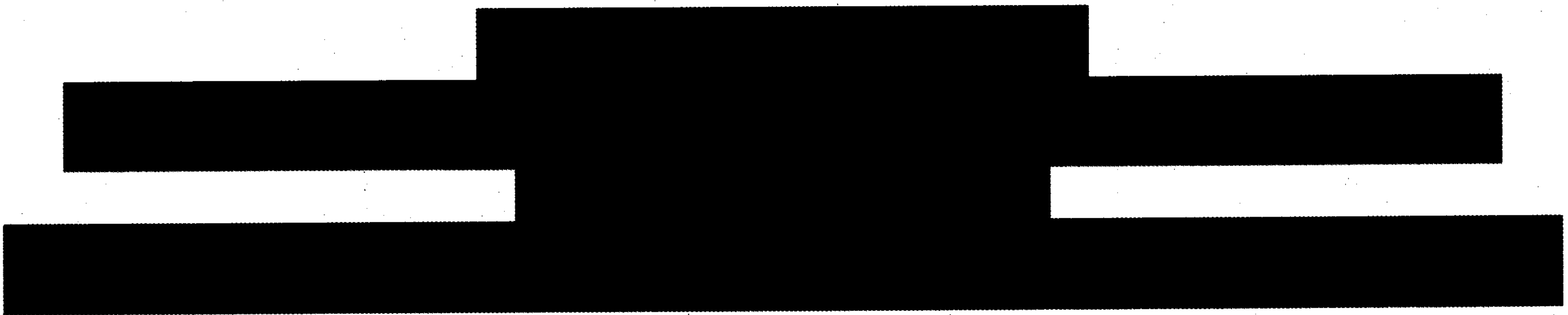
Exhibit 7

Presentation titled “Health Data for Service Members with Gender Dysphoria,”

dated November 2, 2017

Health Data for Service Members with Gender Dysphoria



Briefing Overview

Briefing Type

Informational

Briefing Overview (BLUF)

- As of July 26, 2017 there are 994 AD SMs coded for Gender Dysphoria with full data
- Since the ban on Service by TG individuals was lifted, there have been 34 surgeries performed at MTFs for gender transition which include mastectomies, hysterectomies, and excision of testes
- There are currently 18 requests for genital reassignment surgery (either consults or surgery) through the Supplemental Health Care Program

Decision(s) Required

- N/A

Definitions for this Presentation

- **Service members (SMs) with gender dysphoria (GD)**
  - Service members presenting to the military health system (MHS) with a diagnosis code of gender dysphoria
- **"Coded for", "diagnosis code" or ICD-10 codes**
  - International Classification of Disease (ICD) version 10 - in health care, for payment or tracking these codes are used
  - For diagnoses, symptoms and procedures
- **Transgender Service (TG) members**
  - SMs who may or may not have gender dysphoria but whose sense of personal identity does not correspond with the gender assigned to them at birth
- **Direct care**
  - Term used in the MHS referring to care rendered at military treatment facilities (MTFs)
- **Purchased care**
  - Term used in the MHS referring to care purchased at civilian facilities
- **Sex Reassignment Surgeries (SRS)**
  - For the purposes of this presentation, refers to any surgery performed for purposes of gender transition

Other Reports that Estimate Number of TG SMs

	Number of Transgender Service Members		Transgender Prevalence Estimates and Other Assumptions	Source
RAND	AD	1,320 - 6,630 **Midrange: 2,450**	0.1% - 0.5%	Service members: DMDC FY14; Prevalence: Lower bound (0.1%): Gates 2011 from CA; Upper bound (0.5%): Conron 2012 from population-based estimate in MA
	G/R	830 - 4,160 **Midrange: 1,510**		
	Total	2,150 – 10,790 **Midrange: 3,960**		
Palm Center	**15,450***		0.3%. Also assumes transgender prevalence in the armed forces is approximately twice adults in the U.S.	Gates, 2014
SPARTA	15,000		Unknown	Unknown
Williams Institute	15,500 8,800 AD			Gates and Herman 2014 National Transgender Discrimination Survey
Office of People Analytics 2016 Survey of W&GR Q on AD TG Members	8,980			Self Reporting Survey

***This number cites Gates 2014, which was not final when Palm Center report was published. The updated number in Gates 2014 is 15,550.**

Assumptions and Caveats

- Not all individuals who are transgender carry the diagnosis of gender dysphoria
- We cannot assume all SMs who are transgender presented to the health care system or their commanders after the ban was lifted
- These numbers cannot be considered precise and therefore the data presented should only be used to show trends in health care utilization and cost

Data Sources

- Decision not to count TG SMs or to collect data so have to rely on administrative data
- Military Health System Administrative Data
  - MHS Data Repository (MDR)
  - MHS Mart (M2)
  - These are MEDICAL administrative data banks and limited in the types of information they contain
- Data Call to the Services

DoD Data Limitations

- Administrative data
  - Subject to misclassification errors
  - Details are limited
  - Lag in data input of 30-90 days
- Do not have access to data on out-of-pocket expenditures by AD SMs with GD
- Generalizations cannot be made because of small sample size of population
- Early in policy implementation, therefore cannot generalize conclusions of this data to the longitudinal impacts

Study Cohort

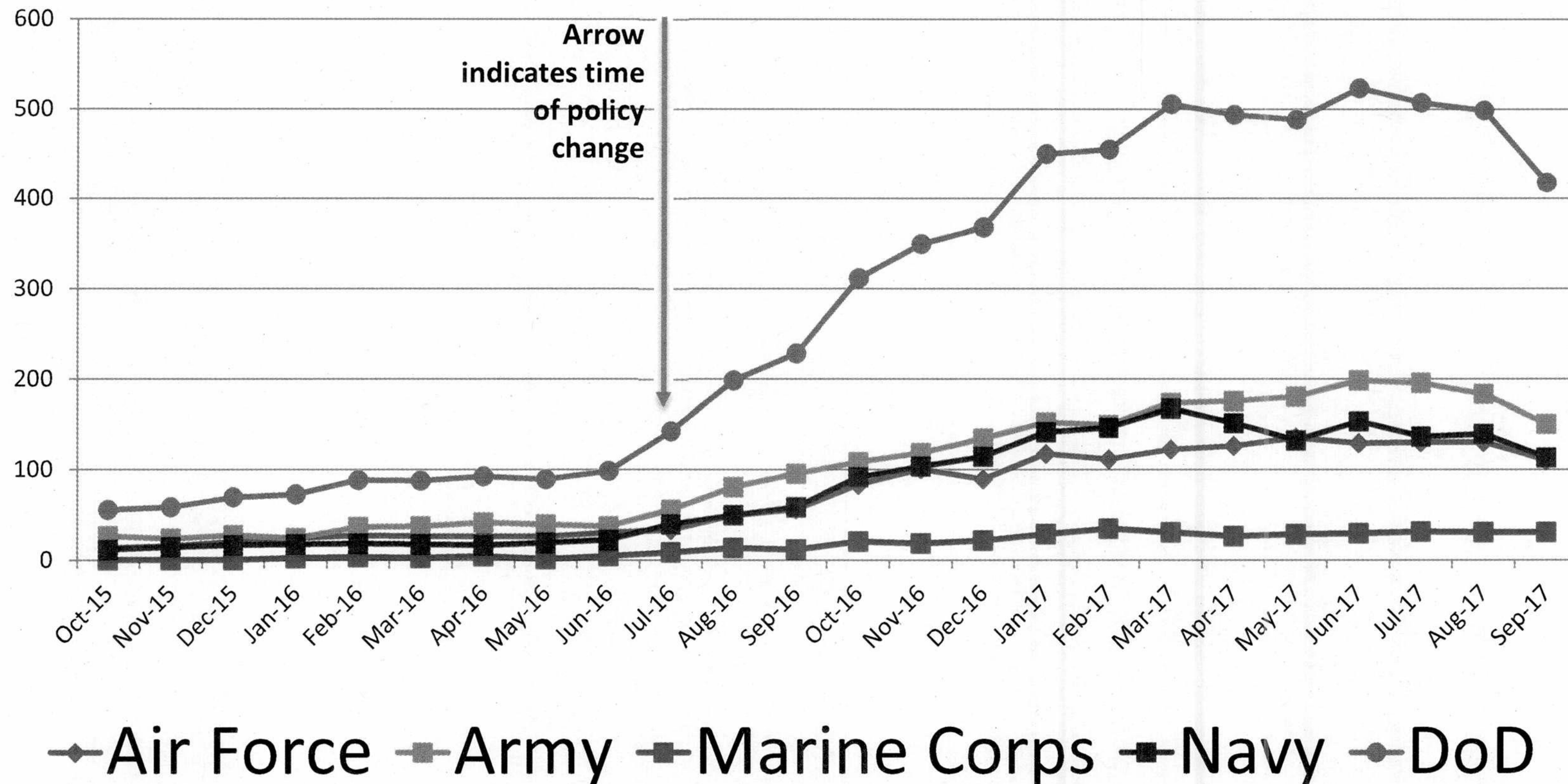
- Includes SMs identified by GD ICD-10 codes October 1, 2015 to July 26, 2017 = 994 SMs
- For cost data, a subset of the study cohort was identified that had full health care cost data available – AD SMs who are TRICARE Prime
  - This data does not include any care purchased with personal funds

Study Cohort of Service Members with GD

(FY16 to July 27, 2017)

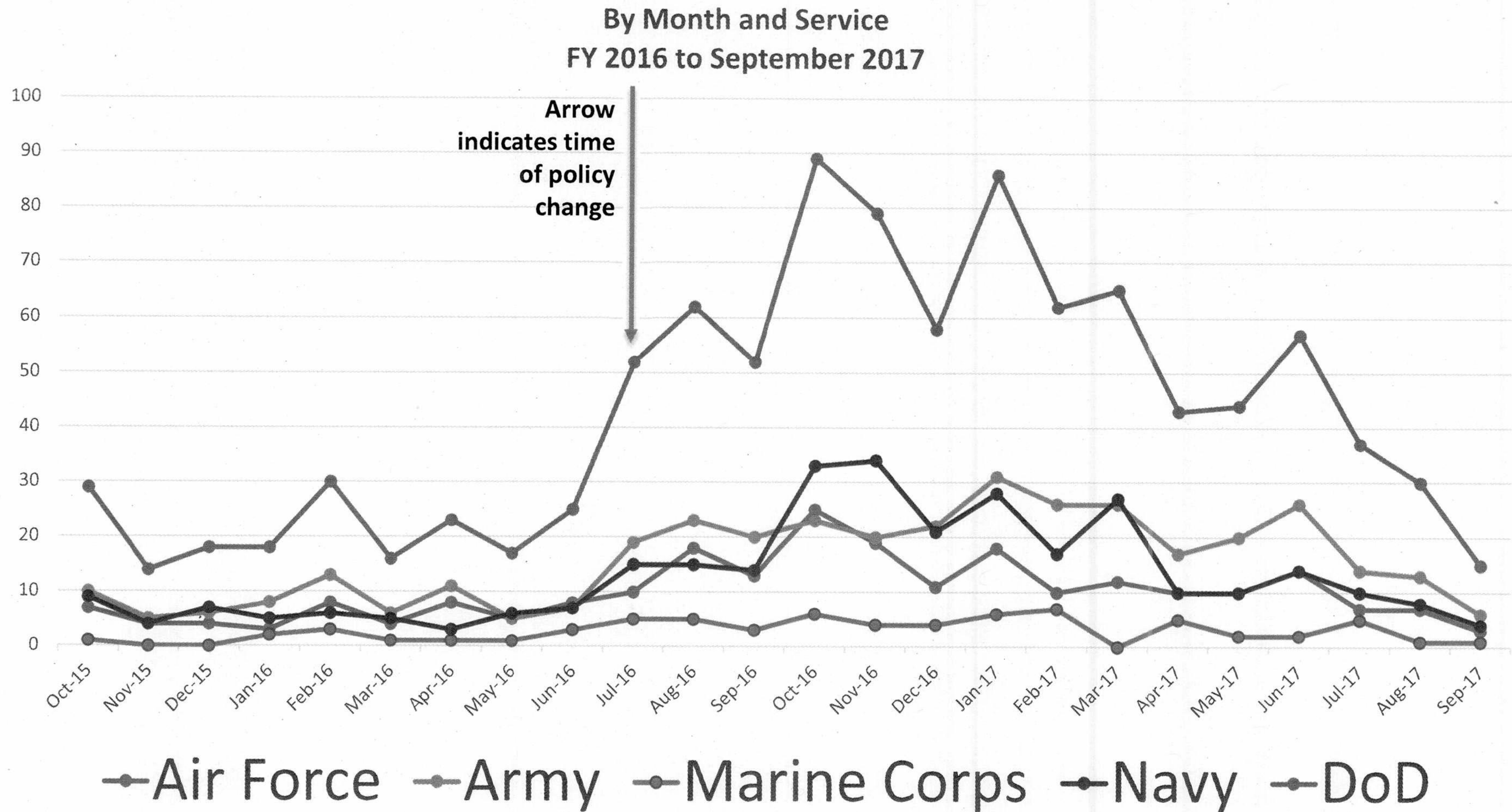
SMs Diagnosed with Gender Dysphoria FY 2016 to July 26, 2017			
	Active Duty	Guard/Reserve	Total
Air Force	240	5	245
Army	331	33	364
Coast Guard	20	0	20
Marine Corps	61	2	63
Navy	294	4	298
Other	4	0	4
Total	950	44	994

Number of SMs with GD Diagnoses Seen Per Month



(Data Extracted from the MHS Data Repository July 26, 2017 Note: Other and Coast Guard not shown)

New Cases of Gender Dysphoria Diagnoses



(Extracted from the MHS Data Repository)

Medical Utilization for Study Cohort

(Oct 1, 2015 through Oct 3, 2017)

Includes Direct Care and Purchased Care

		Any Mental Health		Psychotherapy		Hormone Therapy		Surgery		Total FY2016 to Present
		Individuals	Encounters	Individuals	Encounters	Individuals	Scripts	Individuals	Encounters	
Air Force	Active	240	7,367	240	5,155	99	906	2	3	240
	Reserve	5	35	5	44	1	2	0	0	5
	Total	245	7,402	245	5,199	100	908	2	3	245
Army	Active	328	11,163	326	7,543	169	1,899	11	13	331
	Reserve	31	730	32	558	20	433	1	1	33
	Total	359	11,893	358	8,101	189	2,332	12	14	364
Coast Guard	Active	20	461	20	205	14	127	0	0	20
Marine Corps	Active	61	1,485	61	1,188	20	110	6	7	61
	Reserve	2	55	2	35	1	2	0	0	2
	Total	63	1,540	63	1,223	21	112	0	0	63
Navy	Active	292	8,269	283	4,773	138	1,160	9	9	294
	Reserve	4	205	3	128	4	51	1	1	4
	Total	296	8,474	286	4,901	142	1,211	10	10	298
Other	Total	4	239	4	126	3	64	0	0	4
Total	Active	945	28,984	934	18,990	443	4,266	28	32	950
	Reserve	42	1,025	42	765	26	488	2	2	44
	Total	987	30,009	976	19,755	469	4,754	30	34	994

***Data Extracted October 3, 2017 from MHS Data Repository (MDR); Cohort from July 27, 2017 extract**

Surgeries in Study Cohort, FY2016 to Present

Direct Care and Purchased Care

SERVICE		Resection of Uterus/ Hysterectomy	Mastectomy	Excision Procedures on the Testes	Totals
Air Force	Active Duty	3			3
	Guard/Reserve				
Army	Active Duty	6	5	2	13
	Guard/Reserve		1		1
Marine Corps	Active Duty	1	6		7
	Reserve				
Navy	Active Duty	4	3	2	9
	Guard/Reserve	1			1
Totals		**15**	**15**	**4**	**34**

33 procedures were performed in MTFs, 1 in Purchased Care.
Of the 34 procedures performed, 25 were for an indication of GD

Surgery Waivers
Supplemental Health Care Program

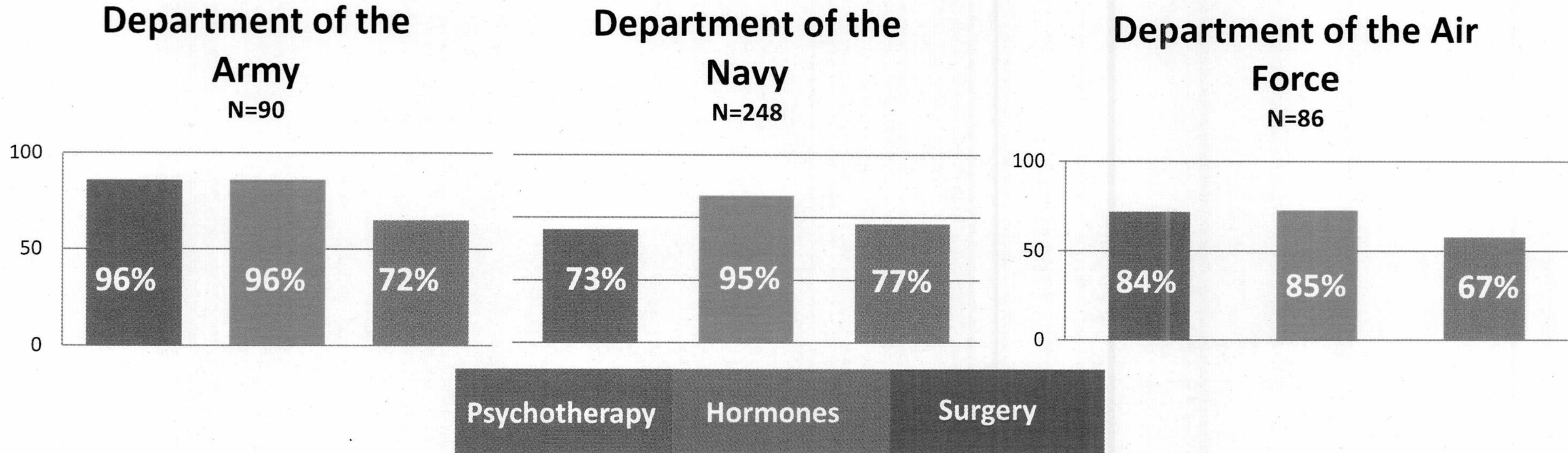
- MTFs do not have capability to perform genital reassignment surgeries
- Since ban lifted in July 2016, there have been 18 applications for waivers for surgical consultation
  - 2 SMs who have completed consults have applications for waivers for surgery pending
- To date, no one has had surgery through the SHCP

Service Data Request

- Data collection covered the time period from **September 1, 2016** to **August 31, 2017**
- Data request included:
  - Number of SMs with approved treatment plans
  - Number of SMs receiving psychotherapy and cross-sex hormones as part of the treatment plan
  - Number of SMs with sex reassignment surgery as part of the treatment plan
  - Total number of profiles/LIMDUs and days on restricted duty for each transitioning SM
  - Total number of days on profile/LIMDU/restricted duty
- Army, Navy and Air Force coordinated definitions and methodologies of collection for data elements

UNCLASSIFIED//FOUO – Not for Distribution Draft Deliberative Document

Service Data – Approved Treatment Plans*



	ARMY	NAVY	AIR FORCE
Number of Service Members with surgeries as part of treatment plan^	65	190	58
Percent of Treatment Plans with surgery included	72%	77%	67%

**Services only had access to treatment plans submitted to their TG care teams (TGCT/MMDT)*
^A Civilian study shows that 23% of MtF and 2% FtM TG individuals initially wanting surgery actually have surgery.

UNCLASSIFIED//FOUO – Not for Distribution Draft Deliberative Document

SERVICE DATA

Types of Surgeries Included in Treatment Plans

	Department of the Army	Department of the Navy	Department of the Air Force
Hysterectomy/Oophorectomy	7	97	14
Orchiectomy	2	61	12
Mastectomy/Augmentation	10	113	38
Genital Reassignment	14	118	19
Other	11	-	27

** An individual service member may have more than one surgical procedure in their treatment plan*
*** Department of the Army information does not include 24 medical plans that are "still evaluating and/or considering" procedures. Many plans included phrases like "surgeries may include…" or "may include, but not limited to…"*

SERVICE DATA – Profiles/LIMDUs/Restricted Duty

	Department of the Army*	Department of the Navy**	Department of the Air Force***
Number of Service Members with a diagnosis of Gender Dysphoria on Profile/ LIMDU/Restricted Duty	87 (90)	22 (248)	52 (86)
Average Number of Profiles/LIMDUs/Restricted Duty per transitioning SM	3.4	0.1	1.9
Average number of days a transitioning Service Member is in a Profile/LIMDU/Restricted Duty status	167.4	1-90: 3 90-180: 12 180-270: 3 270-360: 2 >360: 2	159
Range of Days on Profile	0 - 537	1 - 360+	1 - 365

* **Army** – profiles for SMs with GD; indication for profile not known; could be for transition or for other indications.
** **Navy** - policy dictates no LIMDU for gender transition. All LIMDUs are for non-transition indications. SMs undergoing transition are non-deployable for the first 3 to 6 months of hormone therapy but not put on LIMDU. Navy provided Avg. Number of days on LIMDU in block times.
*** **Air Force** - profiles are for transition.

UPDATED 2 NOV

Costs and Cost Comparisons

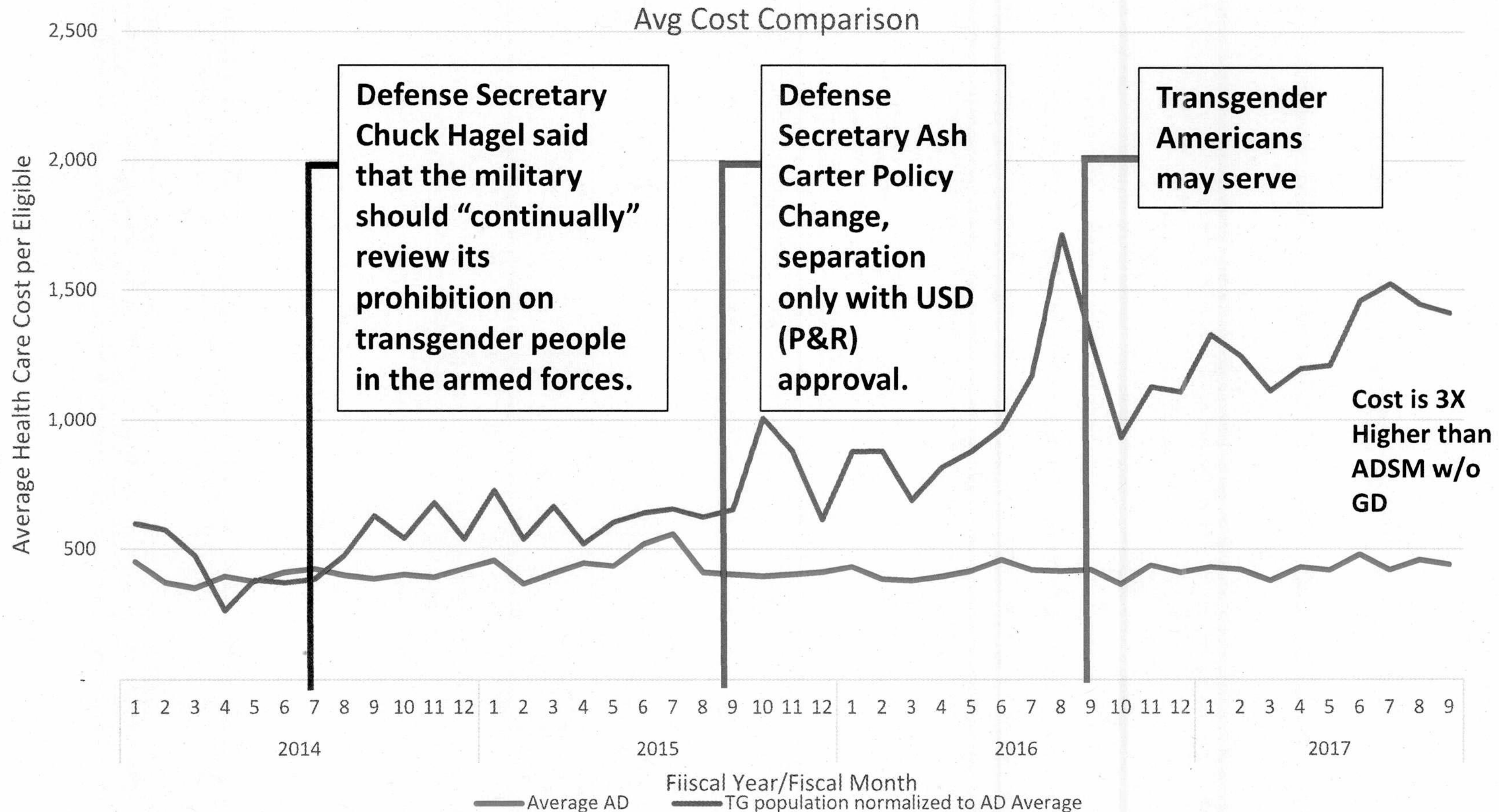
Cost of Services for Gender Dysphoria

(Purchased Care Paid Costs; Direct Care Estimated Costs)

	FY14	FY15	FY16	FY17	TOTAL
Direct Care	$ 82,558	$ 83,563	$ 650,492	$ 2,172,849	$ 2,989,462
Purchased Care	$ 5,421	$ 3,884	$ 10,094	$ 16,509	$ 35,908
Pharmacy	$ 1,264	$ 2,693	$ 3,406	$ 6,130	$ 13,493
TOTAL	$ 89,243	$ 90,140	$ 663,992	$ 2,195,488	$ 3,038,863

Average Health Care Expenditures:

Transgender Active Duty (TRICARE Prime) vs Average Active Duty



Source: M2 (Purchased Care: Inpatient (TED-I); Professional (TED-NI)); (Direct Care: Inpatient (SIDR); Professional (CAPER)); Pharmacy (PDTS); Population (DEERS)

QUESTIONS

Exhibit 8

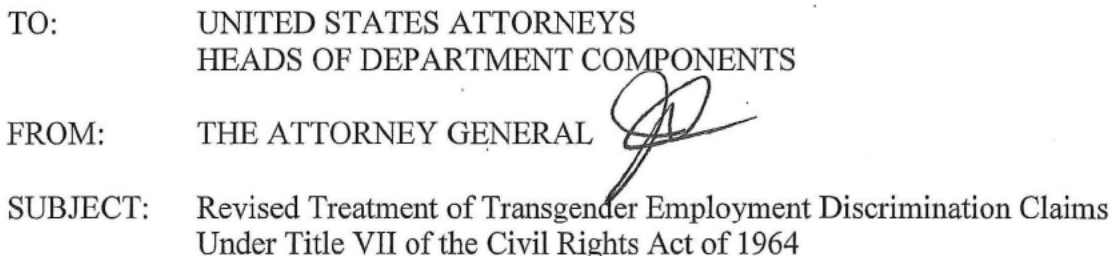
Memorandum from the Attorney General titled “Revised Treatment of Transgender Employment Discrimination Claims Under Title VII of the Civil Rights Act of 1964,”

dated October 4, 2017

Office of the Attorney General
Washington, D.C. 20530

October 4, 2017

MEMORANDUM



TO: UNITED STATES ATTORNEYS
HEADS OF DEPARTMENT COMPONENTS

FROM: THE ATTORNEY GENERAL

SUBJECT: Revised Treatment of Transgender Employment Discrimination Claims Under Title VII of the Civil Rights Act of 1964

Title VII of the Civil Rights Act of 1964 makes it unlawful for employers to discriminate in the employment of an individual "because of such individual's . . . sex." 42 U.S.C. § 2000e-2(a) (prohibiting discrimination by private employers and by state and local governments); 42 U.S.C. § 2000e-16(a) (providing that personnel actions by federal agencies "shall be made free from any discrimination based on . . . sex"). Title VII's prohibition of sex discrimination is a strong and vital principle that underlies the integrity of our workforce.

The question of whether Title VII's prohibition on sex discrimination encompasses discrimination based on gender identity *per se*, including discrimination against transgender individuals, arises in a variety of contexts. In a December 15, 2014, memorandum, Attorney General Holder concluded that Title VII does encompass such discrimination, based on his view that Title VII prohibits employers from taking into account "sex-based considerations." Memo. at 2; *see also id.* at 1 n.1 (defining "gender identity" and "transgender individuals").

Although federal law, including Title VII, provides various protections to transgender individuals, Title VII does not prohibit discrimination based on gender identity *per se*. This is a conclusion of law, not policy. The sole issue addressed in this memorandum is what conduct Title VII prohibits by its terms, not what conduct should be prohibited by statute, regulation, or employer action. As a law enforcement agency, the Department of Justice must interpret Title VII as written by Congress.

Title VII expressly prohibits discrimination "because of . . . sex" and several other protected traits, but it does not refer to gender identity. "Sex" is ordinarily defined to mean biologically male or female. *See, e.g.*, *Etsitty v. Utah Transit Auth.*, 502 F.3d 1215, 1221-22 (10th Cir. 2007); *Hively v. Ivy Tech Cmty. Coll.*, 853 F.3d 339, 362 (7th Cir. 2017) (en banc) (Sykes, J., dissenting) (citing dictionaries). Congress has confirmed this ordinary meaning by expressly prohibiting, in several other statutes, "gender identity" discrimination, which Congress lists in addition to, rather than within, prohibitions on

discrimination based on "sex" or "gender." *See, e.g.*, 18 U.S.C. § 249(a)(2); 42 U.S.C. § 13925(b)(13)(A). Furthermore, the Supreme Court has explained that "[t]he critical issue, Title VII's text indicates, is whether members of one sex are exposed to disadvantageous terms or conditions of employment [or other employment actions] to which members of the other sex are not exposed." *Oncale v. Sundowner Offshore Servs., Inc.*, 523 U.S. 75, 80 (1998). Although Title VII bars "sex stereotypes" insofar as that particular sort of "sex-based consideration[ ]" causes "disparate treatment of men and women," *Price Waterhouse v. Hopkins*, 490 U.S. 228, 242, 251 (1989) (plurality op.), Title VII is not properly construed to proscribe employment practices (such as sex-specific bathrooms) that take account of the sex of employees but do not impose different burdens on similarly situated members of each sex, *see, e.g.*, *Jespersen v. Harrah's Operating Co., Inc.*, 444 F.3d 1104, 1109-10 (9th Cir. 2006) (en banc).

Accordingly, Title VII's prohibition on sex discrimination encompasses discrimination between men and women but does not encompass discrimination based on gender identity *per se*, including transgender status. Therefore, as of the date of this memorandum, which hereby withdraws the December 15, 2014, memorandum, the Department of Justice will take that position in all pending and future matters (except where controlling lower-court precedent dictates otherwise, in which event the issue should be preserved for potential further review).

The Justice Department must and will continue to affirm the dignity of all people, including transgender individuals. Nothing in this memorandum should be construed to condone mistreatment on the basis of gender identity, or to express a policy view on whether Congress should amend Title VII to provide different or additional protections. Nor does this memorandum remove or reduce the protections against discrimination on the basis of sex that Congress has provided all individuals, including transgender individuals, under Title VII. In addition, the Matthew Shepard and James Byrd, Jr., Hate Crimes Prevention Act and the Violence Against Women Reauthorization Act prohibit gender identity discrimination along with other types of discrimination in certain contexts. 18 U.S.C. § 249(a)(2); 42 U.S.C. § 13925(b)(13)(A). The Department of Justice has vigorously enforced such laws, and will continue to do so, on behalf of all Americans, including transgender Americans.

If you have questions about this memorandum or its application in a case, please contact your Civil Chief or your Component's Front Office.

Exhibit 9

Memorandum from the Chairman of the Joint Chiefs of Staff titled "Transgender Policy,"

dated July 27, 2017

CHAIRMAN OF THE JOINT CHIEFS OF STAFF
WASHINGTON, DC 20318-9999

CM-0179-17
27 July 2017

MEMORANDUM FOR CHIEFS OF THE MILITARY SERVICES
CHIEF, NATIONAL GUARD BUREAU
SENIOR ENLISTED LEADERS OF THE MILITARY SERVICES

SUBJECT: Transgender Policy

1. I know there are questions about yesterday's announcement by the President on the transgender policy. There will be no modifications to the current policy until the President's direction has been received by the Secretary of Defense and the Secretary has issued implementation guidance.

2. In the meantime, we will continue to treat all of our personnel with respect. As importantly, given the current fight and the challenges we face, we will all remain focused on accomplishing our assigned missions.

JOSEPH F. DUNFORD, JR.
General, U.S. Marine Corps

CJCS_00000004

Exhibit 10

Memorandum from the Defense Health Agency titled "Information Memorandum: Interim Defense Health Agency Procedures for Reviewing Requests for Waivers to Allow Supplemental Health Care Program Coverage of Sex Reassignment Surgical Procedures,"

dated November 13, 2017

DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

NOV 13 2017

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)

SUBJECT: Information Memorandum: Interim Defense Health Agency Procedures for Reviewing Requests for Waivers to Allow Supplemental Health Care Program Coverage of Sex Reassignment Surgical Procedures

The purpose of this memorandum is to share with you the procedures the Defense Health Agency (DHA) will follow to consider requests for a Supplemental Health Care Program (SHCP) waiver to allow coverage of sex reassignment surgical procedures.

Background

The 2016 Department of Defense (DoD) transgender service policy change included medical guidance that unless and until adequate surgical capabilities are established in military medical treatment facilities, requests for transgender surgery would be considered for DoD payment to non-DoD facilities under the SHCP and would require a waiver from the DHA Director.[1] That guidance noted that there are applicable statutory limitations. The statutory limitations include that DoD may not pay for surgery in non-DoD facilities for "sex gender changes," but this is subject to "such exceptions as the Secretary of Defense considers necessary," as long as they do not involve "elective private treatment."[2]

The Presidential Memorandum of August 25, 2017, "Military Service by Transgender Individuals," included direction that, effective March 23, 2018, the Military Health System halt all use of appropriations to fund sex-reassignment surgical procedures for military personnel, except to the extent necessary to protect the health of an individual who has already begun a course of treatment to reassign his or her sex. The Secretary of Defense Memorandum of September 14, 2017, "Military Service by Transgender Individuals – Interim Guidance," included direction that Service members who receive a gender dysphoria diagnosis from a military medical provider will be provided treatment for the diagnosed medical condition. The effect of this is to continue the July 2016 medical guidance until the Secretary promulgates final policy implementing the direction from the Commander In Chief of the Armed Forces.

[1] Assistant Secretary of Defense (Health Affairs) Memorandum, "Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members," July 29, 2016.
[2] 10 U.S.C. 1074(c)(2)(A), 1079(a)(11), 1074(c)(1).

This memorandum addresses procedures for considering requests for waivers under the SHCP for sex reassignment surgical procedures.[3] This memorandum does not apply to non-surgical care, nor to surgical care provided in military medical treatment facilities; those matters remain under the procedures of the Military Department concerned, consistent with the July 2016 guidance from the Assistant Secretary of Defense for Health Affairs, which remains in effect.

In evaluating potential coverage of otherwise non-covered services, the TRICARE regulation calls for review under the established hierarchy of reliable evidence,[4] which considers peer-reviewed publications of well controlled studies of clinically meaningful endpoints and published formal technology assessments as stronger than professional opinions, policy positions, and reports. (Although the TRICARE regulation is not binding on the SHCP, it provides a useful frame of reference). The effectiveness of gender transition surgery as a treatment for gender dysphoria is not well documented under this hierarchy of reliable evidence.[5]

Criteria for Considering SHCP Waiver Requests

Use of the Secretary's discretionary authority to waive the prohibition on paying for sex-reassignment surgery[6] under the SHCP will consider all relevant information in a case-by-case

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[3] 32 CFR 199.16(f) provides that generally applicable exclusions may be waived by the DHA based on a determination that such waiver is necessary to assure adequate availability of health care services to active duty members.

[4] 32 C.F.R. 199.2.

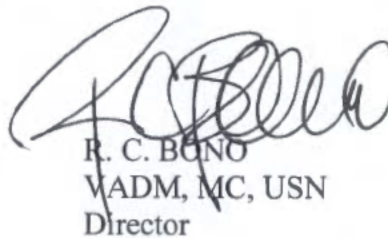
[5] Consistent with this hierarchy of reliable evidence, DoD often relies on health technology assessments conducted by Hayes, Inc. Hayes, Inc. uses a five-tier rating system. Under the most recent Hayes, Inc. assessment (Haynes Directory and Annual Review, May 15, 2014 and April 18, 2017 (updated)), for sex reassignment surgery (SRS) to treat gender dysphoria (GD) in adults for whom a qualified mental health professional has made a formal diagnosis of GD, have undergone hormone therapy and psychotherapy, and have undergone a Real-Life Experience, the rating reflects the reporting of some positive evidence but with serious limitations in the evidence of both effectiveness and safety. The evidence is rated a "C", which is a middle tier in the rating system, indicating there is potential but unproven benefit. Some published evidence suggests that safety and impact on health outcomes are at least comparable to standard treatment/testing. However, the "C" rating indicates that substantial uncertainty remains about safety and/or impact on health outcomes because of poor-quality studies, sparse data, conflicting study results, and/or other concerns.

[6] For purposes of this memorandum, sex reassignment surgery is defined as all surgical procedures related to transition from the birth sex to the preferred gender. These procedures include but are not limited to mastectomy, hysterectomy, gonadectomy, genital reassignment, breast augmentation, and cosmetic procedures to enhance the characteristics of the preferred gender. See Attachment for a more inclusive list.

review of the patient's record and circumstances, including the expected clinical benefit if the surgery is provided, the expected adverse effect on the patient's health if the surgery is not provided, and the potential impact of the requested health care service on the Service member's fitness for duty and military readiness. Updating guidance applicable to the SHCP, DHA's clinical review will adhere to the surgical care provisions of the 2017 Endocrine Society's Standards of Care, "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline,"[7] to provide consistent, evidence-based care. The standards applicable to surgical care are summarized in the Attachment. Use of SHCP funding for any proposed sex-reassignment surgical procedures requires case-by-case authorization from the DHA Director.

Requests for waivers require appropriate clinical documentation and a recommendation for approval by the Surgeon General concerned. Absent emergency circumstances, SHCP surgery should not be scheduled until a waiver has been approved by the Director, DHA.

My point of contact for this matter is Dr. John Kugler, Chief, Clinical Support Division, Operations Directorate (J-3). Dr. Kugler can be reached via email at john.p.kugler.civ@mail.mil.



R. C. BONO
VADM, MC, USN
Director

Attachments:
As stated

cc:
Assistant Secretary of Defense for Health Affairs
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Joint Staff Surgeon
Medical Officer of the Marine Corps
Director, Health, Safety, and Work Life, U.S. Coast Guard

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[7] The 2017 Endocrine Society guideline uses the terms "gender-reassignment surgery," "gender-confirming surgery" and "gender-affirming surgery." For purposes of this memorandum, the term "sex reassignment surgery" is interchangeable with the 2017 Endocrine Society guideline terms.

ATTACHMENT

SURGICAL PROCEDURES FOR GENDER DYSPHORIA

1. SRS GUIDELINES. Medically necessary sex reassignment surgery (SRS) may be considered when all of the following criteria are met:

a. Cross-sex hormones have been used continuously and responsibly for the required/recommended time according to the type of surgery;

b. Regular participation in psychotherapy throughout the transition period at a frequency determined jointly by the patient and the mental health provider has been completed if required;

c. Knowledge of all practical aspects of surgery (e.g., cost, required length of hospitalization, likely complications, post-surgical rehabilitation, SHCP policy including limitations, etc.) has been demonstrated;

d. Progress in consolidating one's gender identity has been demonstrated;

e. Progress in dealing with work, family, and interpersonal issues resulting in a significantly better state of mental health has been demonstrated; and

f. The endocrinologist or the physician responsible for endocrine treatment and the mental health provider must certify that the individual satisfies the eligibility and readiness criteria for SRS.

2. MEDICALLY NECESSARY PROCEDURES. Subject to receiving the relevant diagnosis/validation from an appropriate military medical provider, the following procedures may be recognized as "medically necessary" by DoD and may be funded through SHCP:

a. Female-to-Male

PROCEDURE	CPT Codes	CRITERIA
Hysterectomy and salpingo-oophorectomy (removal of uterus and ovaries)	58262/58291	1. Meet SRS Guidelines in Attachment 1, section 1, **required** 2. 12 months of hormonal therapy **required** (unless medically contraindicated) 3. 12 months of full time RLE **required**
Mastectomy (removal of breast)	19301/19303/19304	1. Meet SRS Guidelines in Attachment 1, section 1, **required** 2. 12 months of hormonal

		therapy **recommended** (unless medically contraindicated) 3. 12 months of full time RLE **recommended**
Metoidioplasty (enlargement/ lengthening of clitoris)	55899	1. Meet SRS Guidelines in Attachment 1, section 1, **required** 2. 12 months of hormonal therapy **required** (unless medically contraindicated) 3. 12 months of continuous full time RLE **required**
Phalloplasty (construction of "new" phallus 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	

b. Male-to-Female

PROCEDURE	CPT Codes	CRITERIA
Orchiectomy (removal of testicles)	54520/54690	1. Meet SRS Guidelines in Attachment 1, section 1, **required** 2. 12 months of hormonal therapy **required** (unless medically contraindicated) 3. 12 months of full time RLE **required**
Penectomy (removal of penis)	54125	
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	

3. COSMETIC PROCEDURES. The following procedures are considered "cosmetic procedures" by DoD and are not funded through SHCP (although some may be provided in an MTF subject to MTF capability and current Cosmetic Surgery Policy payment rules; this list is not all-inclusive):

a. Abdominoplasty (unless standard medical necessity criteria met)

b. Breast Augmentation[8]

c. Blepharoplasty (eyelid lift) (unless standard medical necessity criteria met)

d. Hair removal/Electrolysis9

e. Face-lift

f. Facial bone reduction

g. Hair transplantation

h. Liposuction

i. Reduction thyroid chondroplasty (Adam's Apple surgery)

j. Rhinoplasty

k. Voice modification surgery

4. OTHER SURGICAL CONSIDERATIONS

a. Cryopreservation of oocytes and/or sperm is not funded by DoD

b. Reversal of SRS is not funded by DoD

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[8] A waiver for breast augmentation (CPT code 19324/19325) may be authorized when the ADSM has undergone 24 months of feminizing hormone therapy (unless medically contraindicated) with insufficient breast development.

[9] A waiver for hair removal by laser or electrolysis (CPT codes 17380) may be authorized when the ADSM meets one of the following criteria for planned SRS:

A. The defined area of hair removal is to treat tissue donor site(s) for a planned phalloplasty.

B. The defined area of hair removal is to treat tissue donor site(s) for planned vaginoplasty.