

UNIVERSITY OF MICHIGAN HEALTH PLAN COVERAGE FOR GENDER-AFFIRMING SERVICES

U-M health plans cover many gender-affirming services for transgender members when medically necessary.

Gender Reassignment, Mastectomy, Hormone Therapy and Counseling Services

For many years, this coverage has included medically necessary genital surgery for gender reassignment, mastectomy in female-to-male transition, hormone therapy and counseling services. Applicable co-pays, deductibles and coinsurance are based on the member's plan selection. There are no plan maximums for these services.

Facial Feminization, Chondrolaryngoplasty and Facial Hair Removal

As of July 1, 2019, all U-M health plans will cover certain facial feminization procedures, chondrolaryngoplasty (Adam’s apple reduction) and facial hair removal (face and neck) when medically necessary to treat gender dysphoria, up to a \$30,000 lifetime plan maximum. For services to be covered, the member must meet medical necessity criteria.

Included procedures*	Excluded procedures
<ul style="list-style-type: none"> • Forehead contouring/reconstruction • Mandible contouring/reconstruction • Rhinoplasty • Genioplasty • Blepharoplasty • Lip lift via alar base excision • Chondrolaryngoplasty 	<ul style="list-style-type: none"> • Rhytidectomy • Otoplasty • Lip enhancement (filler, vermilion augmentation) • Hair transplantation/hairline repositioning • Dermabrasion • Chemical peel • Collagen injections

**When medical necessity is established.*

Facial feminization surgeries, chondrolaryngoplasty and facial hair removal require prior authorization and may be considered medically necessary for members that meet **all** of the following criteria:

- The member has persistent, well-documented gender dysphoria manifested by clinically significant distress and by significant functional impairment. This assessment has been made via a detailed psychological assessment and documented by a mental health professional (either psychiatrist, PhD prepared clinical psychologist or master’s level clinician who is licensed to practice independently in their state)
- 18 years of age or older
- Capacity to make a fully informed decision and to consent for treatment
- If significant medical or mental health concerns are present, they must be controlled

Facial feminization surgeries and chondrolaryngoplasty additionally require that members meet **both** of the following criteria:

- 12 continuous months of hormone therapy (estrogen), unless there is a medical contraindication to hormonal therapy
- 12 continuous months of living as a woman

Fertility Preservation

Transgender members may also utilize coverage for fertility preservation if medical or surgical interventions related to their transition could result in infertility. [Coverage for fertility preservation](#) became available to all U-M health plan members with infertility due to medical treatment or surgery as of January 1, 2019.

Access to Providers

BCBSM and BCN require prior authorization and the use of in-network providers for coverage of gender-affirming services. Michigan Medicine is the only provider in the BCBSM/BCN networks in Michigan that currently performs most of these covered services. Treatment at Michigan Medicine is coordinated through the Comprehensive Gender Services Program.

Fertility preservation services are only covered when received at the Michigan Medicine Center for Reproductive Medicine.

Standards of Care

The university's coverage of gender-affirming services follows standards defined by the World Professional Association for Transgender Health (WPATH) whenever possible. As WPATH issues new standards over time, the university may re-evaluate coverage and medical necessity criteria as needed.