

**Medical Policy  
Gender Reassignment Treatment**

**Document Number:** 024

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	X
No Prior Authorization		
Not covered		

**Overview**

The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine the medical necessity for gender reassignment treatment. The treating specialist must request prior authorization.

**Coverage Guidelines**

AllWays Health Partners covers gender reassignment treatment for individuals when it is recommended by the member’s providers and when the request meets the medical necessity criteria indicated below.

AllWays Health Partners covers *the following* procedures for Male to Female:

1. Vaginoplasty
2. Orchiectomy
3. Clitoroplasty
4. Penectomy
5. Labiaplasty
6. Augmentation Mammoplasty; and
7. Vulvoplasty

AllWays Health Partners covers *the following* procedures for Female to Male:

1. Vaginectomy
2. Urethroplasty
3. Phalloplasty
4. Metoidioplasty
5. Mastectomy
6. Scrotoplasty
7. Hysterectomy
8. Erectile and testicular prosthesis; and
9. Salpingo-oophrectomy

**Gender Reassignment Surgery**

AllWays Health Partners covers medically necessary gender reassignment surgery when all of the following requirements are met for individuals who are at least 18 years of age.

1. The treating surgeon must document *all* of the following:
  - a. The member has the capacity to make fully informed decisions and consent to treatment

- b. The member has been diagnosed with gender dysphoria by a qualified behavioral health provider
  - c. The member is likely to benefit from surgery
  - d. The surgeon has consulted with the treating qualified behavioral health provider(s) and physician treating the member, and
  - e. The surgeon has personally communicated with the member and validates that the member understands the ramifications of surgery, including:
    - i. The required length of hospitalization(s)
    - ii. The different surgical techniques and advantages and disadvantages of each technique
    - iii. Limitations of surgical procedures
    - iv. Risks and complications of planned surgical procedures; and
    - v. The post-surgical rehabilitation requirements of the planned surgeries
2. The treating qualified behavioral health provider must document *all* of the following:
- a. Whether or not the treating qualified behavioral health provider is part of a gender dysphoria treatment team
  - b. The member's general identifying characteristics
  - c. The initial and evolving gender, results of a full psychosocial assessment including the presence of gender dysphoria and any other psychiatric diagnoses
  - d. The duration of their professional relationship including the type of psychotherapy or evaluation that the member received
  - e. The qualified behavioral health provider's rationale for surgery
  - f. The qualified behavioral health provider has consulted with the physician who is prescribing hormone therapy as applicable <sup>1</sup>
  - g. Assessment of the member's capacity to make a fully informed decision and consent for surgical treatment
  - h. That any significant mental health concerns are well controlled
  - i. The member has completed a 12-month, real-life experience trial, where persons other than the treating therapist were aware of the member experience in the desired gender role and could attest to the member's ability to function in the new role
  - j. The degree to which the member has followed the treatment and experiential requirements to date and the likelihood of future compliance
  - k. Demonstrable progress on the part of the member in consolidating the new gender identity, including improvements in:
    - i. The ability to function in work, and within family and interpersonal relationships; and
    - ii. Behavioral health issues, should they exist

## Genital Surgery

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<sup>1</sup> AllWays Health Partners does not require hormone therapy for female to male chest reconstructive surgery.  
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3. Documentation from a second qualified behavioral health provider who has had only an evaluative role with the member is required. This behavioral health provider must be capable of adequately evaluating the member for gender dysphoria, other psychiatric diagnoses, and for any contraindications precluding the member from surgery. This document/ letter must be cosigned by the treating qualified behavioral health provider and is expected to cover the same topics as outlined in 2, above.

### **Hair Removal by Electrolysis or Laser**

AllWays Health Partners covers hair removal with laser or electrolysis, by a board-certified dermatologist or treating provider, when the member meets one of the following criteria for planned transgender genital surgery:

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

Documentation, including a letter of medical necessity by the treating surgeon, is required including the expected date of planned genital surgery. Electrolysis/laser hair removal for any other part of the body is considered cosmetic and not covered.

### **Facial Feminization/Masculinization (Commercial Accounts only)**

AllWays Health Partners covers facial feminization or masculinization when ALL of the following requirements are met for members who are at least 18 years of age.

1. The member has been diagnosed with gender dysphoria, including meeting all of the following indications:
  - a. The desire to live and be accepted as a member of another sex other than one's assigned sex, typically accompanied by the desire to make the physical body as congruent as possible with the identified sex through surgery and hormone treatment
  - b. The new gender identity has been present for at least 12 months
  - c. The gender dysphoria is not a symptom of another mental disorder.
2. The member has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, with no returning to their original gender.
  - a. If the member does not meet the 12-month time frame criteria of 12 months of successful continuous full time real-life experience in their new gender noted above, then the treating clinician must submit information indicating why it would be clinically inappropriate to require the member to meet these criteria. When submitted, the criteria of 12 months of successful continuous full time real-life experience in their new gender may be waived.
3. Covered procedures when medical necessity criteria above are met:
  - a. Forehead contouring
  - b. Rhinoplasty
  - c. Mandible reconstruction
  - d. Trachea shave
  - e. Blepharoplasty



- f. Brow lift
- g. Cheek augmentation
- h. Face lift or liposuction (only as needed in conjunction with one of the above procedures).

### **Fertility Services (Commercial members only)**

AllWays Health Partners covers services related to fertility preservation in members undergoing gender reassignment treatment. Please refer to details of coverage in AllWays Health Partners' [Infertility Services](#) medical policy.

### **Exclusions**

AllWays Health Partners does not provide coverage for:

1. Gender reassignment treatment for conditions that do not meet the criteria noted above;
2. Reversal of any surgical procedures related to Gender Dysphoria
3. When there are contraindications to the planned surgery;
4. Breast surgeries when either the coverage criteria above or criteria in the Breast Surgeries Medical Policy are not met;
5. Cosmetic procedures when either the coverage criteria above or criteria in the Reconstructive and Cosmetic Procedures Clinical Criteria are not met
6. Voice modification therapy/surgery

### **Definitions**

Gender Reassignment Surgery: A treatment option for people with gender dysphoria. Gender reassignment surgery is not a single procedure but a part of a complex process involving multiple medical, psychiatric, and surgical modalities performed in conjunction with each other to help the person achieve successful behavioral and medical outcomes.

### Gender Identity and Gender:

Chapter 199 of the Acts of 2011. Section 7 of chapter 4 of the Massachusetts General Laws, as appearing in the 2010 Official Edition, is:

“Gender identity” shall mean a person's gender-related identity, appearance, or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth. Gender-related identity may be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held as part of a person's core identity; provided, however, that gender-related identity shall not be asserted for any improper purpose.

*The American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* defines gender dysphoria as the presence of:

“a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. In children the desire to be of the other

gender must be present and verbalized. This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.”

**Qualified Behavioral Health Provider:** A behavioral health provider with the following qualifications:

1. Master’s degree or its equivalent in a clinical behavioral science field. This degree or a more advanced one should be granted by an institution accredited by the appropriate national or regional accrediting board. The behavioral health provider should have documented credentials from a relevant licensing board or equivalent for that country.
2. Competence in using the *Diagnostic and Statistical Manual of Mental Disorders* and/or the International Classification of Disease for diagnostic purposes.
3. Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria.
4. Documented supervised training and competence in psychotherapy or counseling.
5. Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.
6. Continuing education in the assessment and treatment of gender dysphoria. 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 gender dysphoria.

**Presurgical Behavioral Health Evaluation:** The evaluation includes, at a minimum, assessment of gender identity and gender dysphoria, history and development of gender dysphoric feelings, the impact of stigma attached to gender nonconformity on mental health, and the availability of support from family, friends, and peers (for example, in-person or online contact with other transsexual, transgender, or gender-nonconforming individuals or groups). The evaluation may result in no diagnosis, in a formal diagnosis related to gender dysphoria, and/or in other diagnoses that describe aspects of the client’s health and psychosocial adjustment. The role of mental health professionals includes making reasonably sure that the gender dysphoria is not secondary to, or better accounted for, by other diagnoses.

**Related Policies**

- [Breast Surgeries Medical Policy](#)
- [Definition of Skilled Care](#)
- [Reconstructive and Cosmetic Procedures Medical Policy](#)
- [Infertility Services Medical Policy](#)

**CPT/HCPC Codes**

Authorized CPT/HCPCS Codes	Code Description
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
17380	Electrolysis epilation, each 30 minutes
56805	Clitoroplasty for intersex state
57335	Vaginoplasty for intersex state

19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
54120	Amputation of penis; partial
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	Laparoscopy; orchiectomy
56800	Plastic repair introitus
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
53430	Urethroplasty, reconstruction of female urethra
56625	Vulvectomy simple; complete
57110	Vaginectomy, complete removal of vaginal wall
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 grams or less;
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)
58275	Vaginal hysterectomy, with total or partial vaginectomy
58290	Vaginal hysterectomy, for uterus greater than 250 grams;
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s), and/or ovary(s)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s), and/or ovary(s)

58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s), and/or ovary(s)
58661	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure): with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral

### Effective

August 2018: Changed title of policy to Gender Reassignment Treatment. Added facial feminization/masculinization criteria for commercial members only. Added Fertility Services section.

April 2018: Added codes.

December 2017: Annual review. Added criteria for hair removal.

June 2017: Removed language requiring member to receive 12 months of behavioral health evaluation.

November 2016: Annual review

November 2015: Annual review without substantial changes in medically necessary indicators. Gender Identity and Gender definition added.

October 2014: Effective date.

### References

Coleman, Eli, et al. "Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7." *International Journal of Transgenderism* 2012; 13(4): 165-232.

Day, P. Trans-gender reassignment surgery. Tech Brief Series. 2002; 1:1.

Independent practitioner review 2014

Spack, N. Management of Transgenderism. *JAMA* 2013; 309 (5)478-484

Tugnet, Nicola, et al. "Current management of male-to-female gender identity disorder in the UK." *Postgraduate Medical Journal* 2007; 83 (984): 638-642.

WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version: <http://www.wpath.org/>