

Aetna's Healthcare Policy on Gender Affirming Surgeries

Top surgery requirements for coverage

- Mastectomy
 - One referral from a qualified mental health professional
- Breast Augmentation
 - One referral from a qualified mental health professional
 - 1 contiguous year of feminizing hormones

Bottom surgery requirements for coverage

- Gonadectomies (oophorectomy, hysterectomy, orchiectomy)
 - Two referrals from qualified mental health professionals
 - 1 contiguous year of gender-affirming hormone therapy
- Genital Reconstructive Surgeries
 - Two referrals from qualified mental health professionals
 - 1 contiguous year of gender-affirming hormone therapy
 - 1 full year of living and presenting in one's preferred gender

Not Covered

- Facial feminization or masculinization surgeries
- Tracheal shave surgery
- Any surgery not listed above

Letters must include:

- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
- 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 (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- 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).
- Capacity to make a fully informed decision and to consent for treatment;
- If significant medical or mental health concerns are present, they must be reasonably well controlled