



# Guidelines for Medical Necessity Determination for Gender-Affirming Surgery

---

This edition of the *Guidelines for Medical Necessity Determination* (Guidelines) identifies the clinical information that MassHealth needs to determine medical necessity for gender-affirming surgery (GAS). These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at [130 CMR 415.000: Acute Inpatient Hospital Services](#), [433.000: Physician Services](#), [410.000: Outpatient Hospital Services](#), [450.000: Administrative and Billing Regulations](#) and [Subchapter 6](#) of the *Physician Manual* for information about coverage, limitations, service conditions, and other prior-authorization (PA) requirements.

Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), integrated care organization (ICO), senior care organization (SCO), or a program of all-inclusive care for the elderly (PACE) should refer to the ACPP's, MCO's, ICO's, SCO's, or PACE's, medical policies for covered services.

MassHealth requires PA for GAS. MassHealth reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

## SECTION I. GENERAL INFORMATION

# 1

Sex and gender are two different constructs. Sex is a biological construct based on chromosomes and anatomy. Gender is a social construct and refers to attitudes, feelings, and behaviors associated with a person's biological sex. *Gender identity* refers to an individual's personal sense of self as male, female, or a different gender. *Gender dysphoria* (GD) refers to clinically significant distress experienced due to discordance between gender identity and biological sex. GD often intensifies around puberty, when there is a surge in biological sex hormones. GD has replaced *gender-identity disorder* in Diagnostic and Statistical Manual of Mental Disorders (DSM-V). GD is manifested in a variety of ways, including strong desires to be treated consistently with one's gender identity, and not biological sex, or to be rid of one's sex characteristics.

*Gender-affirming surgery* (GAS) refers to one or more reconstruction procedures that may be part of a multidisciplinary treatment plan involving medical, surgical, and behavioral health interventions available for the treatment of GD. The essential purpose of GAS is to therapeutically treat GD, not to improve a person's appearance. Put differently, the purpose of GAS is to better align one's physical characteristics with one's gender identity, but does not extend to cosmetic procedures. The evaluation of medical necessity will be individualized to each patient and take into account this principle and the totality of the patient's total gendered appearance.

MassHealth considers approval for coverage of GAS on an individual, case-by-case basis, in accordance with [130 CMR 433.000: Physician Services](#) and 130 CMR 450.204: Medical Necessity.

# 2

## SECTION II. CLINICAL GUIDELINES

### A. CLINICAL COVERAGE

MassHealth bases its determination of medical necessity for GAS on clinical data including, but not limited to, indicators that would affect the relative risks and benefits of the procedure, including post-operative recovery.

#### FEMALE-TO-MALE GENDER-AFFIRMING (TRANSMALE) SURGERIES

1. Bilateral mastectomy may be medically necessary when **ALL** of the following criteria are met.
  - a. The member has been assessed by a qualified mental health professional, resulting in a diagnosis of GD meeting DSM-V criteria; this diagnosis must have been present for at least 6 months.
  - b. The qualified mental health professional described in subsection II.A.1.a., above, recommends bilateral mastectomy for the member.
  - c. The member is 18 years of age or older.
  - d. The member has capacity to make fully informed decisions and has consented to the procedure after limitations, risks, and complications of the procedure have been discussed.
  - e. Co-morbid medical or mental health disorders are appropriately managed, reasonably controlled, and not causing symptoms of dysphoria.
2. The female-to-male gender-affirming (transmale) surgeries listed below may be medically necessary when **ALL** of the criteria listed in subsections II.A.2.a. through f., below, are met and documented.
  - Hysterectomy
  - Salpingo-oophorectomy
  - Vulvectomy
  - Vaginectomy
  - Urethroplasty
  - Metoidoplasty (micropenis) OR phalloplasty (allows coital ability and standing micturition)
  - Scrotoplasty with insertion of testicular prosthesis
  - Electrolysis performed by a licensed dermatologist for the removal of hair on a skin graft donor site prior to its use in genital gender-affirming surgery
  - a. The member has been assessed by **TWO** independent qualified mental health professionals, resulting in a diagnosis of GD meeting DSM-V criteria from both qualified mental health professionals; the initial diagnosis must have been present for at least 6 months.
  - b. Both qualified mental health professionals described in subsection II.A.2.a., above, recommend the specific procedure(s) for the member.
  - c. The member is 18 years of age or older.

- d. The member has capacity to make fully informed decisions and has consented to the procedure after limitations, risks, and complications of the procedure have been discussed.
- e. Co-morbid medical or mental health disorders are appropriately managed, reasonably controlled, and not causing symptoms of dysphoria.
- f. The member has had 12 continuous months of living as the gender that is congruent with the member's identity.
- g. The member has had 12 continuous months of clinician-supervised hormone therapy appropriate to the member's gender goals, unless hormone therapy is medically contraindicated (this period of hormone therapy may be concurrent with the requirement set forth in subsection II.A.2.f.).

### MALE-TO-FEMALE GENDER-AFFIRMING (TRANSFEMALE) SURGERIES

3. Augmentation mammoplasty with implantation of breast prostheses may be considered medically necessary when all of the following criteria are met:
  - a. The member has been assessed by a qualified mental health professional, resulting in a diagnosis of GD meeting DSM-V criteria; this diagnosis must have been present for at least 6 months.
  - b. The qualified mental health professional described in subsection II.A.3.a., above, recommends the specific procedure for the member.
  - c. The member is 18 years of age or older.
  - d. The member has capacity to make fully informed decisions and has consented to the procedure after limitations, risks, and complications of the procedure have been discussed.
  - e. Co-morbid medical or mental health disorders are appropriately managed, reasonably controlled, and not causing symptoms of dysphoria.
  - f. The member has had 12 months of clinician-supervised hormone therapy that has resulted in no or minimal breast development, unless hormone therapy is medically contraindicated.
4. The male-to-female gender-affirming (transfemale) surgeries listed below may be medically necessary when ALL of the criteria listed in subsections II.A.4.a. through g., below, are met and documented.
  - Penectomy
  - Clitoroplasty
  - Colovaginoplasty
  - Vulvoplasty
  - Labiaplasty
  - Orchiectomy
  - a. The member has been assessed by **TWO** independent qualified mental health professionals, resulting in a diagnosis of GD meeting DSM-V criteria from both qualified mental health professionals; the initial diagnosis must have been present for at least 6 months.
  - b. Both qualified mental health professionals described in subsection II.A.4.a., above, recommend the specific procedure(s) for the member.

- c. The member is 18 years of age or older.
- d. The member has the capacity to make fully informed decisions and has consented to the procedure after limitations, risks, and complications of the procedure have been discussed.
- e. Co-morbid medical or mental health disorders are appropriately managed, reasonably controlled, and not causing symptoms of dysphoria.
- f. The member has had 12 continuous months of living as the gender that is congruent with the member's identity.
- g. The member has had 12 continuous months of clinician-supervised hormone therapy appropriate to the member's goals, unless hormone therapy is medically contraindicated (this period of hormone therapy may be concurrent with the requirement set forth in subsection II.A.4.f.).

#### **FACIAL FEMINIZATION OR MASCULINIZATION**

- 5. The procedures listed below may be medically necessary when ALL of the criteria listed in subsections II.A.5.a. through e., below, are met and documented.
  - Tracheoplasty
  - Forehead contouring
  - Brow lift
  - Blepharoplasty (in conjunction with other facial feminization procedures)
  - Cheek Augmentation
  - Rhinoplasty
  - Rhytidectomy (forehead and cheek, excluding neck)
  - Suction-assisted lipectomy
  - Genioplasty
  - a. The member has been assessed by a qualified mental health professional, resulting in a diagnosis of gender dysphoria (GD) meeting DSM-V criteria, which has been present for at least 6 months.
  - b. Recommendation for the requested procedure(s) is made by the qualified mental health professional mentioned in 5a.
  - c. The member is 18 years of age or older.
  - d. The member has capacity to make fully informed decisions and has consented to the procedure after limitations, risks, and complications of the procedure have been discussed.
  - e. Co-morbid medical or mental health disorders are appropriately managed, reasonably controlled, and not causing symptoms of dysphoria.

## B. NONCOVERAGE

MassHealth presumes that certain procedures and surgeries are not medically necessary for the treatment of GD. Examples of such procedures and surgeries include, but are not limited to, the following.

- Reversal of previous GAS
- Revisions of previous GAS other than for complications (infections or impairment of function)
- Neck lift
- Collagen injections
- Dermabrasion
- Chemical peels
- Hair transplantation
- Lip reduction or enhancement
- Panniculectomy or abdominoplasty is not covered for gender dysphoria (see *Guidelines for Medical Necessity Determination for Excision of Excessive Skin and Subcutaneous Tissue*, effective 12/22/17)
- Voice modification therapy or surgery
- Pectoral, calf, or gluteal implants
- Isolated blepharoplasty is not covered for gender dysphoria

# 3

## SECTION III. SUBMITTING CLINICAL DOCUMENTATION

- A. Requests for PA for GAS must be submitted by the surgeon performing the procedure and accompanied by clinical documentation that supports the medical necessity for the procedure, including, but not limited to, the assessment made by the qualified mental health professional(s) resulting in a diagnosis of GD and the referral(s) for surgery from the qualified mental health professional(s). Documentation of medical necessity must include all of the following.
1. A copy of the assessment performed by qualified mental health professional(s), including date of onset and history resulting in a diagnosis of GD meeting DSM-V Criteria and referral(s) for the specific procedures, as outlined in clinical guidelines.
    - a. A referral from one qualified mental health professional is required for mastectomy or augmentation mammoplasty.
    - b. Referrals from two qualified mental health professionals, who have independently assessed the member, are required for hysterectomy, salpingectomy, oophorectomy, vulvectomy, vaginectomy, penectomy, orchietomy, and genital reconstructive surgery.
    - c. Each referral must be provided in the form of a letter and include description of the clinical rationale for the requested surgery.
  2. Progress notes documenting that any co-existing mental health issues or medical issues are being appropriately managed and are reasonably controlled.

3. If living as the gender that is congruent with the member's identity is a required criterion, the member's medical records must document:
    - a. The date the member started living as this gender; and
    - b. The member's experience living as this gender.
  4. If hormone therapy is a required criterion, medical records must document patient compliance with the prescribed regimen and clinical response over the course of hormone therapy.
  5. A letter from the surgeon performing the GAS must attest to all of the following:
    - a. The member meets the clinical criteria for coverage described in Section II.A. of these Guidelines; and
    - b. The surgeon has collaborated with the qualified mental health professional(s) and any other health care professionals involved in the member's care, including, but not limited to, the member's primary care clinician and the health care professional who is providing feminizing/masculinizing hormone therapy (if applicable); and
    - c. The surgeon has discussed risks and complications of the proposed surgery, including the surgeon's own complication rates, and has obtained informed consent from the member.
    - d. The surgeon has discussed with the member prior to surgery about preservation of fertility and the member understands that these procedures are not covered by MassHealth. Any surgery resulting in sterilization must meet all applicable state and federal laws, regulations, and guidance.
- B. As noted above, all clinical information must be submitted by the surgeon performing the GAS. Providers are strongly encouraged to submit requests electronically. Providers must submit the request for PA and all supporting documentation using the [Provider Online Service Center \(POSC\)](#), or by completing a MassHealth Prior Authorization Request form (using the [PA-1](#) paper form found at [www.mass.gov/masshealth](http://www.mass.gov/masshealth)) and attaching all supporting documentation. The PA-1 form and documentation should be mailed to the address on the back of the form. Questions about POSC access should be directed to the MassHealth Customer Service Center at (800) 841-2900.

## Select References

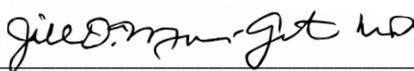
1. [The World Professional Association for Transgender Health \(WPATH\). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People.](#) 7th Version.
2. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Arlington, VA, American Psychiatric Association, 2013, pp 451-459.
3. Hembree WC, Cohen-Kettenis HA, Delmarre-van de Waal, et al. [Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline.](#) *J Clin Endocrinol Metab.* 2009; 94: 3132-54.
4. Wierckx K1, Gooren L, T'sjoen G. [Clinical Review: Breast Development in Trans Women Receiving Cross-Sex Hormones.](#) *J Sex Med.* 2014 Mar 12. doi: 10.1111/jsm.12487. [Epub ahead of print]
5. Dittrich R, Binder H, Cupisti S, et al. [Endocrine Treatment of Male-to-Female Transsexuals Using Gonadotropin-Releasing Hormone Agonist.](#) *Exp Clin Endocrinol Diabetes.* 2005; 113(10): 586-92.
6. Gooren L. [Hormone Treatment of the Adult Transsexual Patient.](#) *Horm Res.* 2005; 64(suppl 2): 31-6.
7. Wagner S, Greco F, Hoda MR, et al. [Male-to-Female Transsexualism: Technique, Results and 3-Year Follow-up in 50 Patients.](#) *Urol Int.* 2010; 84(3): 330-3.
8. Byne W, Bradley S, Coleman E, et al. [Report of the APA Task Force on Treatment of Gender Identity Disorder.](#) *Am J Psychiatry.* 2012; Suppl.: 1-35.
9. Seal LJ, Granklin S, Richards C, et al. [Predictive Markers for Mammoplasty and a Comparison of Side Effect Profiles in Transwomen Taking Various Hormonal Regimens.](#) *J Clin Endocrinol Metab.* 2012; 97(12): 4422-8.
10. Ainsworth TA, Spiegel JH. [Quality of life of individuals with and without facial feminization surgery or gender reassignment surgery.](#) *Qual Life Res.* 2010 Sep; 19(7): 1019-24. doi: 10.1007/s11136-010-9668-7. Epub 2010 May 12.
11. Morrison S, Vyas K, Motakef S, et al. [Facial feminization: systematic review of literature. Plastic and reconstructive Surgery.](#) 2016; 136 (6): 1759-1770
12. Roberts T, Bruce V. [Feature saliency in judging the sex and familiarity of faces.](#) *Perception* 1988; 17: 475-481.
13. Bellinga RJ, Capitán L, Simon D, Tenório T. [Technical and Clinical Considerations for Facial Feminization Surgery With Rhinoplasty and Related Procedures.](#) *JAMA Facial Plastic Surgery.* 2017; 19(3): 175-181. doi:10.1001/jamafacial.2016.1572.
14. Becking AG, Tuinzing DB, Hage J, Gooren LJG. [Transgender Feminization of the Facial Skeleton.](#) *Clinics in Plastic Surgery.* 2007; 34 (3): 557-564

---

These Guidelines are based on review of the medical literature and current practice in the treatment of gender dysphoria. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services. Some language used in this communication may be unfamiliar to other readers; such readers are encouraged to contact their health care provider for guidance or explanation.

Policy Effective Date: July 31, 2019

Approved by: 

Jill Morrow-Gorton MD, MBA  
Acting Chief Medical Officer, MassHealth

Supersedes policy dated: January 2, 2015

## Appendix

**DSM-V CRITERIA** – The criteria for diagnosis of gender dysphoria in adults, as adopted from the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V):<sup>2</sup>

- A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least six months’ duration, as manifested by at least two of the following:
  - 1. A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
  - 2. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
  - 3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
  - 4. A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender).
  - 5. A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender).
  - 6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender).
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**QUALIFIED MENTAL HEALTH PROFESSIONAL** – A mental health professional who diagnoses and treats adults presenting for care regarding their gender identity or gender dysphoria (GD) and who possess the following minimum credentials, as recommended in the World Professional Association for Transgender Health (WPATH) Standards of Care, Version 7:<sup>1</sup>

- 1. A master’s degree or equivalent in a clinical behavioral science field from an institution accredited by the appropriate national accrediting board and is licensed by the relevant licensing board to practice in the Commonwealth of Massachusetts.
- 2. Competence in using the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders for diagnostic purposes.
- 3. Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from GD. Knowledge about gender-nonconforming identities and expressions, and the assessment and treatment of GD.
- 4. Documented supervised training and competence in psychotherapy or counseling.
- 5. Knowledge about gender-nonconforming identities and expressions, and the assessment and treatment of GD.
- 6. Continuing education in the assessment and treatment of GD. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and GD.