

## Medical Policy



### Title: Surgical Treatment for Gender Dysphoria

<b>Professional / Institutional</b>
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**State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).**

**The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.**

**The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.**

**If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.**

### DESCRIPTION

Gender dysphoria involves a conflict between a person's physical or assigned gender and the gender with which he/she/they identify. People with gender dysphoria may be very uncomfortable with the gender they were assigned, sometimes described as being uncomfortable with their body (particularly developments during puberty) or being uncomfortable with the expected roles of their assigned gender.

Treatment options for gender dysphoria include counseling, cross-sex hormones, puberty suppression and Surgical Treatment for Gender Dysphoria. Some adults may have a strong desire to be of a different gender and to be treated as a different gender without seeking medical treatment or altering their body. They may only want support to feel comfortable in their gender identity. Others may want more extensive treatment including hormone treatment and Surgical Treatment for Gender Dysphoria leading to a transition to the opposite sex.

Surgical treatment for Gender Dysphoria (also referred to as gender reassignment surgery, gender confirmation surgery and gender affirmation surgery) is a permanent change to an individual's sexual identity. 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.

**POLICY**

- A. For female to male surgery, bilateral mastectomy is considered **medically necessary** when **ALL** of the following criteria have been met:
1. The individual is at least 18 years of age  
**and**
  2. The individual has capacity to make fully informed decisions and consent for treatment.  
**and**
  3. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
    - a. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make the individual's body as congruent as possible with the preferred sex through surgery and hormone treatment.  
**and**
    - b. The transsexual identity has been present persistently for at least two years.  
**and**
    - c. The disorder is not a symptom of another mental disorder.  
**and**
    - d. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
  4. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated

**Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

- B. For individuals undergoing gonadectomy, consisting of any combination of the following: hysterectomy, salpingo-oophorectomy, ovariectomy, or orchiectomy, it is considered **medically necessary** when **ALL** of the following criteria are met:
1. The individual is at least 18 years of age  
**and**
  2. The individual has capacity to make fully informed decisions and consent for treatment  
**and**
  3. The individual has been diagnosed with gender dysphoria, and exhibits all of the following:
    - a. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make the individual's body as congruent as possible with the preferred sex through surgery and hormone treatment  
**and**
    - b. The transsexual identity has been present persistently for at least two years  
**and**

- c. The disorder is not a symptom of another mental disorder  
**and**
- d. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning  
**and**
- 4. For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician  
**and**
- 5. If the individual has significant medical or mental health issues present, they must be reasonably well controlled.  
If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated

**Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

- C. For individuals undergoing genital reconstructive surgery, consisting of any combination of the following: metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty, or placement of testicular prostheses, it is considered **medically necessary** when **ALL** of the following criteria are met:
  - 1. The individual is at least 18 years of age  
**and**
  - 2. The individual has capacity to make fully informed decisions and consent for treatment  
**and**
  - 3. The individual has been diagnosed with gender dysphoria and exhibits all of the following:
    - a. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make the individual's body as congruent as possible with the preferred sex through surgery and hormone treatment  
**and**
    - b. The transsexual identity has been present persistently for at least two years  
**and**
    - c. The disorder is not a symptom of another mental disorder  
**and**
    - d. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning  
**and**
  - 4. For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician  
**and**
  - 5. Documentation that the individual has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, across a wide

- range of life experiences and events that may occur throughout the year (for example, family events, holidays, vacations, season-specific work or school experiences). This includes coming out to partners, family, friends, and community members (for example, at school, work, and other settings). The medical documentation should include:
- a. The start date of living full time in the new gender
  - b. Verification via communication with individuals who have related to the individual in an identity-congruent gender role
- and**
6. Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner
- and**
7. If the individual has significant medical or mental health issues present, they must be reasonably well controlled.  
If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated

**Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

- D. The use of hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure is considered **medically necessary**, in all other situations it is cosmetic and noncovered.

**Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

- E. Surgical Treatment for Gender Dysphoria is considered **not medically necessary** when one or more of the criteria above have not been met.

**Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

## RATIONALE

The Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5) offers the following definitions and criteria for diagnosis of Gender Dysphoria:

*Gender dysphoria* refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and / or surgery are not available.

*Gender assignment* refers to the initial assignment as male or female. This occurs usually at birth and, thereby, yields the "natal gender."

*Gender reassignment* denotes an official change of gender.

*Gender identity* is a category of social identify and refers to an individual's identification as male, female, or, occasionally, some category other than male or female.

### **Gender dysphoria in Children\***

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least six of the following (one of which must be Criterion A1):
1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender, different from one's assigned gender).
  2. In boys (assigned gender), a strong preference for cross dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to wearing of typical feminine clothing.
  3. A strong preference for cross-gender roles in make-believe play of fantasy play.
  4. A strong preference for toys, games, or activities stereotypically used or engaged in by the other gender.
  5. A strong preference for playmates of the other gender.
  6. In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough and tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games and activities.
  7. A strong dislike of one's sexual anatomy.
  8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
- B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

*Specify if:*

**With a disorder of sex development** (e.g., a congenital adrenogenital disorder such as E25.0 congenital adrenogenital disorders associated with enzyme deficiency or E34.50 androgen insensitivity syndrome)

**Coding note:** Code the disorder of sex development as well as gender dysphoria.

### **Gender dysphoria in Adolescents and Adults\***

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least two of the following:
1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (on in young adolescents, the anticipated secondary sex characteristics).
  2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (on in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
  3. A strong desire for the primary and /or secondary sex characteristics of the other gender.
  4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).

5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
  6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

*Specify if:*

**With a disorder of sex development** (e.g., a congenital adrenogenital disorder such as E25.0 congenital adrenogenital disorders associated with enzyme deficiency or E34.50 androgen insensitivity syndrome)

**Coding note:** Code the disorder of sex development as well as gender dysphoria.

*Specify if:*

**Post transition:** The individual has transitioned to full-time living in the desired gender and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen- namely regular cross-sex treatment or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in the natal male; mastectomy or phalloplasty in the natal female).

\*From: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. DSM-5. American Psychiatric Association. Washington, DC. May 2013. Page 451-459.

As discussed in the World Professional Association for Transgender Health (WPATH). Standards of care (SOC) for the health of transsexual, transgender, and gender nonconforming people. 7th version:

for some types of genital surgeries – i.e., that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity – is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery. As noted in section VII, the social aspects of changing one's gender role are usually challenging – often more so than the physical aspects. Changing gender role can have profound personal and social consequences, and the decision to do so should include an awareness of what the familial, interpersonal, educational, vocational, economic, and legal challenges are likely to be, so that people can function successfully in their gender role. Support from a qualified mental health professional and from peers can be invaluable in ensuring a successful gender role adaptation (Bockting, 2008).

The duration of 12 months allows for a range of different life experiences and events that may occur throughout the year (e.g., family events, holidays, vacations, season-specific work or school experiences). During this time, patients should present consistently, on a day-to-day basis and across all settings of life, in their desired gender role. This includes coming out to partners, family, friends, and community members (e.g., at school, work, other settings).

Health professionals should clearly document a patient's experience in the gender role in the medical chart, including the start date of living full time for those who are preparing for genital surgery. In some situations, if needed, health professionals may request verification that this

criterion has been fulfilled: They may communicate with individuals who have related to the patient in an identity-congruent gender role.

The WPATH Standards of Care, 7th version goes on to reflect:

Surgery – particularly genital surgery – is often the last and the most considered step in the treatment process for gender dysphoria. While many transsexual, transgender, and gender nonconforming individuals find comfort with their gender identity, role, and expression without surgery, for many others surgery is essential and medically necessary to alleviate their gender dysphoria (Hage & Karim, 2000). For the latter group, relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence with their gender identity.

Follow-up studies have shown an undeniable beneficial effect of sex reassignment surgery on postoperative outcomes such as subjective wellbeing, cosmesis, and sexual function (De Cuypere et al., 2005; Gijs & Brewaeys, 2007; Klein & Gorzalka, 2009; Pfafflin & Junge, 1998)."

As for all of the *SOC*, the criteria for initiation of surgical treatments for gender dysphoria were developed to promote optimal patient care. While the *SOC* allow for an individualized approach to best meet a patient's health care needs, a criterion for all breast/chest and genital surgeries is documentation of persistent gender dysphoria by a qualified mental health professional. For some surgeries, additional criteria include preparation and treatment consisting of feminizing / masculinizing hormone therapy and one year of continuous living in a gender role that is congruent with one's gender identity.

Based on the available evidence and expert clinical consensus, different recommendations are made for different surgeries. The *SOC* do not specify an order in which different surgeries should occur. The number and sequence of surgical procedures may vary from patient to patient, according to their clinical needs.

**CODING**

**The following codes for treatment and procedures applicable to this policy are included below for informational purposes. This may not be a comprehensive list of procedure codes applicable to this policy.**

**Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

**The code(s) listed below are medically necessary ONLY if the procedure is performed according to the "Policy" section of this document.**

<b>CPT/HCPCS</b>	
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
<b>It is highly recommended one of the above non-reimbursable codes be submitted in combination with the procedure(s) being requested.</b>	
The procedure codes applicable to this policy include, but may not be limited to:	
17380	Electrolysis epilation, each 30 minutes
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	Laparoscopy, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
56625	Vulvectomy, simple; complete
56805	Clitoroplasty for intersex state
57106	Vaginectomy, partial removal of vaginal wall;
57110	Vaginectomy, complete removal of vaginal wall
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57335	Vaginoplasty for intersex state
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less;
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58275	Vaginal hysterectomy, with total or partial vaginectomy;
58290	Vaginal hysterectomy, for uterus greater than 250 g;



<b>CPT/HCPCS</b>	
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less

<b>REVISIONS</b>	
01-01-2017	Policy added to the bcbsks.com web site 12-01-2016. Policy effective 01-01-2017.
01-01-2017	Policy published 12-20-2016. Policy effective 01-01-2017. In Coding section: <ul style="list-style-type: none"> <li>▪ Added ICD-10 Code: F64.0</li> <li>▪ ICD-10 Code Nomenclature Revised: F64.1</li> </ul>
01-27-2021	Policy reviewed no changes Updated References section
03-18-2021	In Coding section <ul style="list-style-type: none"> <li>• Removed CPT codes 19324 and 19366</li> </ul>
12-08-2021	In Policy section <ul style="list-style-type: none"> <li>• Removed: A4, B5, C5: The individual has made changes to their legal documents (eg, name, gender)</li> </ul> In Rationale section Removed in B: <ul style="list-style-type: none"> <li>• (with or without legalization of gender change)</li> <li>• or request documentation of a legal name and/or gender marker change, if applicable.</li> </ul>
Published 1-24-2023 Effective 02-23-2023	Updated Title to "Surgical Treatment for Gender Dysphoria" Updated Policy Section Removed the following sections from all criteria: Two referrals from qualified mental health professionals who have independently assessed the individual are required. <ul style="list-style-type: none"> <li>▪ One letter should be from a psychiatrist or a PhD-level clinical psychologist, who can be expected to adequately evaluate co-morbid psychiatric conditions.</li> <li>▪ The second letter should be from a professional with a master's degree (e.g., L.C.S.W., M.S.W.) or higher.</li> </ul> The mental health professional provider recommendation letters should include all of the following: <ol style="list-style-type: none"> <li>a. The individual's general identifying characteristics</li> <li>b. The initial and evolving gender, sexual, and other psychiatric diagnoses</li> <li>c. The duration of their professional relationship including the type of psychotherapy or evaluation that the individual underwent</li> </ol>

<b>REVISIONS</b>	
	<p>d. The eligibility criteria that have been met and the mental health professional provider's rationale for hormone therapy or surgery</p> <p>e. The degree to which the individual has followed the eligibility criteria to date and the likelihood of future compliance</p> <p>f. Whether the author of the letter is part of a gender team</p> <p>g. The mental health professional welcomes a phone call to confirm authorship of the referral letter</p> <p>The following procedures are considered cosmetic and noncovered when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo sex reassignment surgery, including, but not limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Abdominoplasty</li> <li>2. Blepharoplasty, Blepharoptosis, Brow lift</li> <li>3. Breast augmentation, Breast implants, Mastopexy, Pectoral implants</li> <li>4. Calf implants</li> <li>5. Chin augmentation reshaping or enhancing the size of the chin, Genioplasty, Chin implants, Mentoplasty</li> <li>6. Face lift (rhytidectomy), Facial implants, Facial bone reconstruction</li> <li>7. Gluteal augmentation</li> <li>8. Hair removal, Electrolysis, Hairplasty, Hair transplantation</li> <li>9. Jaw reduction (jaw contouring), Jaw sculpturing</li> <li>10. Lip reduction, Lip enhancement, Lipofilling, Lip collagen injections</li> <li>11. Liposuction, Lipoplasty</li> <li>12. Penile implant, penile prosthesis</li> <li>13. Removal of redundant skin</li> <li>14. Rhinoplasty, Nose implants</li> <li>15. Thyroid cartilage reduction, Chondroplasty, Chondrolaryngoplasty, Tracheal shave</li> <li>16. Voice modification surgery, Cricothyroid approximation, Laryngoplasty (for the purposes of voice modification)</li> <li>17. Voice therapy</li> <li>18. Reversal or revision of any aspect of gender reassignment surgery</li> </ol>
05-09-2023	<p>Updated Policy Section</p> <ul style="list-style-type: none"> <li>▪ In Section A.3.a, B.3.a and C.3.a changed "his or her body" to "the individual's body"</li> </ul> <p>Updated Coding Section</p> <ul style="list-style-type: none"> <li>▪ Removed CPT/HCPC codes: 15775, 15776, 15820, 15822, 15824, 15825, 15826, 15828, 15829, 15830, 15847, 15876, 15877, 15878, 15879,-17999, 19316, 19325, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19371, 19380, 21120, 21121, 21122, 21123, 21125, 21127, 21195, 21196, 21208, 21209, 30400, 30410, 31899, 40799, 54660, 56800, 57295, 57296, 57426 , 58571, 58572, 58573, 58661, 58720, 58940, 58999, 67901, 67902, 67903, 67904, 67906, 67908, C1789, C1813, C2622, L8600</li> <li>▪ Removed ICD-10 codes</li> </ul>

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## OTHER REFERENCES

1. Blue Cross and Blue Shield of Kansas OB/GYN Liaison Committee January 2022, May 2023.
2. Blue Cross and Blue Shield of Kansas Surgery Liaison Committee February 2022.
3. Blue Cross and Blue Shield of Kansas Urology Liaison Committee February 2022.
4. Blue Cross and Blue Shield of Kansas Behavioral Health Liaison Committee August 2022, February 2023.