



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.21

May 12, 2023

DAD-MA

SUBJECT: Guidance for Gender-Affirming Health Care of Transgender and Gender-Diverse Active and Reserve Component Service Members

References: See Enclosure 1

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (y), establishes the Defense Health Agency's (DHA) procedures to provide health care for transgender and gender-diverse (TGD) Active Component (AC) and Reserve Component (RC) Service members (SM) currently on active duty for a period of more than 30 days, who, hereafter, are referred to collectively as Active Duty Service Members (ADSM), and to establish a process for the in-service gender transition of TGD ADSMs.
2. **APPLICABILITY.** This DHA-PI applies to the DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include: assigned, attached, allotted, or detailed personnel and the Military Departments (MILDEP). For DHA publications, the terms "market" or "direct reporting market" includes the Hawaii Market unless otherwise noted in the publication. This applies to all published DHA publications, thereby ratifying any actions taken by the Hawaii Market after establishment.
3. **POLICY IMPLEMENTATION.** It is the DHA's instruction, pursuant to References (c) through (y), to standardize the healthcare processes for TGD ADSMs to reduce variability in the provision of care and increase quality of care for TGD ADSMs. This DHA-PI implements DoD policies on healthcare benefits for TGD ADSMs.
4. **CANCELLED DOCUMENT.** This DHA-PI incorporates and cancels the DHA Memorandum, "Information Memorandum: Interim DHA Procedures for Reviewing Requests for Waivers to Allow Supplemental Health Care Program Coverage of Sex Reassignment Surgical Procedures," November 13, 2017.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. See Enclosure 3 through 7.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Medical Affairs (MA). When components and activities are unable to comply with this publication, the activity may request a waiver that must include a justification to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to DAD-MA to determine if the waiver may be granted by the Director, DHA, or a designee. Waivers refer to this DHA-PI, not the Supplemental Health Care Program (SHCP) Waiver Process.

8. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/DHA%20Publications%20Signed/Forms/AllItems.aspx>.

9. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature. There is an implementation period of six months for all procedures in this DHA-PI.

b. Will expire 10 years from the date of signature if not reissued or canceled before this date in accordance with Reference (c).

10. FORMS. DHA Form 233, Supplemental Health Care Program Gender-Affirming Surgical Procedure(s) Waiver Request Memorandum, is available from the DHA Forms Library at: https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013, as amended
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” April 1, 2022
- (d) Public Law 116-333, Section 596, “National Defense Authorization Act for Fiscal Year 2020,” December 9, 2019
- (e) Assistant Secretary of Defense for Health Affairs Memorandum, “Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members,” July 29, 2016
- (f) Code of Federal Regulations, Title 32
- (g) Assistant Secretary of Defense for Health Affairs Policy Memorandum 12-002, “Use of Supplemental Health Care Program Funds for Non-Covered TRICARE Health Care Services and the Waiver Process for Active Duty Service Members,” February 21, 2012¹
- (h) United States Code, Title 10
- (i) Hembree, Cohen-Kettenis, et al., “Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline,” 102(11), J Clin Endocrinol Metab, 3869-3903, 2017. With correction: CORRIGENDUM FOR “Endocrine Treatment of Gender Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline,” 103(7), J Clin Endocrinol Metab, 2758-2759, February 2018
- (j) DoD Instruction 1300.28, “In-Service Transition for Transgender Service Members,” April 30, 2021, as amended
- (k) DoD Instruction 6130.03, Volume 1, “Medical Standards for Military Service: Appointment, Enlistment, or Induction,” May 6, 2018, as amended
- (l) DoD Instruction 6490.08, “Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members,” August 17, 2011
- (m) DoD Instruction 6490.07, “Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees,” February 5, 2010
- (n) DoD Instruction 6025.19, “Individual Medical Readiness Program,” July 13, 2022
- (o) American Psychiatric Association, “Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition, Text Revision,” March 18, 2022
- (p) Assistant Secretary of Defense for Health Affairs Policy Memorandum 05-020, “Policy for Cosmetic Surgery Procedures in the Military Health System,” October 25, 2005²
- (q) TRICARE Policy Manual, Chapter 7, Section 1.2, “Gender Dysphoria,” current edition
- (r) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019

¹ This reference can be found here: <https://health.mil/Reference-Center/Policies/2012/02/21/Use-of-Supplemental-Health-Care-Program-Funds-for-Non-Covered-TRICARE-Health-Care-Services-and-the-W>

² This reference can be found at: <https://health.mil/Search-Results?query=cosmetic%20policy&refSrc=1>

- (s) Coleman, Radix, et al., “Standards of Care for the Health of Transgender and Gender Diverse People,” Version 8, *International Journal of Transgender Health*, Vol 23, S1-S259, September 15, 2022³
- (t) World Health Organization, “International Classification of Diseases, Eleventh Revision (ICD-11),” January 2022⁴
- (u) American Psychiatric Association, “A Guide for Working with Transgender and Gender Nonconforming Patients,” November 2017⁵
- (v) American Psychological Association, “Guidelines for Psychological Practice with Transgender and Gender Nonconforming People,” December 2015⁶
- (w) Assistant Secretary of Defense for Health Affairs Memorandum, “Guidance for Medical Care in Military Treatment Facilities for Service Members Diagnosed with Gender Dysphoria,” March 12, 2019
- (x) Assistant Secretary of Defense for Health Affairs Memorandum, “Health Care for Transgender Service Members – Guidance for Service Members Who Identify as Non-Binary,” February 10, 2022
- (y) DoD Instruction 1215.13, “Ready Reserve Member Participation Policy,” May 5, 2015

³ This reference can be found here: <https://doi.org/10.1080/26895269.2022.2100644>

⁴ This reference can be found here: <https://icd.who.int/browse11/l-m/en#/>

⁵ This reference can be found here: <https://www.psychiatry.org/psychiatrists/cultural-competency/education/transgender-and-gender-nonconforming-patients>

⁶ This reference can be found here: <https://www.apa.org/practice/guidelines/transgender.pdf>

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:

a. Provide or coordinate guidance and oversight, as appropriate, to standardize the provision of medically necessary health care for TGD ADSMs diagnosed with gender dysphoria (GD), including members for whom gender transition is determined to be medically necessary by a medical provider, in accordance with Reference (j).

b. Exercise management responsibility over Military Health System (MHS) enterprise activities and authority, direction, and control over each military medical treatment facility (MTF) to provide and coordinate medically necessary care to TGD ADSMs as outlined in Enclosure 3, and in accordance with Reference (b) and Section 1073c of Reference (h).

c. In accordance with management responsibilities contained in Reference (b), ensure that that Direct Reporting Markets (DRM), Small Market and Stand-Alone Military Medical Treatment Facility Organization (SSO), Defense Health Agency Regions (DHAR), and MTFs develop any processes or procedures that are necessary to comply with this instruction.

d. Evaluate and render determinations, or delegate authority to render determinations, for SHCP waiver requests for medically necessary surgical care or other non-TRICARE benefits for TGD ADSMs in accordance with Reference (e), Part 199.16 of Reference (f), Reference (g), Section 1074 of Reference (h), and Reference (j).

2. ASSISTANT DIRECTOR, HEALTHCARE ADMINISTRATION (AD-HCA). The AD-HCA will:

a. Oversee compliance with this issuance by DRM, SSO, DHARs, and MTFs.

b. Ensure coordination between the DAD-MA, DAD-Healthcare Operations (HCO), other DADs, and Defense Health Headquarters J-Directors to ensure resources are available and to fulfill the terms of this directive in all MTFs within that DRM, SSO, or DHAR.

3. DAD, MA. The DAD-MA will:

a. Monitor compliance with this DHA-PI, which may include assessing DHA Enterprise performance on all provisions contained in this DHA-PI.

b. Collaborate with the MILDEPs on the delivery of health care and education to TGD ADSMs.

- c. Ensure the Transgender Health Working Group (TGHWG) addresses healthcare issues of TGD patients, recommend direction, policy, guidelines, and procedures for the provision of medical care of TGD patients.
- d. Select outcome metrics and reviewed by the TGHWG to measure the effectiveness of established programs and procedures in this DHA-PI.
- e. Establish procedures to require gender-affirming surgery (GAS) performed in MTFs to have the same eligibility criteria and accessibility for all eligible ADSMs outlined in Enclosure 4 and per Reference (j).
- f. Establish processes for SHCP waiver requests and ensure dissemination of information on SHCP waiver processes to the Markets.
- g. Carry out responsibilities as delegated by either the Director, DHA, or Assistant Director, Healthcare Administration, to the extent any such responsibilities are delegated.
- h. Establish a reporting process for TGD data to DHA leadership and internal and external stakeholders (e.g., Congress, DHA J Directorates, etc.).

4. DAD-HCO. The DAD-HCO will:

- a. Oversee effective integration of TRICARE network resources to support authorized treatments for TGD ADSMs in Private Sector Care (PSC) by providers with expertise in TGD care.
- b. Coordinate with DAD-MA in the care of TGD ADSMs.

5. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPs will:

- a. Identify appropriate individuals to serve as representatives from their respective MILDEP to work with DHA in ensuring compliance with the guidance in this DHA-PI.
- b. Work with DHA to support the DHA Director's efforts to ensure there are appropriate standards and procedures under the SHCP for TGD ADSM health care services.
- c. Determine the process for reviewing SHCP waiver request in accordance with Reference (e) and this DHA-PI.

6. DIRECTORS, DRM, SSO, AND DHAR. The DRM, SSO, and DHAR Directors will:

- a. Provide the needed support to the MTFs in the health care delivery to TGD ADSMs.

b. Establish processes ensuring access to timely health care delivery, including timely submission of SHCP waiver requests from TGD ADSMs and subsequent implementation of approved waivers.

c. Ensure information dissemination on SHCP waiver processes from the DHA to the MTF Directors.

d. Ensure MTFs with an existing Transgender Care Team (TGCT), or with capabilities to establish TGCTs, will follow the standardized model established by the DHA as outlined in this DHA-PI.

e. Ensure official recognition and allocation of sufficient protected time for TGCT members to execute their assigned TG care duties either as primary or collateral duties.

f. Designate a TG Care Liaison (TGCL) to serve as a local point of contact (POC) for TGD ADSMs and medical staff members to connect with specialized TGD care resources within the Market or Region and in other Markets or Regions. Local TGCLs will also assist in managing TGD healthcare training in collaboration with MTF and Market TGCLs.

7. DIRECTORS, MTF. The MTF Directors will:

a. Ensure MTF medical personnel comply with this DHA-PI.

b. Designate a TGCL to assist local TGD ADSMs with TGD care access.

c. Provide sufficient protected time to clinicians and designated personnel providing substantial TGD care support to execute their assigned duties.

d. Ensure GAS procedures performed in the MTF are in accordance with Reference (i), and this DHA-PI.

e. Ensure information on the SHCP waiver process is disseminated from DHA (DHA-PI, SHCP Waiver Office), via DRM, SSO, and DHAR Directors, to MTF personnel.

f. Ensure compliance with mandatory TGD healthcare education, training, and reporting requirements.

g. Support dissemination of patient educational materials to TGD ADSMs and other beneficiaries.

8. CHAIR, TGHWG. The Chair, TGHWG, will:

a. Collaborate with MILDEP, DHA, and the Office of the Assistant Secretary of Defense for Health Affairs SMEs to develop and implement DoD and Assistant Secretary of Defense for

Health Affairs policies, as well as develop and recommend overarching TGD healthcare guidance.

b. Ensure the TGHWG has interdisciplinary representation, including behavioral health (BH) SMEs.

c. Evaluate and provide recommendations to DAD-MA, DHA leadership, and other stakeholders (Health Affairs, etc.) for policy, procedures, and direction of TGD medical care processes and services.

d. Recommend requirements for the TGCL.

e. Recommend requirements for the TGCTs and the only DoD Transgender Health Center (TGHC) for necessary multidisciplinary SMEs, support staff, and resources to provide comprehensive care to TGD ADSMs referred to the TGHC.

f. Recommend TGD healthcare education and training module(s) in collaboration with MILDEP SMEs.

g. Provide reports and proposed responses to senior leaders, Congress, internal stakeholders, and other external inquires.

9. DIRECTOR, TGHC. The Medical Director of TGHC, working with the TG Care Program Manager at DHA, will determine its requirements and functions in accordance with guidance provided by DAD-MA and DHA leadership.

ENCLOSURE 3

PROCEDURES

1. GENERAL PROVISIONS. The MHS plays a critical role in establishing the diagnosis of GD/gender incongruence (GI) for in-service gender transition. This diagnosis has significant implications for the ADSM and the ADSM's immediate supervisor or commander and shall be made by providers who meet the recommended qualifications as specified in Reference (i).

a. Definitions. Transgender or TG is an umbrella term used to capture the spectrum of gender identity and gender-expression diversity. GI occurs when an individual's sex assigned at birth and gender identity do not align, and the individual may identify as TGD. Some individuals experience GI at a clinically significant level, resulting in GD, specified in Reference (o) as a marked incongruence between one's experienced or expressed gender and sex assigned at birth of at least six months' duration and is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

b. Applicability. The procedures outlined in this enclosure apply to TGD ADSMs who receive health care, including for GD/GI, in either MTFs or through PSC in accordance with Sections 199.16 and 199.2 of References (f) and (g). Additionally, the procedures outlined in this DHA-PI shall not apply to new enlistees within 180 days of initial enlistment since they may be evaluated for administrative separation if the discovered diagnosis is incompatible with accession standards as set forth in Reference (k). See Enclosure 4 for details on RC SMs' benefits for SMs not on active duty for more than 30 days.

2. PROVISION OF MEDICAL CARE.

a. General.

(1) Medical care for gender transition is based on the ADSM's unique health care needs and involves an interdisciplinary approach by a skilled TGCT, located in the local MTF, Market medical center or TGHC with expertise in TGD health care, and may include surgical procedures and/or non-surgical care. The interdisciplinary TGCTs consisting of providers with training, competence, and responsiveness as outlined in Reference (i), will provide integrated medical and psychological care to TGD ADSMs.

(2) DoD medical providers are expected to follow Reference (j) regarding their roles in the gender transition process. Providers will not be forced to deliver care in situations where a provider feels unprepared to provide, either due to the lack of clinical skill or based on held beliefs (conscience, moral principles, or religious beliefs) IAW References (e) and (j). However, facilitation of access to medically necessary care is required under such circumstances, and care may not be refused when there is a duty to care. Assistance from the TGCT is available as needed.

(3) All care for TGD ADSMs should be provided in the Direct Care System (DCS) to the extent appropriate. When gender-affirming care is not available in a given MTF, that MTF shall pursue the availability of the needed care in other MTFs before making referrals to the PSC. Telehealth should be utilized to coordinate and deliver care, where appropriate.

b. Care Pathway. The typical care pathway consists of the following steps:

(1) MTF. TGD ADSM sees the primary care manager (PCM) or another primary care provider (PCP) who treats GD or the behavioral health provider (BHP) at the local MTF for initial evaluation and provisional diagnosis of GD/GI. The PCM/BHP may develop the initial medical treatment plan (MTP) for the TGD ADSM if the expertise exists. The PCM/BHP refers the TGD ADSM with the provisional diagnosis of GD/GI and the MTP (if created) to a TGCT either at the local MTF or a higher-level Market/Region MTF for validation. The MTF TGCL assists the TGD ADSM and MTF providers to locate the needed TGD resources and explain the pathway to TGD care for SM and other stakeholders.

(2) Market/Region. The TGCT for the Market will review and validate the provisional diagnosis of GD/GI and the MTP if it was developed. If the TGD ADSM does not have an MTP, the TGCT develops the MTP in collaboration with the ADSM either through virtual evaluation, record review, or in-person if necessary. The roles and functions of the TGCT is described in more detail in the next section, “Structure of Care.”

(3) TGHC. The TGHC, the only center for MHS, validates all GD/GI diagnoses and MTPs from the Market/Region TGCTs until the Market/Region TGCTs are capable of validating diagnoses of GD/GI and developing MTPs. The TGHC may perform its functions either through virtual evaluation, record review, or in-person if necessary. The TGHC may also accept certain referrals based on its assessment that it can provide the care. The roles and functions of the TGHC are described in more detail in the next section, “Structure of Care.”

c. Structure of Care. The DHA framework of TGD care delivery consists of:

(1) TGHC. The central TGHC shall provide comprehensive guidance and care to TGD ADSMs along with the associated administrative functions. The TGHC is located in or co-located near a military medical center with clinical experts in all aspects of TGD care (primary care, BH, dermatology, endocrinology, gynecology, general and plastic surgery, urology, oral maxillofacial surgery, otolaryngology, speech pathology (e.g., gender affirming voice training), case management, and other specialties). It shall have dedicated personnel supporting TGD care. Additional clinical experts may be connected via a virtual network of MTFs within a Market/Region/the SSO or between Markets/Regions/the SSO. The TGHC evaluates or validates the diagnosis of GD in TGD ADSMs, develops or validates MTPs for TGD ADSMs, and provides consultative service to MTF providers regarding TGD patient care. These functions are executed virtually or in-person. The TGHC is a referral center for complex TGD patients, and maintains the status of all MTF, and network providers, gender-affirming care capabilities (including GAS). It also provides General Medical Education, as well as general health training to healthcare professionals on TGD care, conducts research, and develops best practices.

(2) TGCT:

(a) MTF. Where capabilities exist, MTF Directors may form a TGCT to provide both clinical and administrative support to TGD ADSMs utilizing existing personnel and resources. The minimum composition of a MTF TGCT will consist of a PCP or a BHP, a case manager/nurse coordinator, and an administrative support specialist. They must be trained on the TGD care model and DoD/DHA guidance outlined in this document. If a TGCT is formed, it must follow the standardized processes directed by the TGHC.

(b) Market/Region/. The TGCT for the designated Market/Region will review and validate the provisional diagnosis of GD/GI and the MTP if it was developed by the MTF TGCT until the MTF team is certified to function independently. If the TGD ADSM does not have a MTP, the TGCT develops the MTP in collaboration with the SM through telehealth, record review, or in-person, if necessary.

d. Roles of the components outlined in the Structure of Care:

(1) TGHC. The TGHC is a global clinical resource for all uniformed SMs seeking to initiate gender transition while in Service and a consultative resource for MTF providers and commanding officers working with TGD ADSMs. The TGHC provides comprehensive interdisciplinary clinical care, clinical recommendations, and policy guidance based on the current DoD and DHA policies, the latest Endocrine Society guidelines and other national or international clinical practice guidelines or standards for TGD care, as long as they do not conflict with DoD, HA, DHA, and MILDEP policies and guidance. The roles and responsibilities of the TGHC are outlined below:

(a) Ensures standardization of care across the MHS by providing leadership, support, and training as a central TGD healthcare center of expertise.

(b) Ensure each ADSM referred to the TGHC by the Market or Region has an appropriate evaluation and treatment clinically consistent with Reference (i), any updates, and other medically appropriate clinical evidence.

(c) Confirm all GD diagnoses, validate medical necessity of transition-related healthcare services, and all initial MTPs, as well as updates as needed.

(d) Provide written documentation to the TGD ADSM's commander recommending is medically ready for any GAS procedures if it is needed.

(e) Provide written documentation to the TGD ADSM's commander recommending a gender marker change (GMC) when appropriate.

(f) Facilitate communication between the TGHC and staff at any Market/Region/SSO or MTF providing care for TGD ADSMs to ensure necessary information is obtained and to inform the Market or MTF of the status of MTPs. The TGD ADSM's

commander or other unit personnel that the TGD ADSM authorizes may need to take part in the discussion(s).

(g) Ensure current and applicable DoD, DHA, and MILDEP specific-policy and medical care information is relayed to TGD ADSMs throughout their transition process.

(h) Review the Electronic Health Record including, but not limited to, Armed Forces Health Longitudinal Technology Application/Health Artifact and Image Management Solution (HAIMS)/Composite Health Care System/Essentris/MHS GENESIS/Aeromedical Services Information Management System and other medical records available, including civilian documentation of ADSMs with GD, to:

1. Validate documentation confirms the GD diagnosis according to the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

2. Validate documentation confirms the medical necessity of gender-affirming hormone therapy (GAHT).

3. Validate the ADSM understands the risks and benefits associated with GAHT and/or proposed surgical procedures.

4. Confirm the proposed hormone regimen is consistent with current standards of care.

5. Confirm the proposed GAS is consistent with current standards of care.

6. Validate completion of the MTP and/or stability in the affirmed gender in transition-related interventions prior to recommending GMC in Military Personnel Data System or Defense Enrollment Eligibility Reporting System (DEERS).

7. Provide evaluation, case management, and interdisciplinary clinical care and guidance for SMs referred to the TGHC.

8. Collaborate with Market/Region/SSO TGCT or MTF referring provider to determine the mode of evaluation for TGD ADSM, either in-person or virtually.

9. Deliver specialty consultations or direct care via virtual health technology platforms as appropriate. Virtual health services available include mental health services, gender-affirming hormone management, gender-affirming voice training, and surgical consults.

10. Conduct clinical case conference meetings with TGHC personnel listed below and TGCT and/or MTF personnel or unit personnel as needed. TGHC personnel may attend in-person or virtually.

11. Initiate and monitor specific duty limitations in accordance with MILDEP specific guidance and communicate with key stakeholders on changes made to profiles/limited

duty status. Provide consultation and recommendations as needed on issues regarding medical readiness.

12. TGHC will develop reports to Congress, DHA leadership, and MILDEP leadership.

13. Ensure all appropriate documentation is placed into Armed Forces Health Longitudinal Technology Application/MHS GENESIS, CarePoint, and any other approved military medical record documentation platform.

14. Provide medical support documentation to the MTF personnel in order to complete SHCP waivers.

15. Support graduate, post-graduate, and continuing education on TGD health care through clinical rotations, distance learning, didactic content, and consultations as resources permit.

16. Advise leadership and key stakeholders regarding clinical considerations for TGD-related policy as requested.

17. Establish criteria for vetting of existing or new TGCTs.

18. Maintain routine communication with Service Central Coordination Cell (SCCC) of each MILDEP.

19. Conduct and support TGD healthcare research.

20. Determine if the full-time real-life experience (RLE) requirement is met for fertility-affecting GAS according to MILDEP policies and clinical judgment.

(2) Roles of TGCT. The TGCT will:

(a) Provide and coordinate necessary clinical care within local area of responsibility (AOR) and assist in drafting MTPs and forward to the TGHC for validation or validate the MTPs when the TGCT is certified by the TGHC.

(b) Hold regular meetings to track emerging issues for TGD ADSMs within AOR.

(c) Report data to TGHC at regular intervals and as requested.

(d) Provide support to TGCLs within the AOR for information about locally available TGD healthcare services, both within the DCS and PSC.

(e) Ensure the standardized process set forth by the TGHC, as outlined in this DHA-PI, is followed throughout the AOR.

(f) Provide medical support documentation to the MTF personnel to complete SHCP waivers.

(g) Ensure the disclosure of protected health information will be consistent with References (l) and (r). If an ADSM is diagnosed with GD/GI but does not require medications or procedures for this diagnosis (i.e., treatment plan consisting only of counseling with or without psychotropic medications), notification is not required. As in the treatment of any other mental health conditions, ADSMs' commanders are notified only under specified circumstances, and with minimum necessary information, in accordance with Reference (m). Nothing in this DHA-PI affects the reporting requirements of Reference (m).

(h) Determine if the full-time RLE requirement is met for fertility-affecting GAS according to Services' policies and clinical judgment.

(3) Roles of the TGCL. TGCLs must be designated by Market, Region, SSO or MTF leadership and will:

(a) Serve as the liaison between the MTF, TGCT, and TGHC.

(b) Maintain knowledge on the care model and care pathways.

(c) Maintain points of contact for the TGHC and for their assigned Market/Region TGCT or SSO TGCT (if one exists).

(d) Manage the TGD training within the MTF or Market/Region/SSO.

e. GAHT and Psychotherapy. Both GAHT, referred to as "cross-sex hormone therapy" in Reference (j), and psychotherapy are TRICARE benefits. They are available in MTFs with capabilities per References (e) and (r). These benefits for gender transition may also be accessed by ADSMs through preauthorization for PSC based on non-availability in the DCS.

f. GAS.

(1) GAS may be a part of an ADSM's gender transition MTP. GAS refers to all medically necessary surgical procedures associated with affirming the ADSM's gender identity. These procedures are further categorized as procedures that do and do not affect fertility.

(2) For GAS procedures affecting fertility, the TGHC, or TGCT, is required to provide documentation supporting the completion of 12 months of continuous and successful RLE and GAHT (if GAHT is indicated in the MTP and if there is no medical contraindication to receiving such therapy, per Reference (i)).

(3) Timing for GAS procedures that do not directly affect fertility (e.g., top surgery) is determined by the TGCT based upon the physical and mental health status of the ADSM, in accordance with Reference (i).

(4) Procedures identified as medically necessary by DoD to assure adequate availability of health care services to ADSMs, and to maintain medical readiness, may be provided in an MTF with the capabilities, or referred to the PSC through a SHCP waiver.

(5) For information and guidance related to “elective” or “cosmetic” procedures, and exceptions for purposes of medically necessary gender-affirming healthcare, reference Enclosure 5.

(6) ADSMs for whom gender transition is deemed medically necessary should be counseled on the risks and benefits of the surgical procedures when their gender transition MTP is developed to ensure a clear understanding of current DoD GAS guidelines, including what procedures are covered as medically necessary, what procedures are not covered, and operation of the SHCP waiver process. See Enclosure 4 for the list of GAS procedures recognized as medically necessary and the criteria for those surgeries. This list will be reviewed annually, and updated, as appropriate, including in response to changes in clinical practice guidelines (CPGs; e.g. Reference (i)).

g. The Pre-Operative (Pre-Op) Surgical Evaluation for GAS

(1) When GAS is determined to be medically necessary, the ADSM will meet with the surgeon identified to perform the GAS procedures for a pre-op surgical evaluation, whereby a surgical treatment plan is made jointly between the surgeon and the ADSM. The evaluation also provides the opportunity for the surgeon to discuss the risks and benefits of the identified GAS procedures, and answer any questions the ADSM may have about the GAS procedure(s).

(2) GAS pre-op surgical evaluations no longer require a SHCP waiver. Referrals to PSC for the surgical evaluation will be made for the ADSM according to the following criteria:

(a) The ADSMs’ MTF providers may submit a referral for the pre-op surgical evaluation for fertility affecting GAS procedures after 9 months of GAHT (if indicated) and RLE, as documented in the ADSM’s Electronic Health Record.

(b) Referrals for the pre-op surgical evaluation for the non-fertility affecting GAS procedures may be submitted when the ADSM is considered ready for GAS per Reference (i) and as determined by the ADSM and the TGCT.

(3) The GAS pre-op evaluation must be completed by the provider who will be performing the surgery. If a GAS evaluation is done by one provider and for any reason the ADSM needs to have a different provider perform the surgery, a new surgery evaluation must be completed by the new provider selected to perform the surgery.

h. Referral and Authorization for GAS through the SHCP

(1) Based on the authority of Section 1074 of Reference (h) and Part 199.16 of Reference (f), members of the Uniformed Services have access to healthcare within PSC when such care is not available at an MTF, or, at the request of an authorized official of the Uniformed

Services, through the SHCP, when care deemed medically necessary by an MTF provider is a TRICARE non-covered service (as described in section 199.5(g)(15) of Reference (h). The SHCP waiver process provides an avenue to lawfully cover these otherwise non-covered services (to include GAS) for ADSMs that will enable them to return to full duty/worldwide deployable status, maintain medical readiness, and/or reach their maximum rehabilitative potential.

(2) A SHCP waiver for GAS is required since GAS is not to be covered for payment without a waiver per Reference (g), and it ensures compliance with current policy per Reference (j). Only referrals for GAS submitted with a waiver approved by the Director, DHA, or delegate, will be approved by the TRICARE managed care support contractors (MCSC). GAS completed without an approved SHCP waiver will not be reimbursed retroactively through a waiver. Prior to submitting the waiver request to DHA, the ADSM will be counseled on this requirement by the referring provider, and sign at the applicable section of DHA Form 233 acknowledging understanding of this requirement.

(3) The SHCP process also allows the MILDEPs and the DHA to maintain visibility and oversight of surgical care to be provided in the PSC and to ensure ADSMs receive quality care. Furthermore, the SHCP waiver process provides necessary information to the ADSM's commander, particularly on factors impacting an ADSM's readiness.

(4) The referral for GAS will follow the guidelines outlined in Enclosure 4. Some procedures considered as "cosmetic" by DoD may be provided in an MTF, subject to MTF capability and current cosmetic surgery policy in accordance with Reference (q), and under certain circumstances as described in Enclosure 5.

(5) SHCP waiver requests for GAS must be submitted using the standardized, all-Service DHA Form 233, "SHCP Gender-Affirming Surgical Procedure(s) Waiver Request" (referred to as "DHA Form 233" in this document). Submissions without using DHA Form 233 will not be accepted and will be returned. DHA Form 233 is accessible at: https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx.

(6) The MTF Director (or designee) of the MTF to which an ADSM is enrolled, or TRICARE Prime Remote (TPR) affiliated, serves as the authorized official of the Uniformed Service, per Section 199.16 of Reference (e). As such, the MTF Director (or designee) is the Signature and Endorsement Authority for SHCP waiver requests, without which DHA will not accept the waiver request. Director, DHA (or designee), will not consider exercising SHCP Waiver requests approval authority without a recommendation for approval by the authorized officer of the Uniformed Service concerned.

(a) The MILDEPs review the SHCP GAS waiver packages to ensure compliance with all requirements prior to forwarding to the DHA. If all requirements are not satisfied, and/or the MTF Director does not endorse waiver approval, the MILDEPs will not forward those packages to the DHA. Failure of the ADSM to follow procedures in obtaining care outside of MTFs shall be addressed through appropriate administrative and disciplinary action by the ADSM's respective MILDEP.

(b) After receiving a signed endorsement by the MTF Director (or designee) at the Readiness Impact section of DHA Form 233, the GAS SHCP waiver request will be submitted by the MTF provider primarily responsible for the member's gender-affirming care to the DHA SHCP Office for determination via the MILDEP Surgeon General (SG) Office.

(c) The SHCP waiver must be endorsed by the respective MILDEP SG, or delegate, to indicate MILDEP recommendation for waiver approval by the Director, DHA, or designee, in accordance with Enclosures 4 through Enclosure 8. The MILDEP concerned shall deny requests for SHCP waivers that do not meet GAS SHCP waiver criteria and other criteria from other contingencies (e.g., availability of surgical procedure during a pandemic).

(7) The ADSM may opt to not use a SHCP waiver for coverage of GAS and instead choose to self-pay. However, should the ADSM choose to self-pay over obtaining a SHCP waiver, the ADSM will be informed by the PCM, TGCT, or TGHC, that the ADSM is still responsible for obtaining authorization from the line commander on the timing of surgery to minimize the impact on readiness. The PCM or TGCT will inform the self-pay ADSMs they assume all risks of payment for surgery and potential costs of follow-up care, and they must provide all medical records associated with their outside medical care and procedures to the MHS in accordance with MILDEP rules and requirements. Therefore, it is recommended the ADSM obtains a DHA SHCP waiver for GAS to provide protection for all anticipated and unanticipated follow-up treatments. The ADSM must acknowledge in writing the understanding of this requirement.

(8) A designated period of RLE is required, and a period of consistent GAHT is required (if GAHT is desired as part of the MTP and not medically contraindicated), for GAS procedures that affect fertility, per Reference (i). A designated period of GAHT is for GAS procedures not affecting fertility is not required, but rather based on each individual's treatment needs as identified in the MTP per Reference (i) and as outlined in Enclosure 4. RLE is not required for non-fertility affecting GAS procedures, but may be part of their MTP. The mechanism for allowing RLE will follow Reference (j) and MILDEP specific policy. ADSM should be referred to the respective MILDEP policies on how RLE may be conducted.

i. Reversal of GAS. In accordance with Reference (j), if the reversal of GAS is determined to be medically necessary by a military medical provider treating the patient, or the TGCT, the ADSM will discuss and work with the PCM and the TGCT to establish a new MTP for the reversal of GAS procedure(s), and/or to alleviate unresolved or worsening GD, and the medical provider will implement the plan by referring the ADSM to a MTF with capability, or request for a SHCP waiver for treatment not available in the MTF.

3. CARE FOR NON-BINARY AND GENDER DIVERSE PEOPLE

a. As defined in Reference (s), non-binary and gender diverse are umbrella terms referring to individuals who experience their gender as outside of the gender binary.

b. Current diagnostic criteria, such as GD in the Reference (o) and GI in Reference (t), may not adequately capture the full diversity and scope of experiences of gender-related distress for this population (Reference (s)). Current guideline emphasizes the importance an individualized assessment focused on an understanding of how the non-binary/gender diverse person experiences their own gender and how this impacts their goals for the care they are seeking (Reference (s)).

c. As stated in Reference (s), the medical treatment needs of non-binary people are particularly diverse, and the more common transition trajectories historically associated with transgender men and women may not align with the way many non-binary and gender diverse people understand themselves and their personal transition process. Therefore, common treatments, or combination of treatments, often seen in the health care of TGD men and women, may not be indicated for the non-binary and gender diverse population, and thus those treatments' associated eligibility criteria may not be applicable or appropriate for the non-binary and gender diverse population.

d. The treatments available to TGD ADSMs are also available to non-binary and gender diverse people. While medical care for non-binary and gender diverse people is individualized and can be distinct from that of TGD people, the criteria for specific types of GAS, as outlined in this DHA-PI, still apply to this population, if such procedures are included in their MTP. The RLE requirement will apply if there will be a GMC in DEERS, however RLE and GAHT are case dependent, as some non-binary members do not change their gender markers in DEERS and thus would not be required to engage in RLE.

e. The recommendations in Reference (s) for this population are:

(1) Health care professionals will provide non-binary people with individualized assessment and treatment that affirms their experience of gender.

(2) Consider gender-affirming medical interventions (hormone therapy or surgery) for non-binary people in the absence of "social gender transition" (i.e., RLE).

(3) Consider gender-affirming surgical interventions in the absence of hormonal treatment, unless hormone therapy is required to achieve the desired surgical result.

(4) Provide information to non-binary people about the effects of hormonal therapies/surgery on future fertility and discuss the options for fertility preservation prior to starting hormonal treatment or undergoing surgery.

4. ADSM RESPONSIBILITIES. In accordance with References (j), (k), (m), (n) and (y), all ADSMs must maintain their health and fitness, meet individual medical readiness requirements, and report to their chains of command any medical (including mental health) and health issue that may affect their readiness to deploy or fitness to continue serving. Per Reference (j), the commander has a responsibility to ensure an ADSM's transition process maintains military readiness by minimizing impacts to the mission (including deployment, operational, training and

exercise schedules, and critical skills availability), as well as to the morale, welfare, good order, and discipline of the unit. The PCM, TGCT and TGHC (if applicable) will inform the ADSM of commander notification requirements specific to a diagnosis indicating that gender transition is medically necessary, as outlined under the conditions listed below:

- a. When the TGHC or TGCT validates a diagnosis of GD/GI and determines gender transition is medically necessary, per References (e) and (j).
- b. The ADSM is to provide the commander with a copy of the TGHC/TGCT-validated MTP, identifying all medically necessary treatments, and submit a projected schedule for such treatment, including an estimated date for a change in the ADSM's gender marker in DEERS, as set forth in Reference (j).
- c. The ADSM will, in consultation with the TGHC or their TGCT, and at the appropriate time, request their commander approve the timing of the medical treatment, an exception to policy (ETP) if needed, and a change to their gender marker in DEERS. At any time before, or after, the GMC, the commander, in consultation with the TGCT, may modify the timeline of a previously approved MTP to a GMC or an ETP associated with the ADSM's gender transition, based on operational necessity. A determination that modification is necessary and appropriate will be made in accordance with Reference (j).
- d. When any change to the MTP occurs, such as the revision to the projected schedule for treatment(s) which has been validated by the TGHC or TGCT.
- e. When additional care related to an ADSM's gender transition is determined to be medically necessary, even if a GMC in DEERS has already occurred, and the care was not previously approved in the MTP, as such care or treatment may affect readiness or fitness to continue serving.
- f. When the ADSM is medically ready for the GMC in DEERS.
- g. When any GAS is planned, the ADSM and the PCM or the TGCT must notify the commander as such procedure may impact medical readiness or retention standards.
- h. When transferring to a new unit during their transition, prior to a GMC in DEERS, the SM must provide the new commander, and if there is a gaining TGCT, a copy of the gender transition MTP for review. If the SM's MTP contains upcoming surgeries, the gaining commander will review the MTP and issue a concurrence memo, or provide legitimate rationale for why the approved MTP cannot be supported. However, only imminent operational issues should preclude concurrence.

4. MEASURES OF COMPLIANCE AND REPORTS. The TGHWG, in collaboration with the TGHC, will work with MILDEPS and SMEs, as needed, to obtain the following information at the minimum once a calendar year.

a. Cohort Characteristic

- (1) The total number of ADSMs with the diagnosis of GD/GI and the number of new GD/GI diagnoses each calendar year per MILDEP;
- (2) The number of psychotherapy encounters and associated costs of ADSMs with GD/GI per calendar year;
- (3) The number of GAHT prescriptions and the associated costs; and
- (4) The number of GAS procedures performed for ADSMs, and the associated costs.

b. Access

- (1) Days from referral to specialty care clinics to initial encounter in specialty care clinics for the treatment of GD/GI; and
- (2) Percentage of SMs, by Service, with a diagnosis of GD who have a commander's approved MTP or ETP.

c. Efficiency of Processes

- (1) The number of days to process SCHP waiver at each level in the routing chain starting with the initiation of a SHCP waiver request at the MTF level; e.g., date of initiation of SHCP waiver request, date sent to MILDEP SG's representative, date sent from MILDEP SG's representative to the DHA, and from the DHA to Director's (or designee's) signature.
- (2) The number of days to process SCHP waiver at the DHA level.

5. EDUCATION AND TRAINING. Education and training products will be developed by DAD-MA, in coordination and collaboration with the MILDEP SMEs, other SMEs, and/or other agencies as needed. Training products will include:

a. Introductory TG Healthcare Training

- (1) This training will be completed once by all MTF personnel including military, civilians, and contractors.
- (2) Training is required upon publication of new training modules, revision of this DHA-PI or related policy guidance, and new staff onboarding without prior TGD healthcare training.
- (3) Core training elements will include applicable DoD policies and requirements; key terms and concepts; common barriers to health care for TG and non-binary persons; and strategies for creating an inclusive and welcoming clinical environment for the patient population outlined in this DHA-PI.

(4) Each MTF will track course completion and report MTF-specific compliance through the Market to TGHWG for DAD-MA by March 31st of each year.

(5) DAD-MA will coordinate with the MILDEPs to ensure TGD healthcare education and training modules are developed with familiarity and alignment with MILDEP specific policies. The MILDEPs may develop separate MILDEP-specific training for the uniformed services personnel.

b. Training for the MTF TGCL

(1) This training will be completed once by all TGCLs at the MTFs and Markets/Regions/SSOs, including military, civilians, and contractors.

(2) TGCL-specific training is required upon publication of new training modules, revision of this DHA-PI or related policy guidance, and new staff onboarding without prior TGD training.

(3) Core training elements will include the TGD healthcare model including awareness of how the model applies to their MTF's resources, the TGD healthcare pathway, referral procedures, and SHCP waiver process.

(4) Each MTF will track course completion and report MTF-specific compliance through the Market to TGHWG for DAD-MA by March 31st of each year.

c. Training for the PCP

(1) This training will be completed once by all PCPs throughout the MHS (personnel specified in the Applicability section of this DHA-PI), including military, civilians, and contractors.

(2) Training is required upon publication of new training modules, revision of this DHA-PI or related policy guidance, and new staff onboarding without prior TGD training.

(3) Core training elements will include the TGD healthcare model, the TGD healthcare pathway, SHCP waiver processes, and general health care for TGD Service Members.

(4) Each MTF will track course completion and report MTF-specific compliance through the Market to TGHWG for DAD-MA by March 31st of each year.

d. Training for BHPs

(1) This training will be completed once by all BHPs throughout the MHS (personnel specified in the Applicability of this DHA-PI), including military, civilians, and contractors.

(2) Training is required upon publication of new training modules, revision of this DHA-PI or related policy guidance, and new staff onboarding without prior TGD training.

(3) Core training elements will include the TGD healthcare model, the TGD healthcare pathway, SHCP waiver processes, and general health care for TGD Service Members.

(4) Each MTF will track course completion and report MTF-specific compliance through the Market to TGHWG for DAD-MA by March 31st of each year.

e. Educational Products for Patients. Patient education products will be updated by the DHA TGD Education and Training Working Group in coordination with DHA Education and Training Directorate and DHA Communications Division, and will be made available on www.TRICARE.mil and www.health.mil/Transgender for ADSMs, dependent beneficiaries, and medical personnel. The MILDEPs may develop MILDEP-specific patient educational products to be made available for distribution at the MTF level for ADSMs and dependent beneficiaries as deemed appropriate for the population(s) served. Each MCSC will provide a link to patients on the www.TRICARE.mil for educational materials related to TGD health care.

f. Additional Training Products: Additional training products may be developed for medical specialties and other medical staff, as needed. Content may include clinical practice guidelines, evidence-based practices, and standards of care.

ENCLOSURE 4

SURGICAL PROCEDURES IN TRANSGENDER HEALTH CARE

1. GUIDELINES FOR GAS PROCEDURES. For many TGD adults, GAS may be a necessary step toward achieving alignment with their gender identity. The type of surgery falls into two main categories: those directly affecting fertility (Table 1), and those that do not (Table 2). GAS procedures may be recognized as medically necessary for ADSMs with a diagnosis of GD/GI when all the following eligibility criteria are met:

a. For surgical procedures directly affecting fertility, the endocrinologist, or physician responsible for endocrine treatment, certifies the ADSM has continuously and responsibly used gender-affirming hormones for 12 months (unless hormone therapy was not desired or part of the MTP, or was medically contraindicated), and has engaged in 12 months of RLE as determined by the TGHC, or designated TGCT, to meet recommended clinical criteria per Reference (i). Referral for a GAS surgical evaluation may be submitted and completed at any point during or after the 9th month of continuous adherence to the general criteria listed in Table 1, as specified in Enclosure 3 of this DHA-PI;

b. For surgical procedures not directly affecting fertility, neither GAHT nor RLE of a specific duration are required. Eligibility is determined clinically per Reference (i); referral for surgical evaluation may be submitted when the general criteria listed in Table 2 are met;

c. A BH complete biopsychosocial clinical evaluation is completed, as recommended by current practice guidelines and standards of care (Reference (i)) and Reference (s));

d. If BH treatment, such as psychotherapy, is clinically indicated per the ADSM's MTP, adherence to the BH treatment plan, as developed jointly by the provider and ADSM, has been demonstrated. The ADSM's BH treatment plan will be periodically re-evaluated jointly by the BHPs and ADSM, and it may be revised based on the ADSM's changing treatment needs or progress in treatment. Therefore, the initial BH treatment plan, including treatment frequency and duration, should not be assumed to be fixed, and thus the ADSM's adherence to the treatment plan will be based on their most current clinical encounter documentation;

e. The ADSM demonstrates knowledge of practical aspects of surgery, in accordance with Reference (i), including understanding of the risks involved, expected outcome, required length of hospitalization, post-surgical requirements, rehabilitation and approximate recovery time, SHCP policy, including its limitations, the permanent loss of fertility associated with GAS procedures affecting fertility, and the options for fertility preservation prior to GAS procedure(s), etc. The ADSM will be provided education and counseling, as needed, on these key aspects of surgery to ensure they feel well-informed and comfortable;

f. Significant medical and/or BH conditions are well-controlled, with no contraindications to the GAS plan, as determined by the respective specialist or provider.

2. COMMANDER’S REVIEW OF GAS PROCEDURES. The ADSM’s line or operational commander is responsible for approving the timing of any medically necessary surgical procedure(s) to minimize any possible impact on unit readiness.

3. MEDICALLY NECESSARY PROCEDURES. Procedures listed in Tables 1 & 2 are considered to be medically necessary (subject to receiving the relevant diagnosis/validation from a TGCT or TGHC military medical provider) and are categorized as fertility affecting and non-fertility affecting. These procedures may be provided in the DCS, or in the PSC through a SHCP waiver. The eligibility criteria are the same for DCS and PSC. Of note, while hair removal (laser or other methods) is classified as elective by DoD, it is considered standard of care to prepare for certain GAS procedures, and when it is part of the ADSM’s MTP. Hair removal at the surgical areas is usually required by the surgeon to be completed prior to receiving the associated procedures. Therefore, it has been included in Table 2.

Table 1. Fertility Affecting Gender Affirming Surgical Procedures

PROCEDURE & Current Procedural Terminology (CPT®) Codes	CPT® Codes	CRITERIA
Hysterectomy and salpingo-oophorectomy (removal of uterus and ovaries)	<p>58150: Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)</p> <p>58262/58291: Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)</p> <p>58275: Vaginal hysterectomy, with total or partial vaginectomy;</p> <p>58552: Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)</p> <p>58571: Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)</p> <p>58720: Salpingo-oophorectomy, complete or partial, unilateral or</p>	<p>a. Meet GAS Guidelines as outlined in this Enclosure.</p> <p>b. 12 months of consistent GAHT (unless GAHT is not desired as part of the MTP or is medically contraindicated).</p> <p>c. 12 months of full time RLE required, as determined by the TGHC, or designated TGCT, to meet clinical criteria, per Reference (i).</p>

	bilateral (separate procedure)	
Orchiectomy (removal of testicles)	54520: Orchiectomy, simple (inc.subcapsular),w/wo testicular prosthesis, scrotal/inguinal approach 54690: Laparoscopy, surgical; orchiectomy	a. Meet GAS Guidelines as outlined in this Enclosure. b. 12 months of consistent GAHT (unless GAHT is not desired as part of the MTP or is medically contraindicated). c. 12 months of full time RLE required per Reference (i) as determined by the TGHC, or designated TGCT, to meet clinical criteria, per Reference (i).
Metoidioplasty (clitoral release surgery)	58999: Unlisted procedure, female genital system (nonobstetrical)	a. Meet GAS Procedure Guidelines as outlined in this Enclosure. b. 12 months of consistent and adherent GAHT (unless GAHT is not desired as part of the MTP or is medically contraindicated). c. 12 months of full time continuous RLE required , as determined by the TGHC, or designated TGCT, to meet clinical criteria, per Reference (i).
Phalloplasty (construction of “new” penis from skin or muscle grafts)	58999: Unlisted procedure, female genital system (nonobstetrical)	
Placement of testicular prostheses	54660: Insertion of testicular prosthesis (separate procedure)	
Scrotoplasty (re-arrangement of labia to create scrotum)	55175: Scrotoplasty; simple 55180: Scrotoplasty; complicated	
Urethroplasty (creation of longer urethra from skin to enable standing voiding)	53430: Urethroplasty, reconstruction of female urethra	
Vaginectomy (removal of vagina)	57106: Vaginectomy, partial removal of vaginal wall 57110: Vaginectomy, complete removal of vaginal wall. 58275: Vaginal hysterectomy, w/total or partial vaginectomy	
Penectomy (removal of penis)	54125: Amputation of penis; complete	

Vaginoplasty (construction of “new” vagina from skin or intestinal tube)	57291: Construction of artificial vagina; w/o graft 57292: Construction of artificial vagina; with graft	a. Meet GAS Procedure Guidelines as outlined in this Enclosure.
Clitoroplasty (rearrangement of penile tissues to create “new” clitoris)	55899: Unlisted procedure, male genital system	b. 12 months of consistent and adherent GAHT (unless GAHT is not desired or medically contraindicated).
Labiaplasty (rearrangement of scrotum to create “new” labia)	55180: Scrotoplasty; complicated 55899: Unlisted procedure, male genital system	c. 12 months of full time continuous RLE required, per Reference (i).

Table 2. Non-Fertility Affecting Gender Affirming Surgical Procedures

PROCEDURE	CPT® Codes	CRITERIA
Facial Feminization Surgery (FFS)	Multiple CPT codes depending on the procedures	a. Meet GAS Guidelines as outlined in this Enclosure as applicable to procedures not affecting fertility, in accordance with Reference (i). b. GAHT and RLE are not required. c. To be performed in DCS (MTFs) only.
Gender-affirming voice training	92700: Unlisted otorhinolaryngologic al service or procedure	a. Meet GAS Guidelines as outlined in this Enclosure as applicable to procedures not affecting fertility, in accordance with Reference (i). b. GAHT and RLE are not required.
Hair Removal (laser or electrolysis as determined by clinician) for surgical pre-op areas.	17380: Electrolysis epilation, each 30 minutes 17999: Unlisted procedure, skin, mucous membrane and subcutaneous tissue	a. Meet GAS Guidelines as outlined in this Enclosure, as applicable to procedures not affecting fertility, in accordance with Reference (i). b. GAHT and RLE are not required.

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Chest surgery and reconstruction (Mastectomy (removal of breast))	<p>19301: Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy);</p> <p>19303: Mastectomy, simple, complete</p>	<p>a. Meet GAS Guidelines as outlined in this Enclosure, as applicable to procedures not affecting fertility, in accordance with Reference (i).</p> <p>b. Usually after start of androgen therapy (per Reference (i)), however hormone therapy is not required.</p>
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Note: For the DCS, MTFs that do not have the capabilities to provide these GAS procedures, may refer ADSMs to MTFs with capabilities, or ADSMs may apply for a SHCP waiver to obtain GAS procedures in the PSC. If care is available at a local MTF, but the ADSM prefers to have surgery elsewhere, the request will be reviewed on a case-by-case basis. FFS is performed only in DCS.

ENCLOSURE 5

COSMETIC AND OTHER NON-COVERED PROCEDURES

1. COSMETIC PROCEDURES. In general, procedures identified as “elective” or “cosmetic” by DoD are not covered benefits and not considered medically necessary. As such, these procedures are generally ineligible for a SHCP waiver. However, in gender-affirming health care, some surgical procedures considered “elective” by DoD, may be medically necessary and part of the ADSM’s transition MTP, and thus these procedures will be considered on a case-by-case basis through the SHCP waiver process. Applicable procedures that may qualify as an exception are indicated in the list below and at paragraph 3 of this Enclosure. Cosmetic procedures may be performed in an MTF where capability exists subject to current policy for cosmetic surgery per Reference (q). ADSMs need to seek approval from their respective commander and provide the documentation of care to the MTF if the procedure(s) is approved. These procedures include, but are not limited to:

- a. Abdominoplasty;
- b. Breast augmentation (except as noted in this Enclosure, paragraph 3);
- c. Blepharoplasty (eyelid lift; Except as noted in this Enclosure, paragraph 3);
- d. Electrolysis and other methods of (laser) hair removal (except as noted in Enclosure 4, Table 2);
- e. Face lift (except as noted in this Enclosure, paragraph 3);
- f. Facial bone reduction (except as noted in this Enclosure, paragraph 3);
- g. Hair transplantation;
- h. Liposuction;
- i. Reduction thyroid chondroplasty (Adam’s Apple surgery; Except as noted in this Enclosure, paragraph 3);
- j. Rhinoplasty (except as noted in this Enclosure, paragraph 3); and
- k. Voice modification surgery.

2. OTHER NON-COVERED PROCEDURES. Additional procedures not covered or eligible for SHCP: Cryopreservation of oocytes and/or sperm.

3. EXCEPTIONS

a. A SHCP waiver for breast augmentation may be authorized on a case-by-case basis when the ADSM has undergone 24 months of feminizing hormone therapy with insufficient breast development, as advised in Reference (i) (unless medically contraindicated).

b. Facial bone reduction surgical procedure(s) and other procedures for FFS may be authorized in the DCS only when the TGCT considers this procedure to be medically necessary for the patient, and is thus not eligible for a SHCP waiver.

c. Reduction thyroid chondroplasty (i.e., Adam's Apple surgery) for trans feminine patients may be authorized in DCS when the TGCT considers this procedure to be medically necessary for the patient.

ENCLOSURE 6

RESERVE COMPONENT MEMBERS

1. APPLICABILITY. This enclosure applies to RC members of the Armed Forces, who are indicated as Ready Reserve, including members in the Selected Reserve, Individual Ready Reserve, Inactive National Guard and SMs in active status of the Standby Reserve, and dual status military technicians who are on active duty for a period of more than 30 days. All SMs, including RC members, have a responsibility to maintain their health and fitness, meet individual medical readiness requirements, and report to their chains of command any medical and health issues (including BH) that may affect their readiness to deploy or fitness to continue serving. This includes the treatment of GD/GI when gender transition is part of the MTP, in accordance with References (j) through (n). This includes RC members who obtain GD/GI medical care through:

- a. Purchased TRICARE Reserve Select (TRS) coverage under the TRICARE Basic program;
- b. Civilian other health insurance coverage; or
- c. Self-pay to civilian providers.

2. RESPONSIBILITIES

a. RC members of the Selected Reserve and active members of the Stand-by Reserve must comply with all DoD policy requirements for military service as a condition of continued participation in military service in accordance with References (j), (k), (n), and (o). Provisions are required when gender transition is determined to be medically necessary for SMs diagnosed with GD/GI or as directed by Reference (j).

b. Should it be determined that gender transition is medically necessary for a RC member's treatment of GD/GI, the SM is obligated to submit the MTP to their RC medical department representative, in accordance with References (j), (m), (n), (o), and (s). The medical department representative will forward the MTP for validation and approval by the TGCT via the SCCC. A medical plan established by a non-DoD civilian medical provider will be subject to review and approval by a military medical provider pursuant to MILDEP regulations, policies, and guidance in accordance with References (j).

c. The SM will submit the TGCT-approved MTP to their commander for review, in accordance with References (j), (m), (n), and (r). The commander will evaluate the impact on the unit, medical readiness, and deployability as part of the review and approval process. Failure to obtain all required approvals in advance, and submit the MTP to the commander, may result in appropriate disciplinary action.

3. HEALTH BENEFITS COVERAGE. For the purposes of health benefit coverage under this DHA-PI, RC members must be on active duty for greater than 30 days to be entitled to health benefits equivalent to AC members under Section 1074(c)(2) of Reference (h).

4. HEALTH BENEFITS COVERAGE OPTIONS FOR NON-COVERED RC MEMBERS. Health benefits under this DHA-PI do not apply to RC members who are not on active duty greater than 30 days, who are members of the Retired Reserve, or who are members of the Standby Reserve in inactive status.

a. RC members who are not on active duty for more than 30 days may purchase TRS coverage, a TRICARE Basic Program health benefit plan, which provides TRICARE benefits under Section 199.4 of Reference (f). Except when these RC members are on active duty for more than 30 days, RC members with TRS are covered under Reference (f). Medically necessary and appropriate GAHT and psychotherapy are covered under TRS. GAS procedures are prohibited by statute under Section 1079(a)(12) of Reference (h).

b. RC members with civilian health insurance are entitled to care for the treatment of GD/GI as defined by their civilian health benefit plan. They are obligated to submit their GD/GI MTP to their commander for review and approval in accordance with References (e) and (j), and in accordance with DoD and MILDEP policies, if their treatment plan includes medical treatment for gender transition.

c. RC members who are not entitled to care under Section 1074 of Reference (h), and have not purchased TRS or other health insurance, who choose to self-pay for civilian medical care for treatment of GD/GI, must submit their GD/GI MTP to their commander for review and approval in accordance with DoD and MILDEP policies, if their treatment plan includes medical treatment for gender transition.

ENCLOSURE 7

SHCP GAS PROCEDURE WAIVER GUIDANCE

1. GENERAL PROVISIONS

a. TGD ADSMs diagnosed with GD/GI for whom it has been determined that gender transition is medically necessary, may be provided medically necessary GAS procedures in the DCS based on MTF capacity and capability. Medically necessary GAS procedures may also be authorized through a SHCP waiver for PSC when the requested care is unavailable within the DCS, provided medically necessary criteria are met.

b. To avoid potential abusive charges in PSC, TRICARE Managed Care Support Contractors (MCSCs) will be consulted to determine whether qualified network providers are available to provide the requested services. If so, preference will be given to the identified network providers. If not, then other qualified providers may be proposed.

c. When a non-network provider is proposed, documentation from the MCSCs confirming the lack of available network providers for the requested service will be provided as part of the SHCP waiver request.

d. When care is sought from non-network providers, a cost estimate from the provider and verification the charge is not abusive by MCSC is required as part of the SHCP waiver package. In evaluating whether charges are abusive, the MCSC shall consider the range of charges in similar cases based on claims records and may consult the DHA for such data. Beneficiary, MTF, PCM, or other provider preference alone is insufficient justification to propose a non-network provider over an available network provider.

2. DOCUMENTATION.

a. The referring provider must use the DHA Form 233, "Gender-Affirming Surgery Waiver Form," to develop the GAS waiver request package. GAS SHCP waiver requests must utilize DHA Form 233. Requests submitted without DHA Form 233 will be returned.

(1) DHA Form 233 is a standardized, all-Service fillable form completed and submitted electronically. The Form provides information on all required information and steps to complete the SHCP waiver process. It may be accessed on the Forms Management SharePoint site at: https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx.

(2) Once DHA Form 233 is completed in its entirety, with all required signatures, it will be electronically submitted, along with any applicable supporting documentation, to the DHA SHCP Office at: dha.ncr.man-mgt.mbx.dha-shcp@health.mil.

b. The GAS SHCP waiver request requires specific information and documentation, depending on the type of GAS is being requested. Reference Form 233 for detailed information. Some of the required information, for example, includes (but is not limited to) the following:

- (1) All procedures, with their corresponding CPT codes, being requested;
 - (2) Identified surgeon who will be completing the surgery, name and address of facility where surgery will be performed, and a copy of the pre-op surgical evaluation clinical notes;
 - (3) The expected clinical benefit if the surgery is provided;
 - (4) The expected adverse effect(s) on the patient's health if the surgery is not provided;
 - (5) The potential impact of the requested surgical service on the SMs fitness for duty and military readiness and impact to medical readiness;
 - (6) Post-procedure recovery time to include hospitalization, recommended convalescent leave, limited duty status, and light-duty status, if any;
 - (7) Estimate of when the ADSM will be world-wide deployable following completion of requested care;
 - (8) Endorsement for approval from the MTF Director or designee;
 - (9) Copy of the TGCT/TGHC validated and signed MTP;
 - (10) Endorsement for approval from the MILDEP SG or their medical representative;
- and
- (11) Relevant contingency restrictions, such as Coronavirus Disease 2019, pre-op testing limitations, limitation on availability of elective procedures, and concerns with post-operation inpatient stays in locations with high transmission rates, etc.

APPENDIX

MEDICAL TREATMENT PLAN TEMPLATE



DHA ORGANIZATION LETTERHEAD

[Street Address]
CITY, STATE, ZIP CODE

Date:

MEMORANDUM FOR RECORD

FROM: [RANK/TITLE, FIRST M.I. LAST NAME, SERVICE, POSITION TITLE]

SUBJECT: Gender Transition Medical Treatment Plan (MTP) for [RANK LAST NAME, FIRST NAME, M.I., (DOD ID Number)]

REFERENCES:

- (a) DoD Instruction 1300.28, "In-Service Transition for Transgender Service Members," April 30, 2021, as amended
- (b) DHA-Procedural Instruction 6025.21, "Guidance for Transgender Health Care of Active Duty and Reserve Component Service Members," [May 15, 2023]
- (c) Assistant Secretary of Defense for Health Affairs Memorandum, "Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members," July 29, 2016
- (d) Assistant Secretary of Defense for Health Affairs Memorandum, "Health Care for Transgender Service Members – Guidance for Service Members Who Identify as Non-Binary," February 10, 2022
- (e) [Applicable MILDEP policy(ies)]

1. Purpose: This medical treatment plan (MTP) identifies medically necessary care and treatment that is part of the above-named Service Member's (SM) gender transition. Additionally, it identifies the projected schedule for treatment and the estimated date for gender marker change (GMC) in the Defense Enrollment Eligibility Reporting System (DEERS), if applicable. The multidisciplinary (select Transgender Health Center (TGHC) team or Transgender Care Team (TGCT)) developed this MTP in accordance with references (a) through (h). If additional medically necessary care is identified that is not included on this MTP, the standardized Gender Transition MTP Update Memorandum will be completed and submitted to the SM's commander for concurrence.

2. Diagnosis and Necessity: The [select TGHC or TGCT] validated the diagnosis of Gender Dysphoria (GD) in accordance with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision for the above-named SM. Consistent with currently accepted standards of care, the health care identified below is clinically appropriate and medically necessary. While treatment of GD is considered to be elective in timing, it is medically necessary and delays in care may negatively impact the overall mental health of the SM.

The following interventions are medically necessary:

- Gender-Affirming Hormone Treatment (GAHT): GAHT is anticipated to begin in the military health system [insert time frame] after commander's concurrence with the MTP. SM's will require medical appointments quarterly during the first 12 months.
- During the initial 12 months after initiation of GAHT, (#) surgeries are anticipated. The commander will receive a statement from [TGCT or TGHC] indicating that it has reviewed/concurred with the timing of the surgery. The commander will also be notified prior to each surgery per standard protocols and will have the opportunity to approve the timing. Each surgery may require convalescent leave and/or a period of light duty.
- After 12 months (#) surgeries are currently anticipated. The commander at that time will be notified prior to each surgery per standard protocols and will have the opportunity to approve the timing. Each surgery may require convalescent leave and/or a period of light duty.
- Social Transition: The following Exceptions to Policy (ETP) support social transition and are recommended beginning upon submission of an ETP request by the SM:
 - Dress and appearance
 - Facilities/Berthing/Billeting
 - Fitness Standards
 - Military Personnel Drug Abuse Testing Program
 - Body Composition Program
- Speech Therapy: Anticipated to begin (insert time frame) after commander's concurrence with the MTP.
- Hair removal by laser or electrolysis for pre-operative areas as clinically indicated.

4. DEERS Gender Marker Change (GMC):

a. In accordance with References (b) and (c), for SMs desiring DEERS GMC, gender transition is considered complete when the patient has achieved stability in their affirmed gender and their affirmed gender marker is reflected in DEERS. The date of completion of gender transition depends on the SM's physical and emotional response to treatment and therefore cannot be defined exactly, but is estimated to be in the range of 6-18 months. A medical memo of support from the [select TGCT or TGHP] will accompany the GMC request.

b. Per reference (a), care may be received after GMC, even if not identified on this treatment plan and would require the concurrence of an updated MTP.

c. All SMs must be able to meet physical fitness and grooming standards associated with the gender marker reflected in the DEERS system or as specified on an approved ETP. The above

named SM will be held to these standards and will use the berthing/billeting, bathroom, and shower facilities associated with their affirmed gender after GMC.

d. In accordance with Reference (b), requests must include:

- (1) An endorsement from the TGHC or TGCT;
- (2) An endorsement from the SM's commander;
- (3) A certified true copy of a state birth certificate reflecting the SM's affirmed gender, A certified true copy of a court order reflecting the SM's affirmed gender, OR A United States Passport reflecting the SM's affirmed gender.
- (4) The request will then be sent through appropriate personnel chains to process the GMC.

5. POCs for additional questions:

Air Force: [Air Force Service Central Coordination Cell (SCCC) contact info]

Army: usarmy.pentagon.hqda-dcs-g-1.mbx.sccc@army.mil

Navy: OPNAV N13X, Navy SCCC, usn_navy_sccc@navy.mil

6. Per Reference (a), the commander may not deny medically necessary care; however they may submit an alternative timeline for care, with justification, that is aligned with mission readiness. Commander's approval of the timeline outlined in this action memorandum is required for initiation of the proposed treatment plan. The commander has 30 days from the date of submission to provide written endorsement. Any changes to this document require an updated written treatment plan approved by the (insert TGHC or TGCT) and the commander.

FIRST M. LAST NAME, Rank, Service
[Director / Deputy Director of the TGHC or TGCT Lead]

ADDITIONAL SIGNATURE BLOCK(S) (as appropriate)
FIRST M. LAST NAME, Rank, Service
[Position in the TGHC or TGCT]

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AC	Active Component
ADSM	Active Duty Service member
AOR	area of responsibility
BH	behavioral health
BHP	behavioral health provider
CPT	current procedural terminology
DAD	Deputy Assistant Director
DCS	Direct Care system
DEERS	Defense Enrollment Eligibility Reporting System
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DHAR	Defense Health Agency Region
DRM	Direct Reporting Market
ETP	exception to policy
FFS	Facial Feminization Surgery
GAHT	gender-affirming hormone therapy
GAS	gender-affirming surgery or surgical procedure
GD	gender dysphoria
GI	gender incongruence
GMC	gender marker change
HCO	Healthcare Operations
MA	Medical Affairs
MCSC	managed care support contractor
MHS	Military Health System
MILDEP	Military Department
MTF	military medical treatment facility
MTP	medical treatment plan
PCM	primary care manager
PCP	primary care provider
PCS	permanent change of station
pre-op	pre-operative
PSC	Private Sector Care

RC	Reserve Component
RLE	real-life experience
SCCC	Service Central Coordination Cell
SG	Surgeon General
SHCP	Supplemental Health Care Program
SM	Service member
SME	subject matter expert
SSN	Social Security Number
SSO	Small Market and Stand-Alone Military Medical Treatment Facility Organization
TG	transgender
TGCL	transgender care liaison
TGCT	transgender care team
TGD	transgender and gender-diverse
TGHC	Transgender Health Center
TGHWG	Transgender Health Working Group
TRS	TRICARE Reserve Select

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the exclusive purpose of this DHA-PI.

ADSM. A uniformed SM on active duty for more than 30 days and not within the first 180 days following initial enlistment.

BHP. A provider who is licensed, credentialed, and privileged at an MTF (in the DCS), experienced in the diagnosis and treatment of BH conditions/mental health disorders. PSC civilian TRICARE-authorized mental health providers may be involved in an ADSM's care; these providers are credentialed through the MCSCs.

Gender-affirming care. Clinical services that support an individual's physical and BH as they define, explore, and align with their gender identity. Treatment may include, but is not limited to, hormones (GAHT), surgery, hair removal, voice training, and/or psychotherapy.

GAHT. Common medical treatment associated with gender-affirming care involving the use of hormones to assist an individual in their transition towards alignment with their gender identity. They are sometimes classified by 'feminizing' hormones or 'masculinizing' hormones. This was previously referred to as "cross-sex hormone therapy" (as in Reference (j)), however "gender-affirming hormone therapy (GAHT)" is the current and preferred term.

GAS. Gender-affirming care consisting of surgical procedures in support of an individual's transition to their self-identified gender. They are categorized as procedures affecting fertility

(e.g., hysterectomy, gonadectomy, and other procedures related to genital reconstruction), and those that do not affect fertility (e.g., chest reconstruction). GAS is the current and preferred terms over the previously used “sex-reassignment surgery (SRS)” or “gender reassignment surgery.”

GD. As specified in Reference (o), a marked and persistent incongruence between one’s experienced or expressed gender and sex assigned at birth, of at least 6 months’ duration, and associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender expression. External manifestations of gender; the outward way a person may express their gender. May include one’s name, pronouns, clothing, hairstyle, behaviors, voice expression, or body characteristics

GI. When one’s sex assigned at birth and gender identity do not align, which may lead one to transition in order to live authentically in alignment with their gender identity, and may be achieved through hormonal treatment, surgery, and/or other healthcare services (see ‘GAHT’ and ‘transition’). The diagnosis cannot be assigned prior the onset of puberty. Gender variant behavior and preferences alone are not a basis for assigning the diagnosis. Exclusion paraphilic disorders (Reference (u)).

Gender identity. An individual’s internal or personal sense of gender, which may or may not align with the individual’s sex (and associated gender role) assigned at birth.

Gender marker. Data element in DEERS that identifies a SM’s gender. SMs are expected to adhere to all military standards associated with their gender marker in DEERS and use military berthing, bathroom, and shower facilities in accordance with the DEERS gender marker.

GMC. Refers to the gender marker change in DEERS, after which time the ADSM is recognized in their self-identified gender in DoD systems. Occurs at a time when the TGCT determines that an SM’s gender transition is completed per the GD MTP or SM is considered to be medically stable and the SM’s designated commander, in consultation with the TGD SM, concurs and approves the GMC. At this point, the SM’s gender marker is changed in DEERS, and the SM is recognized in their self-identified gender.

Gender transition is complete. A SM has completed the medical care identified or approved by a military medical provider in a documented MTP as necessary to achieve stability in the self-identified gender.

Gender transition process (in-Service). Gender transition in the military begins when the TGCT or TGHC validates a diagnosis made by a non-TGCT provider, indicating the SM’s gender transition is medically necessary; the process is considered complete when the SM’s gender marker in DEERS is changed and the SM is recognized in the self-identified gender.

Military medical provider. Any military, government service, or contract civilian healthcare professional who, in accordance with regulations of a MILDEP or DHA, is credentialed and

granted clinical practice privileges to provide healthcare services within the provider's scope of practice in a Military MTF.

MTP. For the purposes of this DHA-PI, the MTP refers to the medically necessary plan of care for each individual TGD ADSM diagnosed with GD/GI. The goal of the MTP is to identify and document a clinical pathway that will alleviate the ADSM's GD/GI and render the ADSM stable in the affirmed gender. The MTP must include the following elements: the medical diagnosis; the provider's assessment of the individualized, and medically necessary care treatments which may or may not include: RLE, psychotherapy, GAHT, and GAS procedures; a proposed schedule for such treatments to include an estimated timeframe for transition completion; the likely impact of the medical care and treatment on the SM's readiness and deployability; and the scope of the social support network needed to support the SM. In order to maintain stability, ongoing medical care may be required after stability in the SM's self-identified gender is achieved and the gender marker is changed in DEERS for the ADSM. Ongoing treatments may include, but are not limited to, GAHT, GAS, and psychotherapy.

Medically necessary. Healthcare services or supplies necessary to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

Non-binary. An umbrella term used to describe someone whose gender identity falls outside of the traditional binary structure of girl/woman and boy/man; a gender identity that cannot be classified as exclusively male or female.

PCM. A primary care manager is a PCP whom the beneficiary is assigned to for the diagnosis and treatment of primary care conditions or disorders. PSC civilian TRICARE-authorized PCMs may be involved in an ADSM's care; these providers are credentialed through the MCSCs.

PCP. A provider who is licensed, credentialed, and privileged at an MTF (in the DCS), experienced in the diagnosis and treatment of primary care conditions or disorders. PSC civilian TRICARE-authorized primary care providers may be involved in an ADSM's care; these providers are credentialed through the MCSCs.

RLE. The phase in some individuals' gender transition process during which the individual begins living socially in alignment with their self-identified gender. RLE may or may not be preceded by the commencement of GAHT, depending on the medical treatment and MTP associated with the individual SM, cadet, or midshipman's gender transition. The RLE phase is also a necessary precursor to certain medical procedures, including GAS that affects fertility. RLE for SMs may consist of the use of the affirmed gender standards for dress/appearance, facility use, and fitness.

SCCC. Service-level cell of experts created to provide multi-disciplinary (e.g., medical, legal, personnel, etc.) advice and assistance to commanders regarding service by TGD SMs, cadets, or midshipmen and gender transition in the military.

Self-identified gender. The gender with which an individual identifies.

Stable in the self-identified gender. The absence of clinically significant distress or impairment in social, occupational, or other important areas of functioning associated with a marked incongruence between an individual's experienced or expressed gender and the individual's sex assigned at birth. Continuing medical care including, but not limited to, GAHT, may be required to maintain a state of stability. Surgical procedures may also be required to achieve a state of stability.

TG. Umbrella term that may apply when sex assigned at birth does not align with gender identity.

TGD. Transgender and gender-diverse people who identify themselves outside of the gender binary of male and female or move back and forth between different gender identities.

TGD SM. Per Reference (j), for purposes of DoD policy, an SM who has received a medical diagnosis indicating that gender transition is medically necessary, including any SM who intends to begin transition, is undergoing transition, or has completed transition and is stable in the self-identified gender.

TGCT. An interdisciplinary team of experts in TGD health care who build on each other's expertise to provide coordinated quality medical care to TGD ADSM, as well as to serve as a centralized TGD resource and as consultants in an advisory capacity. MILDEPs may use other terms than 'TGCT.'

TGD trained provider. A BH professional and/or physician who meet the following: (1) competence in using the Diagnostic and Statistical Manual and/or the International Classification of Diseases for diagnostic purposes; (2) the ability to diagnose GD/GI and make a distinction between GD/GI and conditions that have similar features (e.g., body dysmorphic disorder); (3) training in diagnosing related psychiatric conditions; (4) the ability to undertake or refer for appropriate treatment; (5) the ability to psychosocially assess the person's understanding, mental health, and social conditions that may impact GAHT; and (6) a practice of regularly attending relevant professional meetings (Reference (i)). It is only those providers who meet these criteria that should diagnose GD/GI in adults, as advised in Reference (i).

Transgender man. A TG man whose sex assigned at birth was female.

Transgender woman. A TG woman whose sex assigned at birth was male.

Transition. Refers to the process during which transgender persons change their physical, social, and/or legal characteristics to be consistent with their gender identity. For some, this involves surgical procedures. For others, this may not include surgery, but may consist of other ways to align their gender expression with their gender identity, such as through clothing, hairstyle, voice, mannerisms, etc. Transition may or may not include feminization or masculinization of the body through GAHT or other medical procedures. The nature and duration of transition are variable and individualized.