

Medical Necessity Guidelines Gender Affirming Procedures

Policy Number: 024

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Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine the medical necessity for gender affirming procedures. These coverage criteria speak to procedures associated with gender affirmation. The treating specialist must request prior authorization.

Mass General Brigham Health Plan covers medical therapy including gender-affirming hormone therapy and puberty blockers. Authorizations for medications should be submitted through Pharmacy¹.

Medicare Advantage

Prior Authorization Required	Yes ☒ No ☐
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Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review NCD 140.9 states CMS has determined that at this time no NCD is appropriate for gender affirmation surgery for Medicare beneficiaries with gender dysphoria/gender incongruence. Refer to Commercial and Qualified Health Plan section for medical necessity information.**

Mass General Brigham ACO

Prior Authorization Required	Yes ☒ No ☐
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Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, MassHealth offered the following guidance:**

- [Guidelines for Medical Necessity Determination for Gender Affirming Surgery](#)
- [Guidelines for Medical Necessity Determination for Hair Removal](#)

One Care and Senior Care Options (SCO)

Prior Authorization Required	Yes ☒ No ☐
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Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, or the member does not meet all of the medical necessity criteria for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. **See Medicare Advantage criteria and exclusions above. If Medicare Advantage criteria are not met, then MassHealth criteria are applied.**

Commercial and Qualified Health Plans

Prior Authorization Required	Yes ☒ No ☐
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Gender Affirming Covered Procedures

Mass General Brigham Health Plan covers the following Transfeminine procedures:

1. Vaginoplasty

¹Please refer to plan materials to confirm Pharmacy Benefit coverage is included with your Mass General Brigham Health Plan benefit plan. For those plans that do not include Pharmacy coverage and have a separate Pharmacy Benefit Manager, prescription medication for gender affirmation may be covered under the prescription drug benefit.



2. Orchiectomy
3. Clitoroplasty
4. Penectomy
5. Labiaplasty
6. Augmentation Mammoplasty/Breast Augmentation
7. Vulvoplasty
8. Urethroplasty

Mass General Brigham Health Plan covers the following Transmasculine procedures:

1. Vaginectomy
2. Vulvectomy
3. Urethroplasty
4. Phalloplasty
5. Metoidioplasty
6. Mastectomy
7. Scrotoplasty with insertion of testicular prosthesis
8. Hysterectomy
9. Erectile and testicular prosthesis
10. Salpingo-oophorectomy

General Coverage Criteria for Gender Affirming Surgeries

Gender-affirming surgeries (including breast/chest, genital, facial, and vocal cord) are considered medically necessary when the Health Plan has received documentation of all of the following:

1. A qualified behavioral health professional has completed a comprehensive psychosocial assessment with the member; and
2. The member has capacity to make fully informed decisions and consent to treatment; and
3. The member has had a diagnosis gender dysphoria/gender incongruence meeting DSM-V criteria for at least 6 months; and
4. The initial and evolving gender; and
5. Any comorbid psychiatric diagnoses; and
6. Any significant mental health or medical concerns are well controlled; and
7. The behavioral health provider's rationale for surgery; and



8. The physician who is prescribing hormone therapy has consulted with the behavioral health provider as applicable²; and
9. The degree to which the member has followed the treatment requirements to date and the likelihood of future compliance; and
10. Demonstrable progress on the part of the member in consolidating the new gender identity; and
11. A presurgical evaluation has been completed, including the following:
 - a. The surgeon has assessed that the member is likely to benefit from surgery; and
 - b. The surgeon has consulted with the treating qualified behavioral health provider(s) and physician treating the member; and
 - c. The surgeon has personally communicated with the member and validates that the member understands the ramifications of surgery, including:
 - i. The required length of hospitalization(s); and
 - ii. The different surgical techniques and advantages and disadvantages of each technique; and
 - iii. Limitations of surgical procedures; and
 - iv. Risks and complications of planned surgical procedures; and
 - v. The post-surgical rehabilitation requirements of the planned surgeries.

Procedure-Specific Criteria

Chest/Breast Surgeries

For members 18 years or older, Mass General Brigham Health Plan covers bilateral mastectomy, breast augmentation, chest reconstruction/contouring and nipple/areolar complex reconstruction when the General Coverage Criteria above are met. For transmasculine members, there is no requirement for hormone therapy. Although not required, it is recommended that transfeminine members undergo at least 12 months of feminizing hormone therapy prior to breast augmentation surgery for optimal surgical results.

For transmasculine members under 18 requesting coverage of breast/chest surgeries, a Medical Director will evaluate medical necessity on an individual basis.

Genital Surgeries

For members 18 or older, Mass General Brigham Health Plan covers genital surgeries (listed above) when the General Coverage Criteria above are met.

In addition, requests for genital surgeries require documentation that the member has had 6 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual). The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression before the patient undergoes irreversible surgical intervention.

Facial Feminization/Masculinization

Mass General Brigham Health Plan covers facial feminization or masculinization when General Coverage Criteria and all of the following requirements are met:

1. The member is at least 18 years of age; and

² Mass General Brigham Health Plan does not require hormone therapy for transmasculine chest reconstructive surgery.



2. Recommendation for the requested procedure is made by the qualified behavioral health professional mentioned above.

Covered procedures when medical necessity criteria above are met:

- Forehead contouring (osteoplasty)
- Rhinoplasty/septoplasty
- Mandible/jaw contouring- reconstruction
- Trachea shave or tracheoplasty
- Blepharoplasty (only as needed in conjunction with other facial feminization procedures)
- Brow lift
- Cheek augmentation
- Rhytidectomy (Face lift) of forehead and cheek, excluding neck
- Genioplasty
- Scalp (hairline) advancement
- Lateral canthopexy
- Lip lift
- Lysis intranasal synechia
- Suction-assisted lipectomy/liposuction (only as needed in conjunction with one of the above procedures).

Surgical Revisions

Mass General Brigham Health Plan covers reconstructive surgery following gender affirmation procedures (including facial feminization/masculinization) only in the following conditions:

1. To correct complications resulting from the initial surgery, OR
2. To correct functional impairment resulting from initial surgery

Permanent Hair Removal for Skin Being Used for Genital Surgery

Mass General Brigham Health Plan covers hair removal with laser or electrolysis, by a board-certified dermatologist or licensed provider for removal of hair on skin being used for genital surgery.

Documentation is required of the plan and timeline for surgery pending completion of hair removal. Up to 12 electrolysis and/or laser hair treatments will be covered if criteria above are met. Prior authorization is required for greater than 12 electrolysis and/or laser hair removal treatments and should include a subsequent letter of medical necessity.

Electrolysis/laser hair removal for any other part of the body is considered cosmetic and therefore not covered.

Fertility Services

Mass General Brigham Health Plan covers services related to fertility preservation in members undergoing gender affirming procedures including oocyte, embryo, or sperm retrieval, freezing and storage for up to 2 years



for trans members undergoing hormonal therapy or genital affirmation surgery. Please refer to details of coverage in Mass General Brigham Health Plan's [Infertility Services](#) medical necessity guidelines.

Speech Therapy / Vocal Cord Surgery

Mass General Brigham Health Plan will cover speech therapy to treat a communication disorder related to a gender dysphoria/gender incongruence diagnosis. Mass General Brigham Health Plan will cover Wendler Glottoplasty vocal cord surgery for transfeminine members when the member is 18 years of age or older and the requirements noted in the General Coverage Criteria section are met. It is recommended that members consult with a voice and communication specialist both prior to surgery (to ensure preparation of the vocal mechanism for the surgical intervention) and post-surgery to support a return to functional voice production.

Exclusions

Mass General Brigham Health Plan does not provide coverage for:

1. Gender affirming procedures for conditions that do not meet the criteria noted above.
2. Reversal of any surgical procedures related to gender dysphoria/gender incongruence that do not meet the criteria noted above.
3. When there are contraindications to the planned surgery.
4. Breast surgeries when either the coverage criteria above or criteria in the Breast Surgeries Medical Policy are not met.
5. Cosmetic procedures when either the coverage criteria above or criteria in the Reconstructive and Cosmetic Procedures Clinical Criteria are not met (unless specified in the Member Handbook or Amendment).
6. Hair transplant (unless specified in the Member Handbook or Amendment)
7. Collagen injections
8. Implants; calf, gluteal or pectoral
9. Lip reduction or enhancement
10. Isolated blepharoplasty
11. Dermabrasion
12. Chemical peels
13. Neck Lift

Definitions

Gender Affirming Surgery: A treatment option for people with gender dysphoria / gender incongruence. Gender affirming surgery is not a single procedure but can entail one or multiple procedures as outlined above, typically in conjunction with medical and psychiatric care as clinically relevant, to allow a person to achieve successful behavioral and medical outcomes.

Gender Identity and Gender:

Chapter 199 of the Acts of 2011. Section 7 of chapter 4 of the Massachusetts General Laws, as appearing in the 2010 Official Edition, is:



“Gender identity” shall mean a person's gender-related identity, appearance, or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth. Gender-related identity may be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held as part of a person's core identity; provided, however, that gender-related identity shall not be asserted for any improper purpose.

The *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* defines gender dysphoria/gender incongruence as the presence of:

“a marked difference between the individual’s expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. In children the desire to be of the other gender must be present and verbalized. This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.”

Qualified Behavioral Health Provider: A behavioral health provider with the following qualifications:

1. Master’s degree or its equivalent in a clinical behavioral science field. This degree or a more advanced one should be granted by an institution accredited by the appropriate national or regional accrediting board. The behavioral health provider should have documented credentials from a relevant licensing board or equivalent for that country.
2. Competence in using the *Diagnostic and Statistical Manual of Mental Disorders* and/or the International Classification of Disease for diagnostic purposes.
3. Ability to recognize and diagnose co-existing behavioral health concerns and to distinguish these from gender dysphoria / gender incongruence.
4. Documented supervised training and competence in psychotherapy or counseling.
5. Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria/gender incongruence.
6. Continuing education in the assessment and treatment of gender dysphoria/gender incongruence. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a behavioral health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria/gender incongruence.

Presurgical Behavioral Health Evaluation: The evaluation includes, at a minimum, assessment of gender identity and gender dysphoria/gender incongruence, history and development of gender dysphoric feelings, the impact of stigma attached to gender nonconformity on behavioral health, and the availability of support from family, friends, and peers (for example, in-person or online contact with other transsexual, transgender, or gender-nonconforming individuals or groups). The evaluation may result in no diagnosis, in a formal diagnosis related to gender dysphoria/gender incongruence, and/or in other diagnoses that describe aspects of the client’s health and psychosocial adjustment. The role of behavioral health professionals includes making reasonably sure that the gender dysphoria/gender incongruence is not secondary to, or better accounted for, by other diagnoses.

Related Policies

- [Breast Surgeries Medical Necessity Guidelines](#)
- [Reconstructive and Cosmetic Procedures Medical Necessity Guidelines](#)
- [Infertility Services/Assisted Reproductive Services Medical Necessity Guidelines](#)



Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

[List of policy codes for Medicare Advantage members](#)

[List of policy codes for ACO members](#)

[List of policy codes for One Care and SCO members](#)

[List of policy codes for Commercial and QHP members](#)

Summary of Evidence

A substantial body of research has established gender-affirming care as the standard of care in the United States for individuals with gender dysphoria. Gender-affirming care involves a multidisciplinary model to address the individual patient's needs, and it includes behavioral healthcare, hormonal therapy, surgical treatment, and other components. This review focuses on gender-affirming surgeries and procedures, including chest/breast surgeries, genital surgeries, facial feminization/masculinization, and Wendler glottoplasty.

Access to gender-affirming care, including surgery, has been shown to improve multiple health outcomes in individuals with gender dysphoria, but many studies have been controversial and subject to criticism on methodologic grounds. A large study using data from the 2015 US Transgender Survey compared 3559 survey respondents who had undergone gender-affirming surgery in the past 2 years with 16401 respondents who endorsed a desire to undergo surgery but who had not done so (Almazan and Keuroghlian 2021). Gender-affirming surgery was associated with lower rates of past-month psychological distress, past-year smoking, and past-year suicidal ideation. A small retrospective review by Park et al. (2022) with up to 40 years of follow-up suggested that individuals who had undergone gender-affirming surgery saw durable improvements in dysphoria symptoms and quality of life, but the study was likely affected by nonresponse bias.

A narrative review of 23 studies by Jackson (2023) concluded that most studies indicated a reduction in suicidality following gender-affirming treatment, but the risk of type I error was high. Systematic reviews by Wernick et al. (2019) and Swan et al. (2023) indicated that access to gender-affirming surgery has been associated with reduced rates of suicide attempts, anxiety, depression, and symptoms of gender dysphoria; and with higher levels of happiness and quality of life, though many of the studies included in these reviews had methodologic concerns. In the studies reviewed by Swan et al., only patients who experienced surgical complications reported regret.

In a total-population study that included all individuals in Sweden, individuals with gender incongruence were 6 times as likely to have had a health care visit for a mood and anxiety disorder, 3 times as likely to have received prescriptions for antidepressants and anxiolytics, and 6 times as likely to have been hospitalized after a suicide attempt (Bränström and Pachankis 2020a). Utilization of mental health services decreased with the number of years since gender-affirming surgery. However, this study was criticized and the authors subsequently reanalyzed the data to compare outcomes between individuals with gender incongruence who received gender-affirming surgery with those who did not; this reanalysis did not show a difference in utilization of mental health services between the two groups (Bränström and Pachankis 2020b).

A cost-effectiveness analysis based on a Markov model concluded that insurance coverage of medically necessary services (including hormone replacement therapy, sex reassignment surgery, or both) was cost effective from a societal perspective, with an incremental cost-effectiveness ratio of \$9314/QALY compared with no coverage (Padula, Heru and Campbell 2015).



A 2018 policy statement from the American Academy of Pediatrics, reaffirmed in 2023, states that gender-affirming surgeries are generally performed in adulthood but may be offered to adolescents on a case-by-case basis, and recommends that youth who identify as transgender and gender diverse have access to comprehensive, gender-affirming health care and that insurance plans offer coverage of such care, including surgical interventions when warranted. The controversial 2024 Cass review stated that published studies on medical management of young people with trans or gender diverse identity are of overall poor quality, calls into question the rationale for early puberty suppression and the use of masculinizing or feminizing hormones in youth under 18. This report has resulted in changes to the standard of care within England's National Health System and has restricted access to medical therapies for gender dysphoria. In the United States, the WPATH 8 Standards of Care describes professional standards; criteria in this medical policy are based primarily on recommendations within the WPATH 8 document.

Effective Dates

January 1, 2027: Annual review. Reformatted policy. Fixed links to related policies. Switched code list for lists of relevant codes by line of business. Added age restriction for vocal cord surgery.

January 2026: Ad hoc review. Updated prior authorization table and added variation for One Care and SCO members. Fixed code disclaimer. Code list updated.

May 2025: Annual review.

April 2025: Ad hoc review. Summary of evidence added. References updated.

February 2025: Ad hoc review. Added MassHealth Variation.

March 2024: Annual review. Clarified documentation requirements and removed requirement for separate letter of medical necessity from surgeon. Made other minor clarifying edits.

April 2023: Annual review.

1. Medicare Advantage added to table.
2. Term gender incongruence added throughout policy.
3. On page 3, under Chest/Breast surgeries, added statement "will be reviewed by a Medical Director for individual consideration".
4. On page 3 under Genital Surgery, removed requirement that second health care provider submit documentation. Also changed continuous months of hormone therapy requirement to 6 months.
5. On page 4, added vocal cord surgery.
6. On Page 5, Medicare Variation language added.
7. On Page 5, Gender Affirming Surgery definition revised for clarity.
8. On page 5, removed vocal cord surgery from exclusion list.
9. References updated.

April 2022: Annual review.

1. On Page 2. Clarified language under Gender Affirming Surgery General Coverage Criteria, 1. b, to read "The member has been diagnosed with gender dysphoria / gender incongruence meeting DSM-V criteria by a qualified behavioral health professional and has had this condition for at least 6 months". Revised 2. c. to include language "the duration of this condition".
2. On page 3 under Genital Surgeries added language stating, "who could be the member's primary care provider, other treating healthcare provider, or another behavioral health provider".
3. On page 4 clarified language under Hair Removal by Electrolysis or Laser section.
4. Changed "mental health" to behavioral health" throughout policy.

February 2022: Ad hoc review. Revised language under Genital Surgeries section to clarify that another licensed health care provider familiar with the member's health conditions is required. Under Facial Feminization/Masculinization section, edited #h Rhytidectomy language. Updated codes.

October 2021: Ad hoc review based on revised MassHealth Guidelines. Policy edited accordingly.

1. On page 1, revised #7 to add verbiage "with insertion of testicular prosthesis"



2. On page 2, revised 1.b. to add verbiage “for at least 6 months”
3. On page 3, Under Chest Breast Surgeries added the following words to the first sentence:
 - I. “bilateral” mastectomy
 - II. “breast reduction (MassHealth only)”
 - III. “chest reconstruction/contouring”
4. On page 4, under “Covered Procedures”, edited the following:
 - I. Item b added “Septoplasty”
 - II. Revised item h to read “Face lift or rhytidectomy; forehead and cheek, excluding neck (excluded for MassHealth)”
 - III. Added items i. through n.
5. On pages 4 and 5, added MassHealth only for hair removal of face and neck criteria.
6. On page 5; added Speech Therapy Criteria
7. On page 5; added exclusions 8-14.

May 2021: Annual review. The following changes were made:

1. On page 1, added:
 - I. “Transfeminine” to sentence under Gender Affirming Covered Procedures heading
 - II. “Transmasculine” to sentence under Gender Affirming Covered Procedures heading
 - III. “Urethroplasty” under Transmasculine procedures
 - IV. “Vulvectomy” under Transmasculine procedures
2. On page 1, removed:
 - I. “facial feminization” under Transfeminine procedures
 - II. “facial masculinization” under Transmasculine procedures
3. On page 2 changed heading to “Gender Affirming Surgery General Coverage Criteria”
4. On page 3, added:
 - I. Subheading “Procedure-Specific Criteria”
 - II. Chest/Breast Surgeries section
 - III. Genital Surgeries section
 - IV. “meeting DSM-V criteria by a qualified mental health professional and the diagnosis has been present for at least 6 months” in item 2b of Facial Feminization/Masculinization Section
5. On page 3, removed:
 - I. “Vaginoplasty, Metoidioplasty, Phalloplasty” section
 - II. “Adolescent Members” section
6. On page 3, combined the MassHealth and Commercial Facial Feminization/Masculinization criteria into one section. Removed the requirement that the member complete a minimum of 12 months of successful continuous full-time real-life experience in their new gender. Edited item h and added genioplasty.
7. On page 4, under Hair Removal by Electrolysis or Laser section, added sentence “Reimbursement for up to 12 electrolysis and/or laser hair treatments will be approved if criteria above are met. Prior authorization is required for greater than 12 electrolysis and/or laser hair removal treatments and should include a subsequent letter of medical necessity.”
8. On page 4 under Fertility Services section added language “including oocyte, embryo or sperm retrieval, freezing and storage for up to 2 years for trans members undergoing hormonal therapy or genital affirmation surgery”
9. On page 5 under Exclusions, deleted exclusion for voice modification training/ speech therapy.
10. Updated references.

June 2020: Annual review. Revised policy statement on Vaginoplasty, Metoidioplasty, Phalloplasty stating documentation that the member has lived as their reassigned gender full-time for 12 months or more. Clarified



policy statement under Hair Removal by Electrolysis or Laser to replace treating provider with licensed provider. Updated code list to include 21196. References updated.

September 2019: Ad hoc review. Added language to exclusions “unless specified in the Member Handbook or Amendment”. Removed language “commercial accounts only” throughout document. Added coverage criteria for Facial Feminization/Masculinization for MassHealth members.

June 2019: Annual review. Changed title of policy to Gender Affirming Procedures. Revised overview section to include hormone therapy and MyCare Family language. Under Gender Affirming Surgery section removed requirement that the diagnosis of gender dysphoria / gender incongruence be done by a behavioral health provider. Under Gender Affirming Surgery, removed requirement that the member complete 12-month, real life experience trial. Changed subheading name from Genital Surgery to Vaginoplasty, Metoidioplasty, Phalloplasty. Added documentation requirement of 12 continuous months living in a gender role congruent with their gender identity. Added Adolescent Members section. Added Surgical Revisions section. Revised criteria under Facial Feminization/Masculinization section. Revised Exclusion section.

August 2018: Annual review. Changed title of policy to Gender Affirming Treatment. Added facial feminization/masculinization criteria for commercial members only. Added Fertility Services section.

April 2018: Ad hoc review. Added codes.

December 2017: Annual review. Added criteria for hair removal.

June 2017: Ad hoc review. Removed language requiring member to receive 12 months of behavioral health evaluation.

November 2016: Annual review.

November 2015: Annual review. No substantial changes in medically necessary indicators. Gender Identity and Gender definition added.

October 2014: Effective date.

References

Almazan AN, Keuroghlian AS. Association Between Gender-Affirming Surgeries and Mental Health Outcomes. *JAMA Surg*. 2021 Apr 28. doi: 10.1001/jamasurg.2021.0952. Epub ahead of print. PMID: 33909023.

American Academy of Pediatrics (AAP). Ensuring Comprehensive care and support for transgender and gender diverse children and adolescents. Policy statement. *Pediatrics*. Volume 142(4): October 2018.

Bränström R, Pachankis JE. Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. *Am J Psychiatry*. 2020a;177:727-734.

Bränström R, Pachankis JE. Toward rigorous methodologies for strengthening causal inference in the association between gender-affirming care and transgender individuals’ mental health: response to letters. *Am J Psychiatry*. 2020b;177:769-772.

Cass H. (2024). Independent review of gender identity services for children and young people: Final report. <https://cass.independent-review.uk/home/publications/final-report/>

Cohen WA, Shah NR, Iwanicki M, et al. Female-to-male transgender chest contouring: a systematic review of outcomes and knowledge gaps. *Ann Plast Surg*. 2019 Nov;83(5):589-593.

Day P. Trans-gender reassignment surgery. Tech Brief Series. 2002; 1:1.

Jackson D. Suicide-related outcomes following gender-affirming treatment: a review. *Cureus*. 2023;15(3):e36425.

Karasic DH, Fraser L. Multidisciplinary Care and the Standards of Care for Transgender and Gender Nonconforming Individuals. *Clin Plast Surg*. 2018 Jul;45(3):295-299.



Li VY, Demzik A, Snyder L, Ogunleye AA, Wang A, Figler BD. Genital Gender Affirming Surgery. *Am Surg*. 2022 Dec;88(12):2817-2822. doi: 10.1177/00031348221109479. Epub 2022 Jun 28. PMID: 35762947.

Margulies IG, Chuang C, Travieso R. Preferences of Transgender and Gender-Nonconforming Persons in Gender-Confirming Surgical Care: A Cross-Sectional Study. *Ann Plast Surg*. 2021 Jan;86(1):82-88. doi: 10.1097/SAP.0000000000002351. PMID: 32187073.

Padula WV, Heru S, Campbell JD. Societal implications of health insurance coverage for medically necessary services in the U.S. transgender population: a cost-effectiveness analysis. *J Gen Intern Med*. 2016;31(4):394.

Park RH, Liu YT, Samuel A, et al. Long-term outcomes after gender-affirming surgery: 40-year follow-up study. *Ann Plast Surg*. 2022;89:431-436.

Spack N. Management of Transgenderism. *JAMA* 2013; 309 (5)478-484

Stroumsa D, Minadeo LA, Maksutova M. Initiating gender-affirming hormones for transgender and non-binary people: A qualitative study of providers' perspectives on requiring mental health evaluations. *PLoS One*. 2022 Aug 18;17(8):e0271785. doi: 10.1371/journal.pone.0271785. PMID: 35980962; PMCID: PMC9387802.

Swan J, Phillips TM, Sanders T, Mullens AB, Debattista J, Brömdal A. Mental health and quality of life outcomes of gender-affirming surgery: a systematic literature review. *Journal of Gay & Lesbian Mental Health*. 2023;27(1):2-45.

Tugnet N, Goddard JC, Vickery RM, Khoosal D, Terry TR. Current management of male-to-female gender identity disorder in the UK. *Postgraduate Medical Journal* 2007; 83 (984): 638-642.

Wernick JA, Busa S, Matouk K, et al. A systematic review of the psychological benefits of gender-affirming surgery. *Urol Clin North Am*. 2019 Nov;46(4):475-486.

World Professional Association for Transgender Health. WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. Minneapolis, MN: World Professional Association for Transgender Health. 8th ed. Accessed January 31, 2023 at <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>.

