



Cigna Medical Coverage Policy

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Subject **Gender Reassignment Surgery**

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna companies including plans formerly administered by Great-West Healthcare, which is now a part of Cigna. Coverage Policies are intended to provide guidance in interpreting certain **standard** Cigna benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of Cigna. Copyright ©2012 Cigna

Coverage Policy

Gender reassignment surgery (including, but not limited to, related services such as medical counseling, psychological clearance for surgery in the absence of a need for behavioral health therapeutic services, and hormonal therapy) is specifically excluded under many health benefit plans. In addition, procedures associated with gender reassignment surgery that are performed solely for the purpose of improving or altering appearance or self-esteem, or to treat psychological symptomatology or psychosocial complaints related to one's appearance are considered cosmetic in nature and not medically necessary and are not covered under many benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage

If coverage for gender reassignment surgery is available, the following conditions of coverage apply.

Cigna covers the following gender reassignment surgery as medically necessary when the individual is age 18 or older, has confirmed gender dysphoria, and is an active participant in a recognized gender identity treatment program:

- Female-to-male gender reassignment
 - breast surgery (i.e., initial mastectomy, breast reduction) when there is one letter of support from a qualified mental health professional
 - hysterectomy and salpingo-oophorectomy when BOTH of the following additional criteria are met:
 - documentation of at least 12 months of continuous hormonal* sex reassignment therapy

- recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (At least one letter should be a comprehensive report. Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist.)
- vaginectomy (including colpectomy, metoidioplasty with initial phalloplasty, urethroplasty, urethromeatoplasty) when ALL of the following criteria are met:
 - documentation of at least 12 months of continuous hormonal* sex reassignment therapy (May be simultaneous with real life experience.)
 - the individual has successfully lived and worked within the desired gender role full-time for at least 12 months (real life experience) without returning to the original gender
 - recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (At least one letter should be a comprehensive report. Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist.)
- Male-to-female gender reassignment
 - orchiectomy when BOTH of the following additional criteria are met:
 - documentation of at least 12 months of continuous hormonal* sex reassignment therapy
 - recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (At least one letter should be a comprehensive report. Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist.)
 - vaginoplasty (including colovaginoplasty, penectomy, labiaplasty, clitoroplasty, vulvoplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy), when ALL of the following criteria are met:
 - documentation of at least 12 months of continuous hormonal* sex reassignment therapy,(May be simultaneous with real life experience.)
 - the individual has successfully lived and worked within the desired gender role full-time for at least 12 months (real life experience) without returning to the original gender
 - recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (At least one letter should be a comprehensive report. Two separate letters or one letter with two signatures is acceptable. One letter from a Master's degree mental health professional is acceptable if the second letter is from a psychiatrist or Ph.D. clinical psychologist.)

***Note: For individuals considering hysterectomy/salpingo-oophorectomy, orchiectomy, vaginectomy or vaginoplasty procedures a total of 12 months continuous hormonal sex reassignment is required. An additional 12 months of hormone therapy is not required for vaginectomy or vaginoplasty procedures.**

Cigna does not cover procurement, cryopreservation or storage of ANY of the following as part of gender reassignment for the preservation of fertility because it is excluded under many benefit plans and considered not medically necessary:

- embryo
- sperm
- oocytes

Cigna does not cover cryopreservation, storage, and thawing of reproductive tissue (i.e., oocytes, ovaries, testicular tissue) because each is considered experimental, investigational, or unproven.

Cigna considers the following cosmetic in nature and not medically necessary when performed as a component of a gender reassignment even when there is a benefit for gender reassignment surgery (this list may not be all-inclusive):

- abdominoplasty
- blepharoplasty
- breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast
- chin/nose implants
- collagen injections
- electrolysis
- face/forehead lift
- brow lift
- cheek implants
- hair removal/hair transplantation
- penile prosthesis (noninflatable /inflatable)
- testicular expanders
- jaw shortening/sculpturing/facial bone reduction
- laryngoplasty
- lip reduction/enhancement
- liposuction
- mastopexy
- neck tightening
- nipple/areola reconstruction
- removal of redundant skin
- replacement of tissue expander with permanent prosthesis testicular insertion
- rhinoplasty
- scrotoplasty
- second stage phalloplasty
- surgical correction of hydraulic abnormality of inflatable (multi-component) prosthesis including pump and/or cylinders and/or reservoir
- testicular prostheses
- trachea shave/reduction thyroid chondroplasty
- voice modification surgery
- voice therapy/voice lessons

General Background

Gender reassignment therapy is an umbrella term for all medical procedures relating to gender reassignment of both transgendered (i.e., non-identification with the gender one was assigned at birth) and intersexual people (i.e., born with sex characteristics of indeterminate sex). The term "gender reassignment surgery," also known as sexual reassignment surgery, may be used to mean either the reconstruction of male or female genitals, specifically, or the reshaping, by any surgical procedure, of a male body into a body with female appearance, or vice versa. Gender reassignment surgery is part of a treatment plan for gender identity disorders (GID). The causes of gender identity disorders and the developmental factors associated with them are not well-understood. The individual who is genetically male but who feels that the male gender does not describe him completely or accurately, and/or who desires or has undergone a male to female conversion is known as a transwoman; and the individual who is genetically female who feels that the female gender does not describe her completely or accurately, and/or who desires or has undergone the female to male conversion is known as a transman.

Individuals that are transsexual, transgender, or gender nonconformity (i.e., gender identity differs from the cultural norm) may experience gender dysphoria. Gender dysphoria is defined as discomfort or distress that is caused by a discrepancy between a person's gender identity and the person's assigned sex at birth (World Professional Association for Transgender Health [WPATH], 2011), including the associated gender role and/or primary and secondary sex characteristics. Gender dysphoria can be alleviated through various treatments, some of which involve a change in gender expression or body modifications, such as hormones and/or surgery. Transsexual defines an individual who identifies with the other sex strongly and seeks hormones or gender-affirmation surgery or both to feminize or masculinize the body and who may live full-time in the crossgender role (ACOG, 2011). Transsexualism is a form of GID, which is considered a mental disorder and is designated in the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV TR, 2000). Other differential diagnoses include, but are not limited to, partial or temporary disorders as seen in adolescent crisis, transvestitism, refusal to accept a homosexual orientation, psychotic misjudgments of gender identity and severe personality disorders (Becker, et al., 1998).

Gender reassignment surgery is intended to be a permanent change to a patient's sexual identity and is not reversible. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history; gynecological, endocrinological and urological examination, and a clinical psychiatric/psychological examination. A patient's self-assessment and desire for sex reassignment cannot be viewed as reliable indicators of gender dysphoria.

Mental health professionals play a strong role in working with individuals with gender dysphoria as they need to diagnose the gender disorder and any co-morbid psychiatric conditions accurately, counsel the individual regarding treatment options, and provide psychotherapy (as needed) and assess eligibility and readiness for hormone and surgical therapy. Once the individual is evaluated, the mental health professional provides documentation and formal recommendations to medical and surgical specialists. Documentation recommending hormonal or surgical treatment should be comprehensive and include all of the following:

- individual's general identifying characteristics
- the initial and evolving gender, sexual and psychiatric diagnosis
- details regarding the type and duration of psychotherapy or evaluation the individual underwent
- documentation of the eligibility criteria which have been met
- the mental health professional's rationale for hormone therapy or surgery
- the degree to which the individual has followed the standards of care and likelihood of continued compliance
- whether or not the mental health professional is a part of a gender team

Psychiatric care may need to continue for several years after gender reassignment surgery, as major psychological adjustments may continue to be necessary. Other providers of care may include a family physician or internist, endocrinologist, urologist, plastic surgeon, general surgeon and gynecologist. The overall success of the surgery is highly dependent on psychological adjustment and continued support.

After diagnosis, the therapeutic approach is individualized but generally includes includes three elements: hormones of the desired gender, real life experience in the desired role, and surgery to change the genitalia and other sex characteristics.

Prior to gender reassignment surgery, patients usually undergo hormone replacement therapy, which plays an important role in the gender transition process. Biological males can be treated with estrogens and anti-androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease testicular size and erections. Biological females are treated with testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. Hormones must be administered by a physician and require ongoing medical management, including physical examination and lab studies to evaluate dosage, side effects, etc. Lifelong maintenance is usually required. Hormone therapy also limits fertility, and individuals need to be informed of sperm preservation options and cryopreservation of fertilized embryos prior to starting hormone therapy.

The individual identified with gender dysphoria also undergoes what is called a "real life experience," prior to irreversible genital surgery, in which he/she adopts the new or evolving gender role and lives in that role as part

of the transition pathway. This process tests the individual's resolve and commitment for change, as well as the adequacy of his/her support system. During this time, a person would be expected to maintain full- or part-time employment, participate in community activities, acquire a legal gender identity appropriate first name, and provide an indication that others are aware of the change in gender role.

Intersex Surgery

Intersex surgery consists of a series of staged procedures where the physician removes portions of the genitalia and forms either male genitalia or female genitalia.

Transmen: Transmen assume male gender identities or strive to present in more male gender roles. Gender reassignment surgery from female to male (FTM) includes surgical procedures that reshape a female body into the appearance of a male body. According to WPATH SOC guidelines ((WPATH, 2011), genital surgical procedures often performed as part of gender reassignment surgery of FTM include hysterectomy, salpingo-oophorectomy (ovariectomy), vaginectomy (i.e., removal of the vagina) metoidioplasty (i.e., clitoral tissue is released and moved forward to approximate the position of a penis, skin from the labia minora is used to create a penis), urethroplasty, scrotoplasty and placement of testicular prosthesis (i.e., the labia majora is dissected forming cavities allowing for placement of testicular implants) and phalloplasty (i.e., skin tissue graft is used to form a penis). The objectives of phalloplasty may include standing micturation, improved sexual sensation and function and/or appearance.

Transwomen: Transwomen strive for a female identity. Gender reassignment surgery from male to female (MTF) includes procedures that shape a male body into the appearance of and, to the maximum extent possible, the function of a female body. Genital surgical procedures often performed as part of gender reassignment surgery of MTF include orchiectomy, vaginoplasty, penectomy, labiaplasty, clitoroplasty and vulvoplasty (WPATH, 2011). Surgical techniques vary but may include penile inversion to create a vagina and clitoris or creation of a vagina from the sigmoid colon (i.e., colovaginoplasty). The objectives of vaginoplasty include improved sexual sensation and function and appearance. Breast augmentation may be considered when 12 months of hormone treatment fails to result in breast enlargement that is sufficient for the individual's comfort in the female gender role (WPATH, 2011).

Other Associated Surgical Procedures

Procedures aimed at preservation of fertility (e.g., procurement, cryopreservation, and storage of sperm, oocytes and/or embryos) performed prior to gender reassignment surgery are considered not medically necessary.

Other surgical procedures, aimed primarily at improving cosmetic appearance, may be performed as part of gender reassignment surgery. In general, these associated procedures are performed to assist with improving cosmetic and/or culturally appropriate male or female appearance characteristics and hence are considered not medically necessary. These procedures include but are not limited to the following:

- abdominoplasty
- blepharoplasty
- breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast
- brow lift
- cheek implants
- chin/nose implants
- collagen injections
- electrolysis
- face/forehead lift
- gamete preservation in anticipation of future infertility
- hair removal/hair transplantation
- insertion of penile prosthesis (noninflatable /inflatable)
- insertion of testicular expanders
- jaw shortening/sculpturing/facial bone reduction
- laryngoplasty
- lip reduction/enhancement

- liposuction
- mastopexy
- nipple/areola reconstruction
- removal of redundant skin
- replacement of tissue expander with permanent prosthesis testicular insertion
- rhinoplasty
- scrotoplasty
- second stage phalloplasty
- surgical correction of hydraulic abnormality of inflatable (multi-component) prosthesis including pump and/or cylinders and/or reservoir
- testicular prostheses
- trachea shave/reduction thyroid chondroplasty
- voice modification surgery
- voice therapy/voice lessons

Professional Society/Organization

In 2009 the Endocrine Society published a clinical practice guideline for endocrine treatment of transsexual persons (Hembree, et al., 2009). As part of this guideline, the endocrine society recommends that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable; that surgery be recommended only after completion of at least one year of consistent and compliant hormone treatment; and that the physician responsible for endocrine treatment medically clear the individual for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.

Summary

Sex reassignment surgical procedures for diagnosed cases of gender dysphoria should be recommended only after a comprehensive evaluation by a qualified mental health professional. The surgeon should have a demonstrated competency and extensive training in sexual reconstructive surgery. Long-term follow-up is highly recommended for the enduringly successful outcome of surgery.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Intersex Surgery: Male to Female

Covered when medically necessary:

CPT®* Codes	Description
55970†	Intersex surgery; male to female
	†Includes only the following procedures:
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	Laparoscopy, surgical; orchiectomy
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state (Female procedure)
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57335	Vaginoplasty for intersex state (Female procedure)

ICD-9-CM Diagnosis Codes	Description

302.50	Trans-sexualism with unspecified sexual history
302.51	Trans-sexualism with asexual history
302.53	Trans-sexualism with heterosexual history
302.85	Gender identity disorder of adolescent or adult life

Intersex Surgery: Female to Male

Covered when medically necessary:

CPT[®]* Codes	Description
55980 [†]	Intersex surgery, female to male
	†Includes only the following procedures:
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
53430	Urethroplasty, reconstruction of female urethra
56625	Vulvectomy simple; complete
57110	Vaginectomy, complete removal of vaginal wall
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
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)

ICD-9-CM Diagnosis Codes	Description
302.50	Trans-sexualism with unspecified sexual history
302.51	Trans-sexualism with asexual history
302.53	Trans-sexualism with heterosexual history
302.85	Gender identity disorder of adolescent or adult life

Not Covered

Generally Excluded/Not Medically Necessary/Not Covered:

CPT[®]* Codes	Description
89258	Cryopreservation; embryo(s)
89259	Cryopreservation; sperm
0059T	Cryopreservation; oocyte(s)

ICD-9-CM Diagnosis	Description
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Codes	
302.50	Trans-sexualism with unspecified sexual history
302.51	Trans-sexualism with asexual history
302.53	Trans-sexualism with heterosexual history
302.85	Gender identity disorder of adolescent or adult life

Experimental/Investigational/Unproven/Not Covered:

CPT[®]* Codes	Description
89335	Cryopreservation, reproductive tissue, testicular
0058T	Cryopreservation; reproductive tissue, ovarian

ICD-9-CM Diagnosis Codes	Description
302.50	Trans-sexualism with unspecified sexual history
302.51	Trans-sexualism with asexual history
302.53	Trans-sexualism with heterosexual history
302.85	Gender identity disorder of adolescent or adult life

Cosmetic/Not Covered when performed as a component of gender reassignment, even when coverage for gender reassignment surgery exists:

CPT[®]* Codes	Description
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15821	Blepharoplasty, lower eyelid with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with extensive skin weighting down lid
15824	Rhytidectomy, forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15828	Rhytidectomy; cheek, chin, and neck
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 (eg, 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
19316	Mastopexy
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, 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
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)
31599 ^{††}	Unlisted procedure, larynx
54400	Insertion of penile prosthesis; noninflatable (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
54660	Insertion of testicular prosthesis (separate procedure)
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

HCPCS Codes	Description
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, noninflatable

^{††}**NOTE: Cosmetic/Not covered when used to report laryngoplasty performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.**

ICD-9-CM Diagnosis Codes	Description
302.50	Trans-sexualism with unspecified sexual history
302.51	Trans-sexualism with asexual history
302.53	Trans-sexualism with heterosexual history
302.85	Gender identity disorder of adolescent or adult life

***Current Procedural Terminology (CPT®) © 2011 American Medical Association: Chicago, IL.**

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Policy History

Pre-Merger Organizations	Last Review Date	Policy Number	Title
Cigna HealthCare	12/15/2007	0266	Gender Reassignment Surgery

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