



Guidelines for Medical Necessity Determination for Gender Reassignment Surgery

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information that MassHealth uses to determine medical necessity for gender reassignment surgery. 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 the MassHealth All Provider regulations at 130 CMR 450.000 and relevant program-specific regulations, including, but not limited to, the Physician regulations at 130 CMR 433.000, as well as applicable sub-regulatory guidance (including Subchapter 6 of the *Physician Manual*) for additional information about coverage, limitations, service conditions, and prior-authorization requirements. Providers serving members enrolled in a MassHealth-contracted managed care organization (MCO) should refer to the MCO's medical policies for service authorization requirements.

MassHealth requires prior authorization for gender reassignment surgery. MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all other conditions of MassHealth coverage, including member eligibility, other insurance, and program restrictions.

Section I. General Information

Gender nonconformity refers to the extent to which a person's gender identity, role or expression differs from the cultural norms prescribed for people of a particular gender. Gender dysphoria (GD) refers to the discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex at birth. Only some gender nonconforming people will experience GD in their lives.¹ Criteria for the diagnosis of GD can be found in the fifth edition of the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (DSM-V), which have been reproduced in the Appendix (DSM-V Criteria).²

For individuals seeking treatment for GD, a variety of therapeutic options can be considered. These include psychotherapy, change in gender role, hormone therapy, and gender reassignment surgery. Gender reassignment surgery is a series of surgical procedures to change a person's primary and/or secondary sex characteristics to conform to those of another gender. The number and sequence of these procedures varies from person to person, according to their individual needs. Natal males who are transitioning to female are referred to as male-to-female, and natal females who are transitioning to male are referred to as female-to-male. Psychological and educational counseling with a professional or professionals experienced in the treatment of gender nonconformity is desirable for members with gender dysphoria. Many people with gender dysphoria will have undergone hormonal treatments for varying periods of time before seeking surgery, to suppress natal sex characteristics and/or to express desired sex characteristics.

MassHealth considers approval for coverage of gender reassignment surgery on an individual, case-by-case basis, in accordance with 130 CMR 450.204 and other applicable MassHealth regulations.

Section II. Clinical Guidelines

A. Clinical Coverage

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

There must be a referral from a Qualified Mental Health Professional (as defined in the Appendix) that contains (as recommended by the World Professional Association for Transgender Health, WPATH¹) an 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, the availability of support from family, friends, and peers (for example in-person or online contact with other transsexual, transgender or gender non-conforming individuals or groups), and psychological readiness for the requested surgery(ies). Living in the gender role that is congruent with the member's gender identity is recommended for a significant period of time and, for certain surgeries, is required as set forth below.

1. Mastectomy may be considered medically necessary for female-to-male members when all of the following criteria are met:
 - a. Assessment performed by a Qualified Mental Health Professional resulting in a diagnosis of gender dysphoria (GD) meeting DSM-V Criteria; and
 - b. Capacity to make a fully informed decision and consent for treatment; and
 - c. Age of majority (18 years of age or older); and
 - d. If significant medical or mental health concerns are present, they are being optimally managed and are reasonably well-controlled; and
 - e. A referral for mastectomy from a Qualified Mental Health Professional.

2. Augmentation mammoplasty with implantation of breast prostheses may be considered medically necessary for male-to-female members when all of the following criteria are met:
 - a. Assessment performed by a Qualified Mental Health Professional resulting in a diagnosis of GD meeting DSM-V Criteria; and
 - b. Capacity to make a fully informed decision and consent for treatment; and
 - c. Age of majority (18 years of age or older); and
 - d. If significant medical or mental health concerns are present, they are being optimally managed and are reasonably well-controlled; and
 - e. Twenty-four continuous months of physician-supervised hormone therapy has not resulted in breast development (unless hormone therapy is medically contraindicated);^{3-7, 9} and
 - f. A referral for augmentation mammoplasty from a Qualified Mental Health Professional.

3. Hysterectomy, salpingectomy, and/or oophorectomy may be considered medically necessary for female-to-male members and orchiectomy may be considered medically necessary for male-to-female members when all of the following criteria are met:
 - a. Assessment performed by a Qualified Mental Health Professional resulting in a diagnosis of GD meeting DSM-V Criteria; and
 - b. Capacity to make a fully informed decision and consent for treatment; and
 - c. Age of majority (18 years of age or older); and
 - d. If significant medical or mental health concerns are present, they are being optimally managed and are reasonably well-controlled; and
 - e. Twelve continuous months of living in a gender role that is congruent with the member's identity; and

- f. Twelve continuous months of physician-supervised hormone therapy appropriate to the member's gender goals, unless hormone therapy is medically contraindicated, (hormone therapy may be concurrent with living in gender role); and
 - g. Referrals for hysterectomy, salpingectomy, and/or oophorectomy or orchiectomy from two Qualified Mental Health Professionals, who have independently assessed the member. One of these two referrals may be from the Qualified Mental Health Professional performing the initial assessment referenced in 3.a. above.
4. Genital reconstructive surgery (i.e., vaginectomy, urethroplasty, metoidioplasty, phalloplasty with implantation of penile prosthesis, and scrotoplasty with insertion of testicular implants in female-to-male members; penectomy, vaginoplasty, vulvoplasty, labiaplasty, and clitoroplasty in male-to-female members) may be considered medically necessary when all of the following criteria are met:
 - a. Assessment performed by a qualified mental health professional resulting in a diagnosis of GD meeting DSM-V Criteria; and
 - b. Capacity to make a fully informed decision and consent for treatment; and
 - c. Age of majority (18 years of age or older); and
 - d. If significant medical or mental health concerns are present, they are being optimally managed and are reasonably well-controlled; and
 - e. Twelve continuous months of full-time living in a gender role that is congruent with the member's gender identity; and
 - f. Twelve continuous months of physician-supervised hormone therapy appropriate to the member's gender goals unless hormone therapy is medically contraindicated, (hormone therapy may be concurrent with living in gender role); and
 - g. Referrals for genital reconstructive surgery from two Qualified Mental Health Professionals, who have independently assessed the member. One of these two referrals may be from the Qualified Mental Health Professional performing the initial assessment referenced in 4.a. above.

B. Noncoverage

MassHealth considers approval for coverage of gender reassignment surgery on an individual, case-by-case basis, in accordance with 130 CMR 450.204 and other applicable MassHealth regulations. MassHealth does not provide coverage for gender reassignment surgery when the surgery is not medically necessary for the treatment of gender dysphoria. Examples include, but are not limited to, the following:

1. Gender reassignment surgery for members who are dissatisfied with their natal sex or prefer to be the opposite sex, without clinically significant distress or impairment resulting in a diagnosis of GD meeting DSM-V Criteria.
2. Cosmetic procedures. Procedures that are generally considered cosmetic include, but are not limited to, reduction thyroid chondroplasty, voice modification surgery, body contouring procedures (including abdominoplasty, suction-assisted lipectomy, and lipofilling), rhinoplasty, mastopexy, hair removal, hair transplantation, and skin resurfacing.
3. Reversal of gender reassignment surgery.

MassHealth also does not provide coverage for procedures for the preservation of fertility, including, but not limited to, the procurement, preservation, and storage of sperm, oocytes or embryos.

Section III. Submitting Clinical Documentation

Requests for prior authorization for gender reassignment surgery 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 resulting in a diagnosis of gender dysphoria and the referral(s) for surgery from the Qualified Mental Health Professional(s).

A. Documentation of medical necessity must include all of the following:

1. A copy of the assessment performed by a Qualified Mental Health Professional resulting in a diagnosis of gender dysphoria (GD) meeting DSM-V Criteria.
 - a. At a minimum, the assessment must include 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.¹
2. If any significant coexisting mental health concerns are identified prior to gender reassignment surgery, medical record documentation must show that they are being optimally managed and are reasonably well-controlled.
3. If any significant coexisting medical concerns are identified prior to gender reassignment surgery, medical record documentation must show that they are being optimally managed and are reasonably well-controlled.
4. If living in an identity-congruent gender role is a required criterion for gender reassignment surgery, medical records must document the member's experience in the gender role, including the start date of living full-time in the gender role. MassHealth may request that the health care professional provide documentation of communications with individuals who have related to the member in an identity-congruent gender role.
5. If hormone therapy is a required criterion for gender reassignment surgery, medical records must document patient compliance with the prescribed regimen and clinical response over the course of hormone therapy. With respect to hormone therapy for a male-to-female member prior to augmentation mammoplasty, studies show that breast development in males follows the same stages of development as are seen in natal female puberty. As such, two years of continuous hormone therapy is required to achieve maximum breast development.³⁻⁷
6. A copy of the referral(s) for gender reassignment surgery(ies) from a Qualified Mental Health Professional(s). One referral from a Qualified Mental Health Professional is required for mastectomy or augmentation mammoplasty. Two referrals from Qualified Mental Health Professionals, who have independently assessed the member, are required for hysterectomy, salpingectomy, oophorectomy, and genital reconstructive surgery. When two referrals are required and the first referral is from the member's psychotherapist who has performed the initial assessment, the second referral may be an evaluative consultation, and need not represent an ongoing therapeutic relationship. Each referral must be provided in the form of a letter and is required to address all of the topics outlined below:
 - a. The member's general identifying characteristics (including date of birth); and
 - b. Results of the member's psychosocial assessment, including any diagnoses; and
 - c. The duration of the Qualified Mental Health Professional's relationship with the member, including the type of evaluation and therapy or counseling to date; and
 - d. An explanation demonstrating that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the member's request for surgery; and
 - e. A statement that informed consent has been obtained from the member; and
 - f. A statement that the Qualified Mental Health Professional is available for coordination of care and that a plan for coordination of care is in place.

7. A letter from the surgeon performing the gender reassignment surgery must confirm 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 believes that it is likely that the procedure will alleviate the member's gender dysphoria; and
 - c. The surgeon has personally communicated with the Qualified Mental Health Professional and any other health care professionals involved in the member's care, including but not limited to the member's primary care physician and the health care professional who is providing feminizing/masculinizing hormone therapy (if applicable); and
 - d. The surgeon has personally communicated with the member and the member understands all of the different surgical techniques available and the advantages and disadvantages of each technique; the limitations of each technique to produce desired results, and the inherent risks and complications of the various techniques, including the surgeon's own complication rate with respect to each technique; and
 - e. If the surgery is likely to result in sterilization, the surgeon has discussed procedures for the preservation of fertility with the member prior to surgery 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. Clinical information must be submitted by the surgeon performing the gender reassignment surgery. Providers are strongly encouraged to submit requests electronically. Providers must submit all information pertinent to the diagnosis using the Provider Online Service Center (POSC) or by completing a MassHealth Prior Authorization Request form and attaching pertinent documentation. Questions regarding POSC access should be directed to the MassHealth Customer Service Center at 1-800-841-2900.

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.
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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: January 2, 2015

Approved by: Carolyn Langer, Chief Medical Officer, Director Office of Clinical Affairs

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):²

- 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 7:¹

- 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.