

## Note on Gender Specific Services for the Transgender Community:



Gender-specific services may be medically necessary for transgender persons appropriate to their anatomy. Examples include:

1. Breast cancer screening may be medically necessary for female to male trans identified persons who have not undergone a mastectomy;
2. Prostate cancer screening may be medically necessary for male to female trans identified persons who have retained their prostate.

Aetna considers gonadotropin-releasing hormone medically necessary to suppress puberty in trans identified adolescents if they meet World Professional Association for Transgender Health (WPATH) criteria (see CPB 501 - Gonadotropin-Releasing Hormone Analogs and Antagonists).

Aetna considers the following procedures that may be performed as a component of a gender reassignment as cosmetic (not an all-inclusive list) (see also [CPB 0031 - Cosmetic Surgery](#)):



- Abdominoplasty
- Blepharoplasty
- Brow lift
- Calf implants
- Cheek/malar implants
- Chin/nose implants
- Collagen injections
- Construction of a clitoral hood
- Drugs for hair loss or growth
- Forehead lift
- Hair removal (e.g., electrolysis, laser hair removal)
- Hair transplantation
- Jaw reduction (jaw contouring)
- Lip reduction
- Liposuction
- Mastopexy
- Neck tightening
- Nipple reconstruction
- Nose implants
- Pectoral implants
- Removal of redundant skin
- Rhinoplasty
- Voice therapy/Voice lessons

## Gender Reassignment Surgery Policy



DREXEL UNIVERSITY

Counseling  
& Health

*Student Life*

aetna®

**Aetna considers gender reassignment surgery medically necessary when all of the following criteria are met:**

**1. Requirements for mastectomy for female-to-male patients:**

- 1) Single letter of referral from a qualified mental health professional (see Appendix); *and*
- 2) Persistent, well-documented gender dysphoria (see Appendix); *and*
- 3) Capacity to make a fully informed decision and to consent for treatment; *and*
- 4) Age of majority (18 years of age or older); *and*
- 5) If significant medical or mental health concerns are present, they must be reasonably well controlled.

Note that a trial of hormone therapy is not a pre-requisite to qualifying for a mastectomy.

**2. Requirements for gonadectomy (hysterectomy and oophorectomy in female-to-male and orchiectomy in male-to-female):**

- 1) Two referral letters from qualified mental health professionals, one in a purely evaluative role; *and*

- 2) Persistent, well-documented gender dysphoria (see Appendix); *and*
- 3) Capacity to make a fully informed decision and to consent for treatment; *and*
- 4) Age of majority (18 years or older); *and*
- 5) If significant medical or mental health concerns are present, they must be reasonably well controlled; *and*

Twelve months of continuous hormone therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones).

**3. Requirements for genital reconstructive surgery (i.e., vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, and placement of a testicular prosthesis and erectile prosthesis in female to male; penectomy, vaginoplasty, labiaplasty, and clitoroplasty in male to female):**

- 1) Two referral letters from qualified mental health professionals, one in a purely evaluative role; *and*
- 2) Persistent, well-documented gender dysphoria; *and*
- 3) Capacity to make a fully informed decision and to consent for treatment; *and*

- 4) Age of majority (age 18 years and older); *and*
- 5) If significant medical or mental health concerns are present, they must be reasonably well controlled; *and*
- 6) Twelve months of continuous hormone therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones); *and*
- 7) Twelve months of living in a gender role that is congruent with their gender identity (real life experience).

**Note:** Blepharoplasty, body contouring (liposuction of the waist), breast enlargement procedures such as augmentation mammoplasty and implants, face-lifting, facial bone reduction, feminization of torso, hair removal, lip enhancement, reduction thyroid chondroplasty, rhinoplasty, skin resurfacing (dermabrasion, chemical peel), and voice modification surgery (laryngoplasty, cricothyroid approximation or shortening of the vocal cords), which have been used in feminization, are considered cosmetic. Similarly, chin implants, lip reduction, masculinization of torso, and nose implants, which have been used to assist masculinization, are considered cosmetic.