

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 medical policy 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:

- Breast modification, including but not limited to breast enlargement, breast augmentation, mastopexy, implant insertion, and silicone injections, and nipple or areola reconstruction;
- Clitoroplasty
- Coloproctostomy
- Colovaginoplasty
- Labioplasty
- Orchiectomy
- Penectomy
- Penile skin inversion
- Repair of introitus
- Vaginoplasty with construction of vagina with graft
- Vulvoplasty

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; and/or
- 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 (laser hair removal or electrolysis) which may include donor skin sites; or hair transplantation (Hairplasty)
- (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)
- Redundant/excessive skin removal;
- Rhinoplasty (nose correction);
- Skin resurfacing;
- Testicular expanders;
- Voice modification surgery; and/or
- Voice (speech) therapy or voice lessons

For more detailed information on these procedures, please visit

https://medicalpolicy.hcsc.com/activePolicyPage?path=surgery/SUR717.001_2024-04-15&corpEntCd=HCSC

Once opened, click on **"I Accept"** to agree to the terms of the policy and search for **"Gender Assignment 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.

AcademicBlue is offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age sexual orientation, health status or disability.

To get help and information in your language at no cost, please call us at 855-710-6984.

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).



Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

To receive language or communication assistance free of charge, please call us at 855-710-6984.

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاًناً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jì' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.