need to subsequently undergo bottom surgery, or vice versa. The selection of appropriate procedures should be based on the needs of the individual as required for treatment for GD. Furthermore, some surgical procedures may be done in stages with significant time delays between staged procedures.

Reconstructive procedures address features that are distinctly and directly related to gender appearance, when documentation sufficiently demonstrates significant variation from what is considered normal for the experienced gender. When multiple procedures are requested, each procedure should be considered separately as some procedures may be cosmetic, and others may be reconstructive. Procedures primarily intended to preserve or improve appearance (that is: independent of any gender-defining feature or overall gender appearance) are considered cosmetic and non-covered.

Additional surgeries have been proposed to improve the gender appropriate appearance of the individual. Such procedures may be considered cosmetic, and are not reconstructive when intended to change a physical appearance that would be considered within normal human anatomic variation or are primarily intended to preserve or improve appearance irrespective of gender-defining features. *See Policy Criteria above.*

Referral Letters

An independent assessment of an individual by a multidisciplinary team to include a qualified mental health professional is considered SOC before an individual undergoes gender affirming medical treatment and/or surgical procedure(s).

The WPATH SOC8 recommends the following regarding referral letters in support of gender affirming medical and surgical treatment:

- **Adults:** If written documentation or a letter is required to recommend gender affirming medical and surgical treatment (GAMST), only one letter of assessment from a health care professional who has competencies in the assessment of transgender and gender diverse people is needed.
- **Adolescents**: If written documentation or a letter is required to recommend gender-affirming medical and surgical treatment (GAMST), only one letter of assessment from a member of the multidisciplinary team is needed. This letter needs to reflect the assessment and opinion from the team that involves both medical and mental health professionals (MHPs).

It is recommended that the health care provider submitting a letter should have a master's level (e.g., M.S.W., L.C.S.W., Nurse Practitioner, Advanced Practice Nurse, Licensed Professional Counselor, Marriage and Family Therapist, general medical practitioner) degree at minimum or equivalent training in a relevant clinical field that is nationally accredited.

See Practice Guidelines and Position Statements below for the WPATH Standards of Care, SOC-8 regarding credentials for mental health professionals who work with adolescents or adults with gender dysphoria.

Regulatory Status

Surgical procedures are not subject to FDA approval. However, devices and instruments used during the procedures may require FDA approval.

RATIONALE

This evidence review was created in October 2010 with searches of the PubMed database. The most recent literature update was performed through January 2026.

Evidence reviews assess the clinical evidence to determine whether the use of technology improves the net health outcome. Broadly defined, health outcomes are the length of life, quality of life, and ability to function including benefits and harms. Every clinical condition has specific outcomes that are important to patients and managing the course of that condition. Validated outcome measures are necessary to ascertain whether a condition improves or worsens; and whether the magnitude of that change is clinically significant. The net health outcome is a balance of benefits and harms.

To assess whether the evidence is sufficient to draw conclusions about the net health outcome of a technology, 2 domains are examined: the relevance, and quality and credibility. To be relevant, studies must represent 1 or more intended clinical use of the technology in the intended population and compare an effective and appropriate alternative at a comparable intensity. For some conditions, the alternative will be supportive care or surveillance. The quality and credibility of the evidence depend on study design and conduct, minimizing bias and confounding that can generate incorrect findings. The randomized controlled trial (RCT) is preferred to assess efficacy; however, in some circumstances, nonrandomized studies may be adequate. Randomized controlled trials are rarely large enough or long enough to capture less common adverse events and long-term effects. Other types of studies can be used for these purposes and to assess generalizability to broader clinical populations and settings of clinical practice.

Clinical Context and Therapy Purpose

One of the main functions of World Professional Association for Transgender Health (WPATH) is to promote the highest standards of health care for individuals through the standard of care (SOC) for the health of transgender individuals (Coleman et al 2022). The WPATH SOC-8 document is for health care professionals, individuals, their families, and social institutions to understand how it can assist with promoting optimal health care services for this diverse population in accordance with their clinical needs for gender expression. This document supports informed decision-making and reduction of harmful approaches regarding medical and surgical treatment options for transgender individuals.

The WPATH SOC-8 guidelines are based on more rigorous and methodological evidence-based approach then prior versions to include published literature (direct as well as background evidence) but also on consensus-based expert opinion. The recommendations in this document are based on available evidence supporting interventions, a discussion of risks and harms, to include feasibility and acceptability. The consensus on these final recommendations was attained using the Delphi process that included all members of the guideline committee which required the recommendation statements were approved by at least 75% of the members.

The following PICO was used to select literature to inform this review.

Populations

The relevant population of interest is transgender individuals.

Interventions

The therapy being considered is gender-affirming medical and surgical treatments.

Comparators

Stand - alone hormone therapy; no gender-affirming surgical treatments (GAS) and different types of GAS treatments.

Outcomes

The general outcomes of interest are improvement in gender dysphoria (GD) symptoms, quality of life (QOL), sexual function, individuals' satisfaction with aesthetic and functional results of GAS, body imaging satisfaction, psychological outcomes and safety outcomes (e.g., mortality, suicide and complications or surgery).

Evidence Review

Adolescents

No systematic reviews were identified that evaluated the efficacy and safety of gender-affirming medical and surgical treatments in transgender adolescents.

At the time of the writing of WPATH SOC-8 recommendations (Coleman et al 2022) "there were several long-term longitudinal cohort follow-up studies reporting positive results of early (i.e., adolescent) medical treatment and for a significant period of time, many of these studies were conducted through a Dutch Clinic (e.g., Cohen-Kettenis et al (1997), de Vries et al (2011), de Vries et al (2014); Smith et al (2001, 2005)." The findings of these studies demonstrated a resolution of GD associated with improved psychological functioning and body image satisfaction. However, interpretation of the findings of these studies are limited as the majority followed a pre-post methodological design that compared baseline psychological functioning with outcomes after the provision of medical gender-affirming treatments.

In more recently published studies "(Achille et al 2020; Allen et al 2019; Becker-Hebly et al. 2021; Carmichael et al 2021; Costa et al 2015; Kuper et al 2020, Tordoff et al 2022) followed and evaluated individuals in different stages of their gender-affirming treatments i.e. individuals who had not started gender-affirming medical treatments, others who had started gender-affirming hormones or had undergone GAS. Given the heterogeneity of treatments and methods, this type of design makes interpreting outcomes challenging. When compared with baseline assessments, the data consistently demonstrated improved or stable psychological functioning, body image, and treatment satisfaction varying from three months up to two years from the initiation of treatment."

The evidence also included cross-sectional studies that evaluated the effects of gender-affirming treatments and retrospective chart studies that reported different outcome designs. However, an inherent

limitation of cross-sectional study designs is that they do not provide information about change in outcomes over time.

In conclusion the existing studies included small sample sizes (n = 22-101) and the time to follow-up varied across studies (6 months to 7 years) but found a general improvement in the lives of transgender adolescents following a careful assessment in those individuals who received medically necessary gender medical treatment(s). However, the important studies limitations described above preclude drawing strong conclusions about the effects of gender-affirming medical and surgical treatments on the net health outcome in TGD adolescents.

See Practice Guidelines and Position Statements for the WPATH Standards of Care, SOC-8 recommendation statements

Adults

No systematic reviews were identified that evaluated the efficacy and safety of gender-affirming medical and surgical treatments in transgender adults.

In the assessment of transgender adults (Coleman et al 2022) the recommendations were “based on significant background literature, including literature demonstrating the strong positive impact of access to gender-affirming medical and/or surgical treatments (GAMSTs); available empirical evidence; a favorable risk-benefit ratio; and consensus of professional best practice. The empirical evidence based for the assessment of TGD is limited and does not include randomized controlled trials (RCTs) or long-term longitudinal research (Olsen-Kennedy et al 2016).” *See Practice Guidelines and Position Statements for the WPATH Standards of Care, SOC-8 recommendation statements.*

Surgical Care for Adolescents and Adults

Hayes has completed additional evolving evidence reviews to include the following: Male-to-Female Gender Affirming Surgical Procedures for Adolescents for Gender Dysphoria (May 2025), Female-to-Male Gender Affirming Surgical Procedures for Adolescents with Gender Dysphoria (July 22025), Gender-Affirming Hair Removal for Patients with Gender Dysphoria (June 2025), Hair Removal Before Gender Affirming Surgery in Patients with Gender Dysphoria (June 2025), Masculinizing Voice and Communication Therapy for Gender Dysphoria (September 2025), Feminizing Voices and Communication Therapy for Gender Dysphoria (September 2025), Gender-Affirming Body-Contouring Procedures in Patients with Gender Dysphoria (September 2025), Combination Facial Feminization Surgery in Patients with Gender Dysphoria (May 2025), and Wendler Glottoplasty Surgery for Voice Feminization in Patients with Gender Dysphoria, which continues to suggest a similar outcome to the health technology assessment below strong conclusions cannot be drawn as the evidence is considered very low quality.

Hayes Inc. (August 2018 and July 2022) performed a health technology assessment regarding sex reassignment surgery (SRS) for the treatment of gender dysphoria (GD) in adults and adolescents. SRS procedures include genital and chest/breast surgeries. Thirty-six studies met inclusion criteria for the assessment of effectiveness (10 pretest-post test studies; 13 cross-sectional studies; 8 case series studies; 3 cohort studies; 1 nonrandomized controlled trial; 1 registry review) with sample size of 21 to 697 patients and following up of 1 month to 16 years. Only 3 of these studies addressed SRS in adolescents and currently there is a paucity in the data in this patient population. For adolescents based

on society guideline and position statements treatment regarding SRS are delayed until the individual is at least 18 years of age. For adults while the body of evidence concerning SRS for treatment GD is large it is considered very low quality. The majority of studies were observational and involved unblinded outcome assessment and none of the studies were RCTs. Few studies compared outcomes in individuals who received SRS with stand-alone hormone therapy or outcomes in individuals receiving different components of SRS. The study results found inconsistent results in SRS compared to stand-alone hormone therapy and suggests that more extensive SRS (e.g., genitalia and chest surgery) may improve outcomes more than less extensive SRS. The current evidence is insufficient to support definitive conclusions regarding comparative effectiveness of different components of SRS in treating GD. Regarding safety outcomes the quality of evidence is considered very low quality as not all studies reported all outcomes and therefore, the findings did not inform and overall incidence of reporting complications. Based on current society guideline and position statements adult individuals regarding SRS to treat GD for whom a qualified mental health professional has made a diagnosis of GD, and the individual has undergone hormone therapy and psychotherapy and have undergone prolonged period of time in which they have lived as the desired gender role may be appropriate in these select individuals.

In 2022, Coleman et al updated the WPATH SOC guidelines for the health of transgender individuals, WPATH SOC-8. This SOC-8 document provides clinical guidance to health care professionals to assist TGD individuals in accessing safe and effective pathways to evidence based health care. The SOC-8 is based on the best available evidence and expert professional consensus in transgender health. “The recommendation statements were developed based on data from independent systematic literature reviews, background reviews and expert opinions. The grading of recommendations was based on the available evidence, supporting interventions, a discussion of risk and harms, as well as the feasibility and acceptability within different contexts and country settings.” In appropriately selected transgender individuals, the current literature supports the benefits of GAS. Complications occur following GAS, however, many our minor and can be treated on an outpatient basis. Complication rates are consistent with similar procedures performed for different diagnoses in non-gender affirming procedures. The following is a summary of the key WPATH SOC-8 evidence review findings:

- In individuals assigned female at birth (AFAB) “gender-affirming chest surgery (top-surgery) i.e. subcutaneous mastectomy have been studied in prospective studies (Agarwal et al 2018; Frederick et al 2017; Top & Balta 2017; van de Grift et al. 2017; van de Grift et al 2016), retrospective (Bertrand et al 2017; Claes et al., 2018; Esmonde et al, 2019; Lo Russo et al 2017; Marinkovic & Newfield, 2017; Poudrier et al 2019; Wolter et al 2015; Wolter et al 2018) and cross sectional studies (Olson-Kennedy et al 2018; Owen-Smith et al 2018; van de Grift, Elaut et al 2018, van de Grift, Elfering et al 2018) that found consistent increased health related quality of life (QOL), a significant decrease in gender dysphoria, and consistent increase in satisfaction with body and appearance. Further investigation is needed to draw more robust conclusions, however, the evidence demonstrated top surgery to be a safe and effective intervention.”

- In individuals assigned male at birth (AMAB) few studies have been published regarding gender-affirming breast surgery (breast augmentation). The current evidence includes “2 prospective studies (Weigert et al 2018; Zavlin et al 2018), 1 retrospective cohort study (Fakin et al 2019) and 3 cross sectional cohort studies (Kanhai et al 2000; Owen-Smith et al 2018; van de Grift, Elaut et al 2018), which reported a consistent improvement in patient satisfaction regarding body image following surgery.”

- “Vaginoplasty is one of the most frequently reported gender-affirming surgical interventions, the current evidence includes 8 prospective studies (Buncamper et al 2017; Cardoso da Silva et al 2016; Kanhai, 2016; Manero Vazquez et al 2018; Papadopulos et al 2017; Tavakkoli Tabassi et al 2015; Wei et al 2018; Zavlin et al 2018), 15 retrospective studies (Boumans et al 2016;

Buncamper et al 2015; Hess et al 2016; Jiang et al 2018; LeBreton et al 2017; Manrique et al 2018; Massie et al 2018; Morrison et al 2015; Papadopulos et al 2017; Raigosa et al 2015; Salgado et al 2018; Seyed-Forootan et al 2018; Sigurjonsson et al 2017; Simonsen et al 2016; Thalaivirithan et al 2018), and 3 cross-sectional cohort studies (Castellano et al 2015; Owen-Smith et al 2018; van de Grift, Elaut et al 2018).” Different assessment measurements were utilized and the results from these studies consistently reported both a high level of patient satisfaction (78-100%) as well as satisfaction with sexual function (75-100%).” This procedure was also associated with a low rate of complications.

- The current evidence regarding metoidioplasty and phalloplasty includes “3 prospective cohort studies (Garaffa et al 2010; Stojanovic et al 2017; Vukadinovic et al 2014), 6 retrospective cohort studies (Cohanzad, 2016; Garcia et al 2014; Simonsen et al 2016; van de Grift, Pigot et al 2017; van der Sluis et al 2017; Zhang et al 2015), and 4 cross-sectional studies (Castellano et al 2015; Owen-Smith et al 2018; van de Grift, Elaut et al 2018; Wierckx, Van Caenegem et al 2011) which reviewed the risks and benefits of these procedures. The benefits included urinary function that found between 75 and 100% of study participants were able to void while standing and sexual function satisfaction was reported between 77 and 95% of study participants. Reported results were consistent.”

- Facial GAS (FGAS) is receiving increased attention, and the current evidence includes 8 publications to include 1 prospective cohort study (Morrison et al 2020), 5 retrospective cohort studies (Bellinga et al 2017; Capitan et al 2014; Noureai et al 2007; Raffaini et al 2016; Simon et al 2022), and 2 cross-sectional studies (Ainsworth & Spiegel, 2010; van de Grift, Elaut et al 2018). These 8 studies demonstrated individuals were satisfied with their surgical results between 72 and 100% of individuals. One prospective, international, multicenter, cohort study (Morrison et al 2020) found facial GAS improved both mid and long-term QOL. FGAS in AFAB individuals is an emerging procedure and future studies are recommended.

Detransition

Currently little research has been conducted to examine variables that correlate with a transgender adult’s decision to halt transition process or to detransition. In a recent study (Turban et al 2021) found that individuals who opted to detransition did so due to external factors to include stigma and lack of social support and were not because of changes in gender identity. In 2021, Exposito-Campos et al reported-on transgender adults who did not experience a change of identity may stop transition or detransition because of “oppression, violence, and social/relational conflict, surgical complications, health concerns, physical contraindications, a lack of resources, or dissatisfaction with results.” Due to limited research in this area clinical guidance regarding detransition is based on individual case studies and expert opinion of HCPs working with transgender adults.

Coleman et al (2022) per WPATH SOC-8 review of the evidence states “Individuals may spend time in a gender identity or presentation before they discover it does not feel comfortable and later adapt it or shift to an earlier identity or presentation” While the decision to detransition is considered rare, the recommendation for adults who want to detransition by seeking gender-related hormone intervention, surgical intervention, or both, need to “Utilize a comprehensive multidisciplinary assessment that will include additional viewpoints from experienced health care professionals in transgender health and that considers, together with the individual, the role of social transition as part of the assessment process.”

SUPPLEMENTAL INFORMATION

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the evidence review conclusions.

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in ‘Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

The World Professional Association for Transgender Health (WPATH)

In 2022 the WPATH commissioned a new version of the Standards of Care, the SOC-8. Standards of Care for the Health of Transgender and Gender Diverse People, which includes the following:

- “The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professions association which mission is to promote evidence-based care, education, research, public policy, and respect in transgender health.”
- “The overall goals of SOC-8 is to provide health care professionals (HCPs) with the clinical guidance to assist TGD people in accessing safe and effective pathways to achieving lasting personal comfort with their gendered selves with the aim of optimizing their overall physical health, psychological well-being, and self-fulfillment.
- “The SOC-8 is based on best available science and expert professional consensus in transgender health. Recommendation statements were developed based on data derived from independent systemic literature reviews, were available, background reviews and expert opinions. Grading of recommendations was based on the available evidence supporting interventions, a discussion of risks and harms, as well as the feasibility and acceptability within different contexts and country settings.”
- “The SOC-8 guidelines were intended to be flexible to meet the diverse health care needs of TGD people globally. While adaptable, they offer standards for promoting optimal health care and guidance for the treatment of people experiencing gender incongruence.”
- “The SOC-8 supports the role of informed decision-making and the value of harm reduction approaches. Health care professionals can use the SOC to help patients consider the full range of health services open to them in accordance with their clinical needs for gender expression.” In the SOC-8 the use of the phrase transgender and gender diverse (TGD) is meant to be a “broad and comprehensive as possible in describing members of many varied communities globally of people with gender identities or expressions that differ from the gender socially attributed to the sex assigned to them at birth. TGD is used for convenience as a shorthand for transgender and gender diverse.”

Terminology
Statements of Recommendations

- “1.1 We recommend health care professions use culturally relevant language (including terms to describe transgender and gender diverse people) when applying the Standards of Care in different global settings.”

- "1.2 We recommend health care professional use language in health care settings that uphold the principles of safety, dignity, and respect."
- "1.3 We recommend health care professionals discuss with transgender diverse people what language or terminology they prefer."

Global Applicability
Statements of Recommendations

- "2.1 We recommend health care systems should provider medically necessary gender-affirming health care for transgender and gender diverse people."
- "2.2 We recommend health care professional and other users of the Standards of Care, Version 8 (SOC-8) apply the recommendations in ways that meet the needs of the local transgender and gender diverse communities, by provider culturally sensitive care that recognizes the realities of the countries they are practicing in."
- "2.3 We recommend health care providers understand the impact of social attitudes, laws, economic circumstances, and health system on the lived experiences of transgender and gender diverse people worldwide."
- "2.4 We recommend translations of the SOC focus on cross-cultural, conceptual, and literal equivalence to ensure alignment with the core principles that underpin the SOC-8."
- "2.5 We recommend health care professionals and policymakers always apply the SOC-8 core principles to their work with transgender and gender diverse people to ensure respect for human rights and access to appropriate and competent health care."

Assessment of Adults
Statements of Recommendations

- "5.1 We recommend health care professionals assessing transgender diverse adults for physical treatments:
    - 5.1.a Are licensed by the statutory body and hold, at a minimum, a master's degree or equivalent training in a clinical field relevant to this role and granted by a nationally accredited statutory institution.
    - 5.1.b For countries requiring a diagnosis for access to care, the health care professional should be competent using the latest edition of the World Health Organization's International Classification of Diseases (ICD) for diagnosis. In countries that have not implemented the latest ICD, other taxonomies may be used; efforts should be undertaken to utilize the latest ICD as soon as practicable.
    - 5.1.c Are able to identify co-existing mental health or other psychosocial concerns and distinguish these from gender dysphoria, incongruence and diversity.
    - 5.1.d Are able to assess capacity to consent for treatment.
    - 5.1.e Have experience or be qualified to access clinical aspects for gender dysphoria, incongruence or diversity.
    - 5.1.f Have experience or be qualified to assess clinical aspects of gender dysphoria, incongruence, and diversity."
- "5.2 We suggest health care professions assessing transgender and gender diverse adults seeing gender-affirming treatment liaise with professionals from different disciplines within the field of transgender health for consultation and referral, if required."

"The following recommendations are made regarding the requirements for gender-affirming medical and surgical treatment (all should be met):

- 5.3 We recommend health care professions assessing transgender and gender diverse adults for gender-affirming medical and surgical treatment:
    - 5.3.a Only recommend gender-affirming medical treatment requested by a TGD person when the experience of gender incongruence is marked and sustained.

    - 5.3.b Ensure fulfillment of diagnostic criteria prior to initiating gender-affirming treatments in regions where a diagnosis is necessary to assess health care.
    - 5.3.c Identify and exclude other possible causes of apparent gender incongruence prior to the initiation of gender-affirming treatments.
    - 5.3.d Ensure that any mental health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risk and benefits discussed, before a decision is made regarding treatment.
    - 5.3.e. Ensure any physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed, before a decision is made regarding treatment.
    - 5.3.f Assess the capacity to consent for specific physical treatment prior to the initiation of this treatment.
    - 5.3.g Assess the capacity of the gender divers and transgender adult to understand the effect of gender-affirming treatment.
- 5.4 We suggest, as part of the assessment for gender-affirming hormonal or surgical treatment, professionals who have competencies in the assessment of transgender and gender diverse people which gender-related medical treatment considered the role of social transition together with the individual.
- 5.5. We recommend 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 a professional who has the competencies in the assessment of transgender and gender diverse people wishing gender-related medical and surgical treatment.
- 5.6 We suggest health care professional assessing transgender and gender diverse people seeing gonadectomy consider a minimum of 6-months of hormone therapy as appropriate to the TGD person's gender goals before the TGD person undergoes irreversible surgical intervention (unless hormones are not clinically indicated for the individual).
- 5.7 We recommend health care professional assessing adults who wish to detransition and see gender-related hormone intervention, surgical intervention, or both, utilize a comprehensive multidisciplinary assessment that will include additional viewpoints from experienced health care professional in transgender health and that considers, together with the individual, the role of social transition as part of the assessment process."

"If written documentation or a letter is required to recommend gender affirming medical and surgical treatment (GAMST), require a single written opinion/signature from a health care professional who has competencies in the assessment of transgender and gender diverse people is needed. Further written opinions/signatures may be requested where there is a specific clinical need."

Adolescents

"For clarity adolescents is from the start of puberty until the legal age of majority (in most cases 18 years)."

Statements of Recommendations

- "6.1 We recommend health care professional working with gender divers adolescents:
    - 6.1.a Are licensed by their statutory body and hold a postgraduate degree or its equivalent in a clinical field relevant to this role granted by a national accredited statutory institution.
    - 6.1.b Receive theoretical and evidence-based training and develop expertise in general child, adolescent, and family health across the developmental spectrum.

        - 6.1.c Receive training and have expertise in gender identify development, gender diversity in children and adolescents, have the ability to access capacity to assent/consent, and possess general knowledge of gender diversity across the life span.
        - 6.1.d Receive training and develop expertise in autism spectrum disorders and other neurodevelopmental presentations or collaborate with a developmental disability expert when working with autistic/neurodivergent gender diverse adolescents.
        - 6.1.e Continue engaging in professional development in areas relevant to gender diverse children, adolescents and families."
- "6.2 We recommend health care professionals working with gender diverse adolescents facilitate the exploration and expression of gender openly and respectfully wo that no one particular identity is favored."
- "6.3 We recommend health care professionals working with gender diverse adolescents undertake a comprehensive biopsychosocial assessment of adolescents who present with gender identity-related concerns and seek medical/surgical transition-related care, and that this is accomplished in a collaborative and supportive manner."
- "6.4 We recommend health care professional work with families, schools, and other relevant settings to promote acceptance of gender diverse expressions of behavior and identities of the adolescent."
- "6.5 We recommend against offering reparative and conversion therapy aimed at trying to change a person's gender and lived gender expression to become more congruent with the sex assigned at birth."
- "6.6 We suggest health care professionals provide transgender and gender divers adolescents with health education on chest binding and genital tucking, including a review of the benefits and risks."
- "6.7 We recommend providers consider prescribing menstrual suppression agents for adolescents experiencing gender incongruence who may not desire testosterone therapy, who desire but have not yet begun testosterone therapy, or in conjunction with testosterone therapy for breakthrough bleeding."
- "6.8 We recommend health care professional maintain an ongoing relationship with the gender diverse and transgender adolescent and any relevant caregivers to support the adolescent in their decision-making throughout the duration of puberty suppression treatment, hormonal treatment, and gender-related surgery until transition is made to adult care."
- "6.9 We recommend health care professional involve relevant disciplines, including mental health and medical professionals, to reach a decision about whether puberty suppression, hormone initiation, or gender-related surgery for gender divers and transgender adolescents are appropriate and remain indicated throughout the course of treatment until the transition is made to adult care."
- "6.10 We recommend health care professionals working with transgender and gender diverse adolescents requesting gender-affirming medical or surgical treatments inform them, prior to initiating treatment, of the reproductive effects including the potential loos of fertility and available options to preserve fertility within the context of the youth's stage of pubertal development."
- "6.11 We recommend when gender-affirming medical or surgical treatments are indicated for adolescents, health care professionals working with transgender and gender diverse adolescents involve parent(s)/guardian(s) in the assessment and treatment process, unless their involvement is determined to be harmful to the adolescent or not feasible."

"The following recommendations are made regarding the requirements for gender-affirming medical and surgical treatment (All of them must be met):

Statements of Recommendations

- 6.12 We recommend health care professionals assessing transgender and gender diverse adolescents only recommend gender-affirming medical or surgical treatments requested by the patient when:
    - 6.12.a The adolescent meets the diagnostic criteria of gender incongruence as per the ICD-11 in situations where diagnosis is necessary to access health care. In countries that have not implemented the latest ICDS, other taxonomies may be used although efforts should be undertaken to utilize the latest ICD as soon as practicable.
    - 6.12.b The experience of gender diversity/incongruence is marked and sustained over time.
    - 6.12.c The adolescent demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment.
    - 6.12.d The adolescent's mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed.
    - 6.12.e The adolescent has been informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility, and these have been discussed in the content of the adolescent's stage of pubertal development.
    - 6.12 f The adolescent has reached Tanner stage 2 of puberty for pubertal suppression to be initiated.
    - 6.12. g The adolescent had a least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result of gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated."

"If written documentation or a letter is required to recommend gender-affirming medical and surgical treatment (GAMST) for an adolescent, only one letter of assessment from a member of multidisciplinary team is needed. This letter needs to reflect the assessment and opinion from the team the involves both medical and mental health professionals."

Children

"These standards of Care pertain to prepubescent gender diverse children."

Statements of Recommendations

- "7.1 We recommend health care professional working with gender diverse children receive training and have expertise in gender development and gender diversity in children and possess a general knowledge of gender diversity across the life span."
- "7.2 We recommend health care professionals working with gender diverse children receive theoretical and evidence-based training and develop expertise in general child and family mental health across the developmental spectrum.'
- "7.3 We recommend health care professionals working with gender diverse children receive training and develop expertise in autism spectrum disorders and other neurodiversity or collaborate with an expert with relevant expertise when working with autistic/neurodivergent, gender diverse children."
- "7.4 We recommend health care professionals working with gender diverse children engage in continuing education related to gender diverse children and families."
- "7.5 We recommend health care professionals conducting an assessment with gender diverse children access and integrate information from multiple sources as part of the assessment."

- “7.6 We recommend health care professionals conducting an assessment with gender diverse children consider relevant developmental factors, neurocognitive functioning, and language skills.”
- “7.7 We recommend health care professional conducting an assessment with gender diverse children consider factors that may constrain accurate reporting of gender identity/gender expression by the child and/or family/caregiver(s).”
- “7.8 We recommend health care professionals consider consultation, psychotherapy, or both to gender diverse child and family/caregivers when families and health care professionals believe this would benefit the well-being and development of a child and/or family.”
- “7.9 We recommend health care professionals offering consultation, psychotherapy, or both to gender diverse children and families/caregivers work with other settings and individuals important to the child to promote the child’s resilience and emotion well-being.’
- “7.10 We recommend health care professionals offering consultation, psychotherapy, or both to gender diverse children and families/caregivers provide both parties with age-appropriate psychoeducation about gender development.”
- “7.11 We recommend that health care professionals provide information to gender diverse children and their families/caregivers as the child approaches puberty about potential gender affirming medical interventions, the effects of these treatments on future fertility, and options for fertility preservation.”
- “7.12 We recommend parents/caregivers and health care professionals respond supportively to children who desire to be acknowledged as the gender that matches their internal sense of gender identity.”
- “7.13 We recommend health care professionals and parents/caregivers support children to continue to explore their gender throughout the pre-pubescent years, regardless of social transition.’
- “7.14 We recommend the health care professionals discuss the potential benefits and risks of a social transition with families who are considering it.”
- “7.15 We suggest health care professionals consider working collaboratively with other professionals and organizations to promote the well-being of gender diverse children and minimize the adversities they may face.”

Nonbinary

“The term nonbinary includes people whose genders are comprised of more than one gender identity simultaneously or at different times (e.g., bigender), who do not have a gender identity or have a neutral gender identity (e.g., agender or neutrois), have gender identifies that encompass or blend elements of other genders (e.g., polygender, demiboy, demigirl), and/or who have a gender that changes over time (e.g., genderfluid).”

Statements of Recommendations

- “8.1 We recommend health care professionals provide nonbinary people with individualized assessment and treatment that affirms their experience of gender.”
- “8.2 We recommend health care professionals consider gender-affirming medical interventions (hormonal treatment or surgery) for nonbinary people in the absence of “social gender transition.”
- “8.3 We recommend health care professionals consider gender-affirming surgical interventions in the absence of hormonal treatment, unless hormone therapy is required to achieve the desired surgical result.”

- "8.4 We recommend health care professionals provide information to nonbinary people about the effects of hormone therapies/surgery on future fertility and discuss the options for fertility preservation prior to starting hormonal treatment or undergoing surgery."

Eunuchs

"Eunuch individuals are those assigned male at birth (AMAB) and wish to eliminate masculine physical features, masculine genitals, or genital functioning. They also include those whose testicles have been surgically removed or rendered nonfunctional by chemical or physical means and who identify as eunuch."

Statements of Recommendations

- "9.1 We recommend health care professional and other users of the Standard of Care 8th guidelines should apply the recommendations in ways that meet the needs of eunuch individuals."
- "9.2 We recommend health care professionals should consider medical intervention, surgical intervention, or both or eunuch individuals when there is a high-risk withholding treatment will cause individuals harm through self-surgery, surgery by unqualified practitioners, or unsupervised use of medications that affect hormones."
- "9.3 We recommend health care professionals who are assessing eunuch individuals for treatment have demonstrated competency in assessing them."
- "9.4 We suggest health care professionals providing care to eunuch individuals include sexuality education and counseling."

Intersex

"This guideline we are using the term "intersexuality" (or intersex) to refer to congenital physical manifestations only."

Statements of Recommendations

- "10.1 We suggest a multidisciplinary team, knowledgeable in diversity of gender identity and expression as well as intersexuality, provide care to individuals with intersexuality and their families."
- "10.2 We recommend health care professionals providing care for transgender youth and adults seek training and education in the aspects of intersex care relevant to their professional discipline."
- "10.3 We suggest health care professionals educate and counsel families of children with intersexuality from the time of diagnosis onward about the child's specific intersex condition and its psychosocial implications."
- "10.4 We suggest both providers and parents engage children/individuals with intersexuality in ongoing, developmentally appropriate communications about their intersex condition and its psychosocial implications."
- "10.5 We suggest health care professionals and parents support children/individuals with intersexuality in exploring their gender identity throughout their life."
- "10.6 We suggest health care professionals promote well-being and minimize the potential stigma of having an intersex condition by working collaboratively with both medical and non-medical individuals/organizations."
- "10.7 We suggest health care professionals refer children/individuals with intersexuality and their families to mental-health providers as well as peer and other psychosocial supports as indicated."

- "10.8 We recommend health care professionals counsel individuals with intersexuality and their families about puberty suppression and/or hormonal treatment options within the context of the individual's gender identity, age, and unique medical circumstances."
- "10.9 We suggest health care professionals counsel parents and children with intersexuality (when cognitively sufficiently developed) to delay gender-affirming genital surgery, gonadal surgery, or both so as to optimize the children's self-determination and ability to participate in the decision based on informed consent."
- "10.10 We suggest only surgeons experienced in intersex genial or gonadal surgery operation on individuals with intersexuality."
- "10.11 We recommend health professionals who are prescribing or referring for hormonal therapies/surgeries counsel individuals with intersexuality and fertility potential and their families about a) known effects of hormonal therapies/surgery on future fertility; b) potential effects of therapies that are not well studied and re unknown reversibility; c) fertility preservation options; and d) psychosocial implications of infertility."
- "10.12 We suggest 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."

Surgery and Postoperative Care

"Surgery and postoperative care recommendations for TGD adults and adolescents. In appropriately selected TGD individuals, the current literature supports the benefits of GAS."

Statements of Recommendations

- "13.1 We recommend surgeons who perform gender=affirming surgical procedures have the following credentials:
    - 13.1.a Training and documented supervision in gender-affirming procedures;
    - 13.1.b Maintenance of an active practice in gender-affirming surgical procedures;
    - 13.1.c Knowledge about gender diverse identities and expressions;
    - 13.1.d Continuing education in the field of gender-affirmation surgery;
    - 13.1.e Tracking of surgical outcomes."
- "13.2 We recommend surgeons assess transgender and gender diverse people for risk factors associated with breast cancer prior to breast augmentation or mastectomy.'
- "13.3 We recommend surgeons inform transgender and gender diverse people undergoing gender-affirming surgical procedures about aftercare requirements, travel and accommodations, and the importance of postoperative follow-up during the preoperative process."
- "13.4 We recommend surgeons confirm reproductive options have been discussed prior to gonadectomy in transgender and gender diverse people."
- "13.5 We suggest 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 when the patient's desires, goals, or expressions of individual gender identity).'
- "13.6 We suggest health care professionals consider gender-affirming genital procedures for eligible* transgender and gender diverse adults seeing these interventions when there is evidence the individual has been stable on their current treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated)."
- "13.7 We recommend surgeons consider gender-affirming surgical interventions for eligible* transgender and gender diverse adolescents when there is evidence a multidisciplinary approach

that includes mental health and medical professional has been involved in the decision-making process."

- "13.8 We recommend surgeons consult a comprehensive, multidisciplinary team of professionals in the field of transgender health when eligible* transgender and gender diverse people request individually customized (previously termed "non-standard") surgeries as part of a gender-affirming surgical intervention."
- "13.9 We suggest surgeons caring for transgender men diverse people who have undergone metoidioplasty/phalloplasty encourage lifelong urological follow-up."
- "13.10 We recommend surgeons caring for transgender women and gender diverse people who have undergone vaginoplasty encourage follow-up with their primary surgeon, primary care physician, or gynecologist."
- "13.11 We recommend patients who regret their gender-related surgical intervention be managed by an expert multidisciplinary team."

**For eligibility criteria for adolescents and adults, please refer to the Assessment for Adults and Adolescents Appendix D, below.*

**For gender affirming surgical procedures see Appendix E below.*

Appendix D Summary Criteria for Surgical Treatments for Adults and Adolescents Assessment Process Related to Adults

- "Health care professionals assessing transgender and gender diverse adults seeing gender-affirming treatment should liaise with professionals from different disciplines within the field of trans health for consultation and referral, if required.*"
- "If written documentation or a letter is required to recommend gender affirming medical and surgical treatment (GAMST), only one letter of assessment from a health care professional who has competencies in the assessment of transgender and gender diverse people is needed."

Surgical Treatments for Adults

- "Criteria for Surgery
    a. Gender incongruence is marked and sustained;
    b. Meets diagnostic criteria for gender incongruence prior to gender-affirming surgical intervention in regions where a diagnosis is necessary to access health care;
    c. Demonstrates capacity to consent for the specific gender-affirming surgical interventions;
    d. Understands the effect of gender-affirming surgical intervention on reproduction and they have explored reproductive options;
    e. Other possible causes of apparent gender incongruence have been identified and excluded;
    f. Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed;
    g. Stable on their gender affirming hormonal treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated.)*"

Assessment Process Related to Adolescents

- "A comprehensive biopsychosocial assessment including relevant mental health and medical professionals;

- Involvement of parent(s)/guardian(s) in the assessment process, unless their involvement is determined to be harmful to the adolescent or not feasible;
- If written documentation or a letter is required to recommend gender-affirming medical and surgical treatment (GAMST), only one letter of assessment from a member of the multidisciplinary team is needed. This letter needs to reflect the assessment and opinion from the team that involves both medical and mental health professionals (MHPs)."

Surgical Treatments for Adolescents

- "Criteria for Surgery
    a. Gender diversity/incongruence is marked and sustained over time;
    b. Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
    c. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
    d. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
    e. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
    f. At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated."

*'*These were graded as suggested criteria."*

Appendix E. Gender Affirming Surgical Procedures

"This list is not intended to be exhaustive, and it is particularly important given the lengthy time periods between updates to the SOC, during which evolutions in understanding and treatment modalities may occur."

Facial Surgery
Brow • Brow reduction • Brow augmentation • Brow lift
Hair line advancement and/or hair transplant
Facelift/mid-face lift (following alterations of the underlying skeletal structures) • Platysmaplasty
Blepharoplasty
Rhinoplasty (+/- fillers) • Lipofilling
Cheek

• Implant • Lipofilling
Lip • Upper lip shortening • Lip augmentation (includes autologous and non-autologous)
Lower jaw • Reduction of mandible angle
Chin reshaping • Augmentation • Osteoplastic
Chondrolaryngoplasty • Vocal cord surgery
Breast/Chest Surgery
Mastectomy • 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/Chest Surgery
Breast reconstruction (augmentation) • Implant and/or tissue expander • Autologous (includes flap-based and lipofilling)
Genital Surgery
Phalloplasty • With/without scrotoplasty)
Metoidioplasty • With/without scrotoplasty
Vaginoplasty • Inversion • Peritoneal • Intestinal
Vulvoplasty
Gonadectomy

Orchiectomy
Hysterectomy and/or salpingo-oophorectomy
Body Contouring
Liposuction
Lipofilling
Implants • 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 • Electrolysis • Laser epilation
Tattoo (i.e., nipple-areola)
Uterine transplantation
Penile transplantation

Ongoing and Unpublished Clinical Trials

Some currently ongoing and unpublished trials that might influence this review can be located at clinicaltrials.gov.

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CODES

To report provider services, use appropriate CPT codes, HCPCS codes, Revenue codes, and/or ICD diagnosis codes.

Codes	Number	Description
CPT		
	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.3 sq cm
	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
	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 fee 25 cc or less injectate
	15774	Each additional 25 cc injectate or part thereof (list separately in addition 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
	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
	17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
	19303	Mastectomy simple complete
	19316	Mastopexy
	19318	Breast reduction
	19325	Breast augmentation with implant
	19340	Insertion of breast implant on same day of mastectomy (i.e. immediate)
	19342	Insertion or replacement of breast implant on separate day from mastectomy
	19350	Nipple/areola reconstruction
	19355	Correction of inverted nipples
	19357	Tissue expander placement in breast reconstruction, including subsequent expansions
	19499	Unlisted procedure for breast (may be utilized for nipple tattooing)
	21087	Impression and custom preparation; nasal prosthesis
	21088	Impression and custom preparation; facial prosthesis
	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
	21121	Genioplasty; sliding osteotomy, single piece
	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., 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)
	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
	21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts
	21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
	21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
	21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts
	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)
	21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
	21245	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
	21246	Reconstruction of mandible or maxilla, subperiosteal implant, complete
	21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder) complete
	21270	Malar augmentation, prosthetic material
	21295	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach
	21296	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach
	21299	Unlisted craniofacial and maxillofacial procedure
	21499	Unlisted musculoskeletal procedure, head
	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)
	31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion
	31584	Laryngoplasty; with open reduction and fixation of (e.g., plating) fracture, includes tracheostomy, if performed
	31587	Laryngoplasty, cricoid split, without graft placement
	31599	Unlisted procedure, larynx
	31899	Unlisted procedure, trachea, bronchi
	40500	Vermilionectomy (lip shave) with mucosal advancement
	40799	Unlisted procedure of the lips
	53400	Urethroplasty; first stage for fistula, diverticulum or stricture (e.g., Johannsen type)
	53405	Urethroplasty; second stage (formation of urethra) including urinary diversion
	53410	Urethroplasty; 1-stage reconstruction of male anterior urethra
	53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra
	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
	54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
	54640	Orchiopexy, inguinal or scrotal 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
	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 (related to vaginoplasty)
	57292	Construction of artificial vagina with graft (related to vaginoplasty)
	57335	Vaginoplasty for intersex state
	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)
	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
	58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
	58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
	58940	Oophorectomy, partial or total, unilateral or bilateral
	58999	Unlisted procedure, female genital system (nonobstetrical)
	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)

	67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
	67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)
	67909	Reduction of overcorrection of ptosis
HCPCS		
	C1789	Prosthesis breast (implantable)
	C1813	Prosthesis penile inflatable
	C2622	Prosthesis penile non-inflatable
	L8600	Implantable breast prosthesis, silicone or equal
	G0429	Derma filler injection(s)
	J0591	Injection deoxycholic acid 1 mg (Kybella)
	J3490	Unclassified drug – may be used for Egrifta; Botox Cosmetic (onabotulinum toxin for cosmetic use; Refer to the Neuromuscular Blocking Agents Drug Policy if requesting Botox for a medical condition); Juvederm; Latisse (bimatoprost); Vaniqa (elornithine); Any drug with an FDA approved indication that is only to preserve or improve appearance in the absence of a physical functional impairment
	J3590	Unclassified biologic - may be used for Egrifta; Botox Cosmetic (onabotulinum toxin for cosmetic use; Refer to the Neuromuscular Blocking Agents Drug Policy if requesting Botox for a medical condition); Juvederm; Latisse (bimatoprost); Vaniqa (elornithine); Any drug with an FDA approved indication that is only to preserve or improve appearance in the absence of a physical functional impairment
	L8499	Unlisted procedure for miscellaneous prosthetic service (may be utilized for prosthetic implant)
	L8600	Implantable breast prosthesis, silicone or equal

	L8699	Prosthetic implant, not otherwise specified
	Q2026	Injection, Radiesse, 0.1 ml
	Q2028	Injection, Sculptra, 0.5 mg
Type of Service	Administrative	
Place of Service	Inpatient/Outpatient/ Physician Office	

POLICY HISTORY

Date	Action	Action
January 2026	Annual Review	Policy Revised
November 2025	Interim Review	Policy Revised
January 2025	Annual Review	Policy Revised
May 2024	Annual Review	Policy Revised
May 2023	Annual Review	Policy Revised
May 2022		New Medical Policy

New information or technology that would be relevant for Wellmark to consider when this policy is next reviewed may be submitted to:

Wellmark Blue Cross and Blue Shield
Medical Policy Analyst
PO Box 9232
Des Moines, IA 50306-9232

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