

MEDICAL POLICY – 7.01.557


Gender Reassignment Surgery

Effective Date: Oct. 1, 2020
Last Revised: Sept. 1, 2020
Replaces: N/A

RELATED MEDICAL POLICIES:
10.01.514 Cosmetic and Reconstructive Services

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Introduction

Gender reassignment is the process of changing the gender characteristics a person was born with to the gender characteristics a person identifies with. Gender reassignment surgery is one of the last steps in this process. This surgery changes sexual characteristics - the genitals and breasts - so they align with the preferred gender. Because these surgeries cannot be easily reversed, they are usually done at the end of a long-term process involving the accurate diagnosis of gender dysphoria, counseling about treatment options, and helping the person get ready for hormone treatment and surgery. This policy describes the procedures that are covered as part of gender reassignment surgery and the criteria that are required for coverage.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Note: Some self-funded groups may offer additional benefits in covering WPATH recommended surgeries and services. **Refer to member contract language for benefit determination on coverage of gender reassignment surgery.**

Except when otherwise stipulated in member contract language, gender reassignment surgeries are considered to be medically necessary as follows:

Service	Coverage Criteria
<p>Mastectomy for female to male patients and augmentation mammoplasty for male to female patients</p>	<ul style="list-style-type: none"> • One comprehensive evaluation and recommendation within the last six months from a licensed mental health professional (see Guidelines below) <p>AND</p> <ul style="list-style-type: none"> • Diagnosis of gender dysphoria (formerly gender identity disorder) confirmed by the evaluating mental health professional <p>AND</p> <ul style="list-style-type: none"> • 18 years of age or older <p>AND</p> <ul style="list-style-type: none"> • No medical contraindications to surgery <p>Note: A trial of hormone therapy is not a pre-requisite for qualifying for a mastectomy.</p> <ul style="list-style-type: none"> • For augmentation mammoplasty for male to female patients, one of the following: <ul style="list-style-type: none"> ○ failure of breast growth stimulation by estrogen (progression only to a young adolescent stage of development) <p>OR</p> <ul style="list-style-type: none"> ○ emergence of serious or intolerable adverse effects during estrogen administration <p>OR</p> <ul style="list-style-type: none"> ○ medical contraindication to use of estrogen <p>OR</p> <ul style="list-style-type: none"> ○ risk-benefit analysis determined that surgery is preferable to estrogen therapy <p>Note: The criteria above apply for initial male to female augmentation mammoplasty, Additional breast augmentation after an initial augmentation mammoplasty is considered to be a feminization or cosmetic procedure, and therefore, member contract stipulations for feminization or cosmetic procedures (either contract exclusion or</p>



Service	Coverage Criteria
	coverage criteria, whichever is applicable for the member's health plan) apply.
<p>Salpingo-oophorectomy in female to male, orchiectomy in male to female, metoidioplasty, phalloplasty, vaginectomy, scrotoplasty, urethroplasty, placement of testicular prostheses, in female to male patients, and for vaginoplasty, clitoroplasty, labiaplasty, penectomy in male to female patients:</p>	<ol style="list-style-type: none"> 1. Two separate comprehensive evaluations and recommendations within the last six months from two separate licensed mental health professionals (see Guidelines below) <p>AND</p> <ol style="list-style-type: none"> 2. Diagnosis of gender dysphoria (formerly gender identity disorder) confirmed by one of the evaluating mental health professionals <p>AND</p> <ol style="list-style-type: none"> 3. No medical contraindications to surgery <p>AND</p> <ol style="list-style-type: none"> 4. 18 years of age or older
<p>Surgeries primarily for feminization or masculinization</p>	<p>Surgeries primarily for feminization or masculinization are considered cosmetic, and therefore are excluded from coverage on most contracts. These services are performed for the purpose of improving or altering appearance or self-esteem, and do not improve functional status.</p> <p>Surgeries considered cosmetic include but are not limited to the following:</p> <ul style="list-style-type: none"> • Rhinoplasty or nose implants • Face-lifts • Lip enhancement or reduction • Facial bone reduction or enhancement • Blepharoplasty • Breast augmentation • Liposuction of the waist (body contouring) • Reduction thyroid chondroplasty • Hair removal • Voice modification surgery (laryngoplasty or shortening of the vocal cords) • Skin resurfacing



Service	Coverage Criteria
	<p>Note: Exception: Hair removal procedures (including electrolysis) may be considered medically necessary to treat tissue donor sites prior to phalloplasty or vaginoplasty.</p>
<p>Preservation of fertility</p>	<p>Procedures for preservation of fertility, eg, procurement, cryopreservation, and storage of sperm, oocytes, or embryos, performed prior to gender reassignment surgery, are considered to be not medically necessary.</p>
<p>Reversal</p>	<p>Surgery to reverse partially or fully completed gender reassignment is considered not medically necessary except in the case of a serious medical barrier to completing gender reassignment or the development of a serious medical condition necessitating reversal.</p>
<p>Revision</p>	<p>Surgery to revise the appearance of previous gender change surgery because of dissatisfaction with the outcome is considered to be cosmetic, not an inherent component of the gender change process, and not an untoward complication, and is therefore considered to be not medically necessary.</p>
<p>Correction or repair of complications</p>	<p>Surgery to correct or repair complications of previously authorized gender altering genital or breast/chest surgery may be considered medically necessary for complications that cause significant discomfort or significant functional impairment. Surgery to revise, or to reverse and redo, specific gender altering genital or breast/chest procedures, may be considered medically necessary when correction or repair of complications requires revision or undoing of the original genital or breast/chest procedure. (Example: Baker IV contracture after breast augmentation necessitates removal of the implants, and replacement with smaller implants.)</p>

Guidelines	Coverage Criteria
<p>Licensed Mental Health Professional</p>	<p>Evaluations and recommendations must be performed by professionals who are licensed by the state in which they provide services as Master’s level mental health clinicians, doctoral level mental health clinicians, psychiatric nurse practitioners, or physicians (in which case they must also be</p>



Guidelines	Coverage Criteria
	<p data-bbox="587 247 1414 415">Board-Eligible or Board-Certified in psychiatry). When two evaluations are required, at least one must be by a doctoral level mental health provider (MD or DO psychiatrist, PhD or PsyD clinical psychologist).</p> <p data-bbox="587 470 1308 548">The required minimum content of the mental health evaluation and recommendation is as follows:</p> <ul data-bbox="587 560 1458 1350" style="list-style-type: none"> <li data-bbox="587 560 1458 638">• Confirmation of the diagnosis of gender dysphoria or gender identity disorder <li data-bbox="587 648 1458 772">• A recommendation supporting or not supporting the member’s desire to proceed with gender reassignment surgery and the rationale for the recommendation <li data-bbox="587 783 1458 907">• If the recommendation supports proceeding with surgery, an assessment of the member’s capacity to make a fully informed decision about proceeding with the surgery <li data-bbox="587 917 1458 1171">• If the recommendation supports proceeding with surgery, identification of any co-morbid psychiatric disorders or other mental health concerns with documentation that those are not influencing the individual’s decision regarding surgery, are not contraindications to surgery, and are not likely to cause a negative psychiatric outcome after the surgery <li data-bbox="587 1182 1458 1350">• If the recommendation supports proceeding with surgery, verification that the member’s decision is current, is well thought out, is not impulsive, and is not the product of any other potentially treatable mental disorder <p data-bbox="587 1402 1458 1724">Note: The mental health evaluation and recommendation letters are required only at the beginning of the gender reassignment surgical process when it is spaced out over time. However, if the initial authorized gender reassignment surgery is not performed, then new mental health evaluation and recommendation letters are required if the original mental health evaluations and recommendation letters are more than six months old. Also, if a mastectomy or augmentation mammoplasty is the first surgical procedure, then a second mental health evaluation and recommendation letter is required prior to genital surgery.</p>



Guidelines	Informational
<p>DSM-5 Criteria for Gender Dysphoria in Adults and Adolescents</p>	<p>A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by two or more of the following:</p> <ul style="list-style-type: none"> • 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) • The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning

Documentation Requirements

The patient’s medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

For mastectomy for female to male patients

One recommendation letter within the last six months from a licensed mental health professional

The required minimum content of the recommendation letter:

- Document a comprehensive evaluation
 - Confirmation of the diagnosis of gender dysphoria or gender identity disorder
 - An assessment of the member’s capacity to make a fully informed decision about proceeding with the surgery



Documentation Requirements

- Identification of any co-morbid psychiatric disorders or other mental health concerns with documentation that those are not influencing the individual's decision regarding surgery, are not contraindications to surgery, and are not likely to cause a negative psychiatric outcome after the surgery
- Verification that the member's decision is current, is well thought out, is not impulsive, and is not due to any other potentially treatable mental disorder

Documentation from the surgeon that there are no medical contraindications to surgery

Augmentation mammoplasty for male to female patients

All of the above, plus, one of the following:

- Documentation of failure of breast growth stimulation by estrogen, specifically, progression to no more than a young adolescent stage of development

OR

- Documentation of emergence of serious or intolerable adverse effects during estrogen administration

OR

- Documentation of medical contraindication to use of estrogen

OR

- Documentation of a risk-benefit analysis determining that surgery is preferable to estrogen therapy

Genital change surgery

Two recommendation letters within the last six months from two separate licensed mental health professionals. At least one mental health professional must be a doctoral level mental health provider (MD or DO psychiatrist, PhD or PsyD clinical psychologist)

The required minimum contents of each recommendation letter:

- Document a comprehensive evaluation
- Confirmation of the diagnosis of gender dysphoria or gender identity disorder in at least one of the letters
- An assessment of the member's capacity to make a fully informed decision about proceeding with the surgery
- Identification of any co-morbid psychiatric disorders or other mental health concerns with documentation that those are not influencing the individual's decision regarding surgery, are not contraindications to surgery, and are not likely to cause a negative psychiatric outcome after the surgery



Documentation Requirements

- Verification that the member's decision is current, is well thought out, is not impulsive, and is not due to any other potentially treatable mental disorder

Documentation from the surgeon that there are no medical contraindications to surgery

Surgery to reverse partially or fully completed gender reassignment:

- Documentation of a serious medical barrier to completing gender reassignment or the development of a serious medical condition necessitating reversal

Surgery to correct or repair complications of previously authorized gender altering genital or breast/chest surgery:

- Documentation of complications that cause significant discomfort or significant functional impairment

Surgery to revise, or to reverse and redo, specific gender altering genital or breast/chest procedure:

- Documentation that correction or repair of complications requires revision or undoing of the original genital or breast/chest procedure

Coding

Code	Description
CPT	
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous (code terminated 1/1/20)
19325	Mammoplasty, augmentation; with prosthetic implant
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis, complete



Code	Description
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular prosthesis
54690	Laparoscopy, surgical; orchiectomy
55180	Scrotoplasty, complicated
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56625	Vulvectomy, simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57110	Vaginectomy, complete removal of vaginal wall;
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57426	Revision (including removal) of prosthetic vaginal graft; laparoscopic approach
ICD-10-PCS	
0U5J0ZZ	Destruction of Clitoris, Open Approach
0U5JXZZ	Destruction of Clitoris, External Approach
0U9J00Z	Drainage of Clitoris with Drainage Device, Open Approach
0U9J0ZZ	Drainage of Clitoris, Open Approach
0U9JX0Z	Drainage of Clitoris with Drainage Device, External Approach
0U9JXZZ	Drainage of Clitoris, External Approach
0UBJ0ZX	Excision of Clitoris, Open Approach, Diagnostic
0UBJ0ZZ	Excision of Clitoris, Open Approach
0UBJXZX	Excision of Clitoris, External Approach, Diagnostic
0UBJXZZ	Excision of Clitoris, External Approach



Code	Description
0UCJ0ZZ	Extirpation of Matter from Clitoris, Open Approach
0UCJXZZ	Extirpation of Matter from Clitoris, External Approach
0UMJXZZ	Reattachment of Clitoris, External Approach
0UNJ0ZZ	Release Clitoris, Open Approach
0UNJXZZ	Release Clitoris, External Approach
0UQG0ZZ	Repair Vagina, Open Approach
0UQJ0ZZ	Repair Clitoris, Open Approach
0UQJXZZ	Repair Clitoris, External Approach
0UTG0ZZ	Resection of Vagina, Open Approach
0UTG4ZZ	Resection of Vagina, Percutaneous Endoscopic Approach
0UTG7ZZ	Resection of Vagina, Via Natural or Artificial Opening
0UTG8ZZ	Resection of Vagina, Via Natural or Artificial Opening Endoscopic
0UTJ0ZZ	Resection of Clitoris, Open Approach
0UTJXZZ	Resection of Clitoris, External Approach
0UTM0ZZ	Resection of Vulva, Open Approach
0UTMXZZ	Resection of Vulva, External Approach
0UUJ07Z	Supplement Clitoris with Autologous Tissue Substitute, Open Approach
0UUJ0JZ	Supplement Clitoris with Synthetic Substitute, Open Approach
0UUJ0KZ	Supplement Clitoris with Nonautologous Tissue Substitute, Open Approach
0UUJX7Z	Supplement Clitoris with Autologous Tissue Substitute, External Approach
0UUJXJZ	Supplement Clitoris with Synthetic Substitute, External Approach
0UUJXKZ	Supplement Clitoris with Nonautologous Tissue Substitute, External Approach
0VR90JZ	Replacement of Right Testis with Synthetic Substitute, Open Approach
0VRB0JZ	Replacement of Left Testis with Synthetic Substitute, Open Approach
0VRC0JZ	Replacement of Bilateral Testes with Synthetic Substitute, Open Approach
0VTS0ZZ	Resection of Penis, Open Approach



Code	Description
0VTS4ZZ	Resection of Penis, Percutaneous Endoscopic Approach
0VTSXZZ	Resection of Penis, External Approach
0VUS07Z	Supplement Penis with Autologous Tissue Substitute, Open Approach
0VUS0JZ	Supplement Penis with Synthetic Substitute, Open Approach
0VUS0KZ	Supplement Penis with Nonautologous Tissue Substitute, Open Approach
0VUS47Z	Supplement Penis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUS4JZ	Supplement Penis with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUS4KZ	Supplement Penis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W4M070	Creation of Vagina in Male Perineum with Autologous Tissue Substitute, Open Approach
0W4M0J0	Creation of Vagina in Male Perineum with Synthetic Substitute, Open Approach
0W4M0K0	Creation of Vagina in Male Perineum with Nonautologous Tissue Substitute, Open Approach
0W4M0Z0	Creation of Vagina in Male Perineum, Open Approach
0W4N071	Creation of Penis in Female Perineum with Autologous Tissue Substitute, Open Approach
0W4N0J1	Creation of Penis in Female Perineum with Synthetic Substitute, Open Approach
0W4N0K1	Creation of Penis in Female Perineum with Nonautologous Tissue Substitute, Open Approach
0W4N0Z1	Creation of Penis in Female Perineum, Open Approach

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Definition of Terms

American Society of Anesthesiologists (ASA) Score:



ASA 1 A normal healthy patient.

ASA 2 A patient with mild systemic disease.

ASA 3 A patient with severe systemic disease.

ASA 4 A patient with severe systemic disease that is a constant threat to life.

ASA 5 A moribund patient who is not expected to survive

Cosmetic: In this policy, cosmetic services are those which are primarily intended to preserve or improve appearance. Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance or self-esteem.

Gender: This term refers to the perception of a person's sex on the part of society as male or female.⁴

Gender dysphoria: An individual's affective/cognitive discontent with the assigned gender; the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender.¹

Gender identity: Refers to an individual's personal sense of self as male or female. It usually develops by age 3, is concordant with a person's sex and gender, and remains stable over the lifetime. For a small number of individuals, it can change later in life.⁴

New York Heart Association (NYHA) Classification:

Class I No symptoms and no limitation in ordinary physical activity, eg, shortness of breath when walking, climbing stairs etc.

Class II Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.

Class III Marked limitation in activity due to symptoms, even during less-than-ordinary activity, eg, walking short distances (20–100 m). Comfortable only at rest.

Class IV Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients

Transgender: People who have a gender identity that is discordant with their anatomical sex.⁴

Transsexual: Transgender people who make their perceived gender and/or anatomical sex conform to their gender identity through strategies such as dress, grooming, hormone use and/or surgery (known as gender reassignment).⁴

Description

Gender reassignment surgery may be part of a treatment plan for gender dysphoria.



Gender dysphoria is defined as, an individual's affective/cognitive discontent with the assigned gender; the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender.¹

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 (gender reassignment therapy) that includes an extensive case history; gynecological, endocrinological and urological examination; and a clinical psychiatric/psychological examination by a qualified mental health professional.

Mental health professionals play a strong role in working with individuals with gender dysphoria, as they need to diagnose gender dysphoria and any co-morbid psychiatric conditions accurately, counsel the individual regarding treatment options, provide psychotherapy and assess eligibility and readiness for hormone and surgical therapy, to make recommendations to medical and surgical colleagues regarding care, and provide continuing psychiatric care after gender reassignment intervention as major psychological adjustments are necessary.

After diagnosis, the therapeutic approach may include 3 elements: hormones of the desired gender, real life experience in the desired role and surgery to change the genitalia and other gender characteristics. Hormone therapy and gender reassignment surgery are superficial, albeit irreversible changes, in comparison to the major psychological adjustments necessary in changing gender. Treatment should concentrate on the psychological adjustment, with hormone therapy and gender-reassignment surgery being viewed as confirmatory procedures dependent on adequate psychological adjustment.

Physical interventions fall into 3 categories or stages:

1. Fully reversible interventions. These involve the use of LHRH agonists or medroxyprogesterone to suppress estrogen or testosterone production, and consequently to delay the physical changes of puberty.
2. Partially reversible interventions. These include hormonal interventions that masculinize or feminize the body, such as administration of testosterone to biologic females and estrogen to biologic males. Reversal may involve surgical intervention.
3. Irreversible interventions. These are surgical procedures.



Benefit Application

Some self-funded groups may offer additional benefits in covering WPATH recommended surgeries and services.

Refer to member contract language for benefit determination on coverage of gender reassignment surgery.

Evidence Review

The American Psychiatric Association (APA) does not have practice guidelines for gender reassignment surgery. The APA board of trustees formed a task force in 2011 to perform a critical review of the literature on the treatment of Gender Identity Disorder. The task force published a report in the American Journal of Psychiatry in August 2012. The report concluded that “for adults sufficient evidence exists for the development of recommendations in the form of an APA practice guideline, with gaps in the research database filled in by clinical consensus”. The APA practice guideline is currently under development.

The APA raised concerns about WPATH Standards of Care version 6 in that it did not cite its underlying evidence base, nor indicate the level of evidence upon which its standards were based. The WPATH Standard of Care version 7 cites underlying evidence, but not the level of evidence. The APA task force report also states no professional organization of mental health practitioners provides recommendations on the role of mental health professionals in a multidisciplinary team approach to providing medical services to individuals with gender dysphoria. Although WPATH is not a professional organization of mental health professionals, it counts many mental health professionals among its members, including psychologists, psychiatrists and psychiatric social workers.

The World Professional Association for Transgender Health (WPATH) developed Standards of Care (SOC) for Gender Identity Disorder describing the clinical approach for evaluation and treatment based on the most current understanding of gender identity disorder. Under these standards, the clinical threshold for consideration of gender reassignment services occurs when concerns, uncertainties and questions about gender identity persist during a person’s development and become so intense that they are the most important aspect of the person’s life or prevent the establishment of a relatively unconflicted gender identity. The SOC are based on the best available science and expert professional consensus.



WPATH SOC (2011). According to these standards of care, true transsexualism is identified as follows:

- A permanent and profound identification with the opposite sex
- A persistent feeling of discomfort regarding one's biological sex or feelings of inadequacy in the gender role of that sex
- The wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone replacement
- Clinically relevant distress and/or impaired ability to function in social, work-related and other situations
- Not a symptom of another mental disorder or a chromosomal abnormality
- Persistent presence of the transsexual identity for at least 2 years

Update 2016

The minimum age at which gender reassignment surgery is considered to be medically necessary is 18 years old for the following reasons: Gender reassignment surgery is a life-altering transformation that is irreversible, with profound physical and psychological changes. A substantial degree of developmental maturity is required in order to make a truly informed, educated decision to undergo such a transformation, and to understand all of the ramifications of such transformation including its irreversibility. Psychological and psychiatric studies have repeatedly shown that the developmental maturity that is required for such a decision is not attained until at least age 18 (Hembree 2011; Hembree, Cohen-Kettenis, Delemarre-van de Wall, et al 2009; Herbert 2011; Cohen-Kettenis P. Steensma TD. de Vries ALC 2011), and often later. Furthermore, brain imaging studies have more recently demonstrated that the brain does not structurally resemble an adult brain until the third decade of life. More specifically, the areas of the brain that regulate executive functions including planning, working memory, and impulse control (including the capacity to resist making impulsive decisions) do not mature until at least the early to mid-20s (Giedd JN 2004; Johnson SB. Blum RW. Giedd JN 2009; Sowell ER. Thompson PM. Holmes CJ 1999), and as late as age 30 in some individuals (Sowell ER. Thompson PM. Toga AW 2007). Accordingly, depending on the individual, adult developmental maturity is not attained until sometime between the early to mid-20s and age 30. Permitting major decisions such as gender reassignment surgery at age 18 can therefore be seen as more liberal than what science supports, consistent with culture more than with science.



Although hormone therapy is common for adults prior to gender reassignment genital surgery, and is recommended by some clinicians and guidelines, the quality of evidence supporting pre-surgery hormone therapy for adults is very low (Hembree, Cohen-Kettenis, Gooren, et al 2017). There is no credible scientific evidence that pre-surgery hormone therapy for adults produces greater improvement of gender dysphoria, greater satisfaction with the results of gender reassignment surgery, improved adjustment to new gender, or decreased emergence of post-gender reassignment surgery psychiatric symptoms or difficulties, than gender reassignment surgery without pre-surgery hormone therapy.

Potential adverse effects of estrogen therapy include deep vein thrombosis, thromboembolic disorders, increased blood pressure, weight gain, impaired glucose tolerance, liver abnormalities, and depression. Potential adverse effects of testosterone therapy include acne, edema secondary to sodium retention, and impaired liver function. (Becker, Perkins 2014)

This policy has been reviewed by an internal psychiatrist.

References

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13. Becker J, Perkins A. Gender Dysphoria. In: Hales RE, Yudofsky SC, Weiss Roberts L. *The American Psychiatric Publishing Textbook of Psychiatry, Sixth Edition*. American Psychiatric Publishing. March 2014.

History

Date	Comments
10/13/14	New policy, add to Surgery section. Gender reassignment services are covered when criteria are met.
11/24/14	Coding update. Code 19318 added to policy. No other changes.
01/13/15	Annual Review. Policy statement added. Surgery to reverse partially or fully completed gender reassignment is considered not medically necessary except in the case of a serious medical barrier to completing gender reassignment or the development of a serious medical condition necessitating reversal.
04/14/15	Clarification only. Added language to benefit application section and policy statement section regarding self-funded account benefit language. "Some self-funded groups may offer additional benefits in covering WPATH recommended surgeries and services. Refer to member contract language for benefit determination on coverage of gender reassignment surgery".
05/27/15	Interim update. Added note in policy guidelines. The mental health evaluation and recommendation letters are required only at the beginning of the gender reassignment surgical process when it is spaced out over time. ICD-9 procedure codes 62.41, 65.61, 65.63, 68.41-68.49, 68.51 and 68.59 removed; ICD-10-PCS codes added per remediation effort.
09/02/15	Coding update. CPT codes 58570 and 58572 added to policy.
05/01/16	Annual Review, approved April 12, 2016. Criteria updated and age threshold added; 18 or over. Cosmetic services clarified.
05/24/16	Update Related Policies. Remove 7.01.548 as it is archived.
07/07/16	Coding update. Added CPT codes 19303, 19350, and 53430.
07/15/16	Coding update. Added CPT codes 19342 and 19357.
08/01/16	Coding update. Added CPT code 19304.
08/12/16	Coding update: Remove CPT codes 58150, 58552, 58554, 58570, 58571, 58572, and 58573.



Date	Comments
11/01/16	Interim Review, approved October 11, 2016. Language added in support the age application of this policy in support of non-discrimination mandate.
11/18/16	Policy moved to new format.
01/01/17	Interim Review, approved December 13, 2016. Added a note stating that any breast augmentation procedures after an initial augmentation mammoplasty are considered to be feminization or cosmetic procedures and therefore subject to member contract stipulations regarding such procedures.
03/01/17	Annual Review, approved February 14, 2017. Hair removal added as medically necessary to treat donor sites prior to phalloplasty or vaginoplasty. Added that preservation of fertility prior to surgery is considered not medically necessary unless there is another benefit which would cover this. Added that correction or repair of complications of gender altering surgery may be considered medically necessary for complications that cause significant discomfort or significant functional impairment, surgery to revise or to reverse and redo specific surgeries may be considered medically necessary when correction or repair of complications requires revision or undoing of the original surgery.
05/26/17	Correction was made to History section for the May 27, 2015, revision. Minor formatting edits were made.
10/01/17	Interim Review, approved September 12, 2017. Removed the requirement for meeting DSM diagnostic criteria and instead only requiring that an evaluating mental health professional confirm that the diagnosis applies.
03/01/18	Annual Review, approved February 27, 2018. Added "previously authorized" to clarify that correction or repair of complications would may be medically necessary for previously authorized surgeries when criteria are met. Clarified that if the initial authorized gender reassignment surgery is not performed, then new mental health evaluation and recommendation letters are required if the original mental health evaluations and recommendation letters are more than six months. Updated references.
06/19/18	Added Site of Service information to the policy.
07/01/18	Removed Site of Service information from the policy, removed CPT code 19318.
10/05/18	Minor update. Added Documentation Requirements section.
03/01/19	Annual Review, approved February 25, 2019. No changes to policy statements.
10/25/19	Minor update. Hysterectomy was removed from list of services; it was inadvertently left when the CPT code was removed from policy.
01/01/20	Coding update, adding note that CPT code 19304 terminated effective 1/1/20.
10/01/20	Annual Review, approved September 1, 2020. No changes to policy statements.



Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናት ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለማጠበቅና በአስፈላጊ እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰብሰብ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار على معلومات هامة. قد يحتوي هذا الإشعار على معلومات مهمة بخصوص طلبك أو التخطيط التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

Français (French):

Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong):

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnu ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenna coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-ato wenna tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

日本語 (Japanese):

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວີ້ ຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងរបស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ដុល្លារចេញផ្លូវ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងដុល្លារនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵਚ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیربران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Prezenta notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).