

## School of The Art Institute of Chicago

# Gender Confirmation Surgery and Gender Reassignment Surgery with Related Services

### Overview

Gender Confirmation is a covered benefit, including surgery and related services, when the requirements under your certificate of coverage are met.

### Coverages: Gender Confirmation Surgery with Related Services

For individuals undergoing gender confirmation surgery including, but not limited to, the following procedures, medically necessary guidelines must be adhered to.

### Gender Assignment Surgery

Gender assignment surgery for patients with ambiguous genitalia diagnosed at birth or in infancy is considered reconstructive surgery and may be considered medically necessary.

### Gender Reassignment Surgery

Gender reassignment surgery (GRS) and related services may be considered medically necessary when meeting the criteria for gender dysphoria listed below. Otherwise, gender reassignment surgery and related services are considered not medically necessary.

### Male to Female Surgery

Male to Female (MtF) surgical procedures performed as part of gender reassignment services for an individual who has met the above criteria for gender dysphoria may be considered medically necessary and include the following:

- Clitoroplasty
- Coloproctostomy
- Colovaginoplasty
- Labioplasty
- Orchiectomy
- Penectomy
- Penile skin inversion
- Repair of introitus
- Vaginoplasty with construction of vagina with graft
- Vulvoplasty
- Urethroplasty

## Female to Male Surgery

Female-to-Male (FtM) surgical procedures performed as part of gender reassignment services for an individual who has met the above criteria for gender dysphoria may be considered medically necessary and include the following:

- Hysterectomy
- Metoidioplasty
- Phalloplasty
- Placement of an implantable erectile prostheses
- Placement of testicular prostheses
- Salpingo-oophorectomy
- Scrotoplasty
- Subcutaneous mastectomy, including nipple or areola reconstruction; Vaginectomy (colpectomy)
- Urethroplasty
- Urethromeatoplasty

## Secondary Sexual Characteristic (Masculinizing or Feminizing) Gender Reassignment Surgeries and Related Services:

Procedures or services to create and maintain gender specific characteristics (masculinization or feminization) as part of the overall desired gender reassignment services treatment plan may be considered medically necessary for the treatment of gender dysphoria ONLY. These procedures may include the following:

- Abdominoplasty
- Blepharoplasty
- Brow lift
- Calf implants
- Cheek implants
- Chin or nose implants
- External penile prosthesis (vacuum erection devices)
- Face lift (rhytidectomy)
- Facial bone reconstruction/sculpturing/reduction, includes jaw shortening; Forehead lift or contouring
- Hair removal (may include donor skin sites) or hair transplantation (electrolysis or hairplasty)
- Laryngoplasty
- Lip reduction or lip enhancement
- Liposuction/lipofilling or body contouring or modeling of waist, buttocks, hips, and thighs reduction
- Neck tightening
- Pectoral implants
- Reduction thyroid chondroplasty or trachea shaving (reduction of Adam's apple)

**For more detailed information on these procedures, please visit**

**<http://www.medicalpolicy.hcsc.net/medicalpolicy/activePolicyPage?lid=kj737xsy&corpEntCd=IL1>**

Once opened, click on **"I Accept"** to agree to the terms of the policy and search for **"Gender Confirmation Surgery and Gender Reassignment Surgery with Related Services."**

Not all services have been included. For a complete list, contact Customer Service. Any of these procedures will have to meet medical guidelines. Services subject to change based on Medical Policy review.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 855-710-6984 (TTY: 711).