

**Gender Affirming Surgery:**

Devereux does cover gender affirming intervention including transgender surgery. The individual’s medical record must reflect the medical necessity for the care provided which is common to most surgical procedures. As an example, once criteria is met, hormones, genital reconstruction surgery and more is covered. For more information

- Puberty suppressing hormones
- Continuous hormone replacement therapy including masculinizing or feminizing hormones
- Bilateral mastectomy
- Breast augmentation
- Genital reconstructive surgery

The following genital reconstructive surgeries are covered for individuals assigned a different gender at birth, but who do not identify as such:

| <b>Male Gender at Birth</b> | <b>Female Gender at Birth</b>      |
|-----------------------------|------------------------------------|
| Orchiectomy                 | Hysterectomy                       |
| Penectomy                   | Salpingo-oophorectomy              |
| Vaginoplasty                | Vaginectomy                        |
| Clitoroplasty               | Metoidioplasty                     |
| Labioplasty                 | Phalloplasty                       |
|                             | Urethroplasty                      |
|                             | Scrotoplasty                       |
|                             | Testicular prostheses implantation |

**PENILE PROSTHESIS**

Surgical implantation of a penile prosthesis in a neo-phallus (phalloplasty) is considered medically necessary and, therefore, covered, when the following criteria are met:

- The last genital reconstructive surgical procedure has healed.
- There is tactile sensitivity of the neo-phallus (phalloplasty).

**MEDICALLY NECESSARY GENDER-SPECIFIC SERVICES**

Gender-specific services may be medically necessary for transgender individuals as appropriate to their anatomy (e.g., mammograms, prostate cancer screening).

Professional organizations such as the American Cancer Society (ACS), the American College of Obstetricians and Gynecologists (ACOG), and the US Preventive Services Task Force (USPSTF) provide recommended screening guidelines to facilitate clinical decision-making by professional providers. Some screening protocols are sex/gender-specific based on assumptions about the anatomy for a particular gender. There is difficulty in recommending sex/gender-specific screenings (e.g., breast, prostate) for transgender individuals because of their physiologic changes. For example, transmen who have not undergone a mastectomy may have the same risks for breast cancer as a natal female. In transwomen, if the prostate is not removed as part of genital surgery, individuals may be at the same risk for developing prostate cancer as a natal male. Therefore, gender-specific services (e.g., mammograms, prostate screenings) may be indicated based on the individual's natal gender.

### Potentially Cosmetic Surgery

Some procedures must be determined to be medically necessary unless physician documentation demonstrates a functional impairment. These include but are not limited to:

|   |  |
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| Abdominoplasty  | Facial masculinizing/feminizing surgeries (e.g., facial bone reduction)          |
| Body contouring procedures (e.g., liposuction, lipectomy) | Facial prosthesis (e.g. nasal, orbital)  |
| Botox injections  | Gluteal augmentation (e.g., silicone implants, fat transfer, fat grafting)       |
| Cervicoplasty/platysmaplasty                              | Hair reconstruction (e.g. hair removal/electrolysis, hair transplantation, wigs) |
| Chin augmentation (genioplasty, mentoplasty)              | Injectable dermal fillers (e.g., Sculptra, Radiesse)                             |
| Collagen injections                                       | Lip reduction/enhancement  |
| Dermabrasions/chemical peels                              | Trachea shave/reduction thyroid chondroplasty                                    |
| Excision of redundant skin                                | Voice modification surgery (i.e., laryngoplasty, cricothyroid approximation)     |

### NOT MEDICALLY NECESSARY

Gender-reversal surgery post-operatively is considered not medically necessary and, therefore, not covered.