Gender Incongruence Handouts

Direct Care system surgical interventions

Masculinizing PROCEDURE	Current Procedural Terminology (CPT) Codes	CRITERIA
Hysterectomy and salpingo-oophorectomy (removal of uterus and ovaries)	58262/58291	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 1. 12 months of consistent and adherent gender-affirming hormone treatment required (unless medically contraindicated). 1. 12 months of full time RLE Required per Reference (i).
Chest surgery and reconstruction (Mastectomy (removal of breast) with chest reconstruction)	19301/19303/19304	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 2. 12 months of consistent and adherent gender-affirming hormone treatment recommended (unless medically contraindicated), per Reference (i). 3. 12 months of full time RLE Recommended per Reference (i). (Reference (i))

Feminizing PROCEDURE	CPT Codes	CRITERIA
Orchiectomy (removal of testicles)	54520/54690	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 1. 12 months of consistent and compliant gender affirming hormone treatment required (unless medically contraindicated). 1. 12 months of full time RLE Required per Reference (i).

Defense Health Agency. Procedural Instruction.(Draft)
Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members

Private Sector Care system surgical interventions

Masculinizing PROCEDURE	CPT Codes	CRITERIA
Hysterectomy and salpingo-oophorectomy (removal of uterus and ovaries)	58262/58291	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 1. 12 months of consistent and adherent gender-affirming hormone treatment required (unless medically contraindicated). 1. 12 months of full time RLE Required per Reference (i).
Chest surgery and reconstruction (Mastectomy (removal of breast))	19301/19303/19304	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 1. 12 months of consistent and adherent gender-affirming hormone treatment recommended (unless medically contraindicated). 1. 12 months of full time RLE Recommended per Reference (i).
Metoidioplasty (enlargement/ lengthening of clitoris)	55899	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 1. 12 months of consistent and adherent gender-affirming hormone treatment required (unless medically contraindicated). 1. 12 months of full time continuous RLE Required per Reference (i).
Phalloplasty (construction of "new" penis from skin or muscle grafts)	55899	
Placement of testicular prostheses	54660	
Scrotoplasty (re-arrangement of labia to create scrotum)	55175	
Urethroplasty (creation of longer urethra from skin to enable standing voiding)	53430	
Vaginectomy (removal of vagina)	57106	

Feminizing PROCEDURE	CPT Codes	CRITERIA
Orchiectomy (removal of testicles)	54520/54690	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 1. 12 months of consistent and adherent gender-affirming hormone treatment required (unless medically contraindicated). 1. 12 months of full time RLE Required per Reference (i).
Penectomy (removal of penis)	54125	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 1. 12 months of consistent and adherent gender-affirming hormone treatment required (unless medically contraindicated). 1. 12 months of full time continuous RLE Required per Reference (i).
Vaginoplasty (construction of "new" vagina from skin or intestinal tube)	57335	
Clitoroplasty (rearrangement of penile tissues to create "new" clitoris)	56805	
Labiaplasty (rearrangement of scrotum to create "new" labia)	58999	

Defense Health Agency. Procedural Instruction.(Draft)
Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members

HRT handout

Table 2. Hormone-Treatment Regimens for Transgender Persons.

Medication	Dosage	Potential Adverse Events	Comments
Transfeminine persons			
Estrogens		Increased risk of thromboembolism in some patients	Although supporting data are inconsistent, some favor monitoring triglyceride levels; ethinyl estradiol is not recommended owing to possible increased risk of thrombosis.
Oral			
Estradiol (17β-estradiol)	Initial, 1–2 mg/day; adjust to 2–6 mg/day		Is most commonly used because of its low cost and availability and fact that serum levels can be monitored.
Conjugated estrogens	Initial, 1.25–2.5 mg/day; adjust to 5.0–7.5 mg/day		Blood levels cannot be measured with conventional assays, which may lead to supraphysiologic dosing; conjugated estrogens are generally not recommended when estradiol is readily available.
Transdermal			
Estradiol patch	Initial, 0.025–0.050 mg/day (new patch placed every 3–5 days); adjust to 0.1–0.2 mg/day	Skin reactions in some patients	May be associated with fewer adverse events than oral estrogen.
Parenteral			
Estradiol valerate	Initial, 5–10 mg intramuscularly every 2 wk; adjust to 10–20 mg every 2 wk		Can result in wide fluctuations in estradiol levels. An alternative preparation, estradiol cypionate, is less concentrated.
Androgen-lowering or inhibiting agents			
Spironolactone	Initial, 50 mg/day orally; adjust to 100–300 mg/day	Hyperkalemia, dehydration	Potassium level should be monitored when initiating therapy, when dose is changed, and annually thereafter.
Cyproterone acetate	Initial, 25 mg/day orally; adjust to 50 mg/day	Hyperprolactinemia and meningiomas in some patients	Not available in United States.
GnRH agonists (e.g., leuprolide)*	3.75–7.50 mg intramuscularly or subcutaneously every mo or 11.25–22.50 mg every 3 mo		Use may be limited by cost.
Transmasculine persons			
Testosterone		Erythrocytosis; acne may develop or be exacerbated	Erythrocytosis may be associated with polycythemia, in which case patients should be screened for tobacco use and sleep apnea.
Parenteral			
Testosterone enanthate or cypionate	Initial, 50 mg intramuscularly or subcutaneously weekly or 100 mg every 2 wk; adjust to 100 weekly or 200 mg every 2 wk		Subcutaneous and intramuscular injections have been shown to be equally effective; target levels are more easily achieved than with transdermal products; weekly administration diminishes periodicity. Levels should be monitored at peaks (at 24–48 hr after dosing) and troughs (immediately before next dose) or at the midpoint between doses.
Testosterone undecanoate	1000 mg intramuscularly every 12 wk	Oil embolism rare adverse event that requires REMS†	
Transdermal or transbuccal			
Testosterone gel	Initial, 50 mg daily; adjust to 100 mg/day	Risk of transfer to others	Uniform levels‡; target levels may be difficult to achieve, especially in larger persons.
Testosterone patch	Initial, 2 mg/day; adjust to 4–8 mg/day	Skin reactions in some patients	Uniform levels‡; target levels may be more difficult to achieve, especially in larger persons.
Testosterone buccal patch	30 mg applied to gums every 12 hr		Inconvenience of buccal preparation may limit use.

* GnRH denotes gonadotropin-releasing hormone.
† Concerns regarding related risks of pulmonary oil microembolism and anaphylaxis have prompted the requirement for use of a Risk Evaluation and Mitigation Strategy (REMS) in the United States.
‡ Day-to-day levels of testosterone are more uniform with gels and patches than with injectable formulations, which have peaks and troughs.

Annex B – Sample Medical Recommendation for Gender Transition Otherwise Complete

Office Symbol DATE

MEMORANDUM FOR RECORD

SUBJECT: Medical Statement re: *Soldier's Rank, Name*

1. This memorandum provides the medical recommendations pertinent to the request by *RANK NAME* [an Exception to Policy (ETP) to comport with all standards applicable to the preferred gender pending Army policy to approve gender marker change in DEERS]. Based on review of this the Service Member's and the Service Member's medical record, I DO/DO NOT recommend that the command support this request.

2. *RANK NAME* has received the diagnosis of Gender Dysphoria and a determination that gender transition is medically necessary from a military Behavioral Health provider on or about *DATE*.

3. *RANK NAME* initiated a medical transition plan on *DATE*. In the opinion of the medical treatment team managing the care of *RANK NAME*, the Service Member's gender transition [is complete and the Service Member is stable in the preferred gender] [will be complete on or about *DATE]*.

4. The medical treatment team managing the care of *RANK NAME* recommends that the request [is medically advisable] [not medically advisable] for the following reasons: *(fully describe the medical considerations relevant to this request)*.

5. The medical treatment team recommends that the requested [gender marker change] [ETP] may occur as soon as *DATE*.

6. POC for this memorandum is XXXXX at *CONTACT INFORMATION*.

NAME
RANK, BRANCH
TITLE

NAME
RANK, MC
Deputy Commander for Clinical Services
(or equivalent)

Annex C – Sample Medical Recommendation for ETPs when Gender Transition is Not Complete

Office Symbol DATE

MEMORANDUM FOR RECORD

SUBJECT: Medical Statement re: *Soldier's Rank, Name*

1. This memorandum provides the medical recommendations pertinent to the request by *RANK NAME* an Exception to Policy (ETP) to [list all requested ETPs]. Based on review of this the Service Member's and the Service Member's medical record, I DO/DO NOT recommend that the command support this request.

2. *RANK NAME* has received the diagnosis of Gender Dysphoria and a determination that gender transition is medically necessary from a military Behavioral Health provider on or about *DATE*.

3. *RANK NAMEs* gender transition plan was approved on *DATE*. Enclosed is a copy of the approved gender transition plan, including all medically necessary treatment and a projected schedule for such treatment. In the opinion of the medical treatment team managing the care of *RANK NAME*, the Service Member's gender transition is estimated to be complete on or about *DATE*.

4. The medical treatment team managing the care of *RANK NAME* recommends the following with regard to the medical advisability for the ETP request(s): *(fully describe the medical considerations relevant to each ETP request)*.

5. POC for this memorandum is *XXXXX, at CONTACT INFORMATION*.

NAME
RANK, BRANCH
TITLE

NAME
RANK, MC
Deputy Commander for Clinical Services
(or equivalent)

DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

(Office Symbol) (Date)

MEMORANDUM FOR [Insert name & rank of Soldier requesting approval]

SUBJECT: Approval of Medical Transition Plan

1. In accordance with Army Directive 2021-22, *Army Service by Transgender Persons and Persons With Gender Dysphoria*, 22 June 2021, I approve the timing of your medical treatment plan, submitted on [insert date].

2. I informed and consulted with the Army Service Central Coordination cell (SCCC) on [insert date].

3. In accordance with the attached medical treatment plan, the estimated date for the change of your gender marker in the Defense Enrollment Eligibility Reporting System (DEERS) is [insert date]. You must notify me, through your chain of command, of any recommended changes to: (1) your medical treatment plan, (2) the projected schedule for such treatment, and (3) the estimated date for the change of your gender marker. Once you are stable in your self-identified gender, as determined or confirmed by a military medical provider, you may request approval of a change to your gender in DEERS, consistent with AD 2021-22. The timing of your medical treatment plan may be adjusted based on readiness.

4. Until your gender marker is changed in DEERS, you are required to continue adhering to all uniform and grooming standards (Army Regulation (AR) 670-1), meet physical readiness testing standards (Field Manual 7-22), meet body composition standards (AR 600-9), and comply with Military Personnel Drug Abuse Testing program standards (AR 600-85) for the [insert gender] gender. As to facilities subject to regulation by the Army, you will continue to use those billeting, bathroom, and shower facilities associated with the [insert gender] gender.

5. The point of contact for this action is XXXX, (XXX) XXX-XXXX, XXX.mil@mail.mil.

[Brigade-Level Commander]
Signature Block]

CF:
Army Service Central Coordination Cell