



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](#), [130 CMR 433.000: Physician Services](#), [130 CMR 410.000: Outpatient Hospital Services](#), [130 CMR 450.000: Administrative and Billing Regulations](#), [Subchapter 6](#) of the Acute Outpatient Hospital Manual, 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), One Care organization, Senior Care Options (SCO), or a Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP's, MCO's, One Care Organization's, SCO's, or PACE's medical policies for covered services.

MassHealth requires PA for GAS. MassHealth reviews requests for PA based on 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.

1

SECTION I. GENERAL INFORMATION

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 often associated with a person's assigned gender. *Gender identity* refers to an individual's personal sense of self and gender. *Gender dysphoria* refers to clinically significant distress experienced due to discordance between gender identity and assigned gender. Gender dysphoria often intensifies around puberty, when there is a surge in biological sex hormones. Gender dysphoria has replaced *gender-identity disorder* in Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Gender dysphoria may manifest in a variety of ways, including desires to be treated consistently with one's gender identity, not assigned gender, and to have sex characteristics aligned with one's gender identity.

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 gender dysphoria. GAS may be part of therapeutic treatment to better align physical characteristics with gender identity. The evaluation of medical necessity will be individualized to each person and consider this principle and the totality of the person's 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 postoperative recovery.

MASCULINIZING GENDER-AFFIRMING SURGERIES

1. Bilateral mastectomy, reduction mammoplasty, and/or chest reconstruction/contouring may be medically necessary when all of the following criteria listed in subsections II.A.1.a. through c., are met and documented.
 - a) The member has been assessed by a licensed qualified behavioral health professional¹, resulting in a diagnosis of gender dysphoria meeting DSM-5 criteria. This diagnosis must have been present for at least 6 months. Detailed information on the requirement for these assessments can be found later in Section III.A.1.
 - b) The licensed qualified behavioral health professional¹ described in subsection II.A.1.a., above, recommends the specific procedure(s) for the member.
 - c) Co-morbid medical or behavioral health conditions are appropriately managed, reasonably controlled, and not causing symptoms of gender dysphoria
2. The masculinizing gender-affirming surgeries listed below may be medically necessary when all criteria listed later in subsections II.A.2.a. through f. are met and documented.
 - Hysterectomy
 - Salpingo-oophorectomy
 - Vulvectomy
 - Vaginectomy
 - Urethroplasty
 - Metoidioplasty (micropenis) OR phalloplasty (allows coital ability and standing micturition)
 - Scrotoplasty with insertion of testicular prosthesis
 - Electrolysis or laser hair removal performed by a licensed qualified professional for the removal of hair on a skin graft donor site before its use in genital gender-affirming surgery

¹ Providers must either be licensed by the relevant licensing board to practice in the Commonwealth of Massachusetts or practicing under the supervision of such an independently licensed behavioral health professional.

- a) The member has been assessed by two licensed health professionals, one of whom must be a licensed qualified behavioral health professional² and the other a clinician familiar with the member's health, with each assessment resulting in a diagnosis of gender dysphoria meeting DSM-5 criteria. The initial diagnosis (from one professional) must have been present for at least 6 months. Additional information on the requirement for these assessments can be found later in Section III.A.1.
- b) Both independently qualified licensed health professionals previously described in subsection II.A.2.a. recommend the specific procedure(s) for the member.
- c) The member is 18 years of age or older.
- d) Co-morbid medical or behavioral health conditions are appropriately managed, reasonably controlled, and not causing symptoms of gender dysphoria.
- e) The member has had 12 continuous months of living as the gender that is congruent with the member's identity. Exceptions may be provided on a case-by-case basis should the request for PA document that compliance with this requirement would jeopardize the health, safety, or well-being of the member.
- f) 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.e.).

FEMINIZING GENDER-AFFIRMING SURGERIES

- 3. Augmentation mammoplasty with implantation of breast prostheses may be considered medically necessary when all criteria listed later in subsections II.A.3.a. through e. are met and documented.
 - a) The member has been assessed by a licensed qualified behavioral health professional², resulting in a diagnosis of gender dysphoria meeting DSM-5 criteria. This diagnosis must have been present for at least 6 months. Additional information on the requirement for these assessments can be found later in Section III.A.1.
 - b) The licensed qualified behavioral health professional³ previously described in subsection II.A.3.a. recommends the specific procedure for the member.
 - c) The member is 18 years of age or older.
 - d) Co-morbid medical or behavioral health conditions are appropriately managed, reasonably controlled, and not causing symptoms of gender dysphoria.
 - e) 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.

² See footnote 1 on page 2

³ See footnote 1 on page 2

4. The following feminizing gender-affirming surgeries may be medically necessary when all criteria listed later in subsections II.A.4.a. through f. are met and documented.
- Penectomy
 - Clitoroplasty
 - Colovaginoplasty
 - Vulvoplasty
 - Labiaplasty
 - Orchiectomy
 - Electrolysis or laser hair removal performed by a licensed qualified professional for the removal of hair on a skin graft donor site before its use in genital gender-affirming surgery
- a) The member has been assessed by two independently licensed health professionals, one of whom must be a licensed qualified behavioral health professional³ and the other a clinician familiar with the member's health, with each assessment resulting in a diagnosis of gender dysphoria meeting DSM-5 criteria. The initial diagnosis (from one professional) must have been present for at least 6 months. Additional information on the requirement for these assessments can be found later in Section III.A.1.
- b) Both independently qualified licensed health professionals previously described in subsection II.A.4.a. recommend the specific procedure(s) for the member.
- c) The member is 18 years of age or older.
- d) Co-morbid medical or behavioral health conditions are appropriately managed, reasonably controlled, and not causing symptoms of gender dysphoria.
- e) The member has had 12 continuous months of living as the gender that is congruent with the member's identity. Exceptions may be provided on a case-by-case basis should the request for PA document that compliance with this requirement would jeopardize the health, safety, or well-being of the member.
- f) 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.4.e.).

FACIAL FEMINIZATION OR MASCULINIZATION SURGERIES

5. The following procedures may be medically necessary when all criteria listed later in subsections II.A.5.a. through d. are met and documented.
- Blepharoplasty
 - Brow lift
 - Cheek augmentation
 - Forehead contouring and reduction

³ See footnote 1 on page 2.

- Genioplasty
 - Hairline advancement
 - Lateral canthopexy
 - Lip lift
 - Lysis intranasal synechia
 - Osteoplasty
 - Rhinoplasty and septoplasty
 - Suction-assisted lipectomy
 - Tracheoplasty
- a) The member has been assessed by a licensed qualified behavioral health professional⁴, resulting in a diagnosis of gender dysphoria meeting DSM-5 criteria. This diagnosis must have been present for at least 6 months. Additional information on these assessments can be found later in Section III.A.1.
 - b) The licensed qualified behavioral health professional⁴ previously described in subsection II.A.5.a. recommends the specific procedure(s) for the member.
 - c) The member is 18 years of age or older.
 - d) Co-morbid medical or behavioral health conditions are appropriately managed, reasonably controlled, and not causing symptoms of gender dysphoria.

Facial and neck hair removal may also be covered as part of gender dysphoria treatment. For further details, refer to the Guidelines for *Medical Necessity Determination for Hair Removal*.

B. NONCOVERAGE

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

- Chemical peels
- Collagen injections
- Dermabrasion
- Hair transplantation
- Implants: calf, gluteal, or pectoral
- Isolated blepharoplasty
- Lip reduction or enhancement

⁴ See footnote 1 on page 2.

- Neck lift
- Panniculectomy or abdominoplasty (see *Guidelines for Medical Necessity Determination for Excision of Excessive Skin and Subcutaneous Tissue*, effective 12/22/17)
- Reversal of previous GAS
- Revisions of previous GAS other than for complications (infections or impairment of function)
- Rhytidectomy
- Vocal cord surgery

3

SECTION III. SUBMITTING CLINICAL DOCUMENTATION

A. PRIOR AUTHORIZATION

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 licensed health professional(s) resulting in a diagnosis of gender dysphoria and the referral(s) for surgery from the qualified licensed health professional(s). Documentation of medical necessity must include all the following.

1. A copy of the assessment performed by qualified licensed health professional(s), including date of onset and history resulting in a diagnosis of gender dysphoria meeting DSM-5 Criteria; referral(s) for the specific procedures, as outlined in clinical guidelines; and all other WPATH-recommended content for referral letters.
 - a. A referral from one licensed qualified behavioral health professional⁵ who has diagnosed the member with gender dysphoria is required for the procedures described in subsections II.A.1, II.A.3, and II.A.5.
 - b. Referrals from two independently qualified licensed health professionals, one of whom must be a licensed qualified behavioral health professional⁵ and the other a clinician familiar with the member's health, each of whom has independently assessed the member, and with each assessment resulting in a diagnosis of gender dysphoria meeting DSM-5 criteria, are required for the procedures described in subsections II.A.2 and II.A.4.
 - c. Each referral must be provided in the form of a letter and include description of the clinical rationale for the requested surgery.
2. Documentation that any co-existing behavioral health and/or medical conditions are 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

⁵ See footnote 1 on page 2.

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. Documentation from the surgeon performing the GAS must include a full clinical assessment, a physical exam, description of the procedure(s) to be performed, and frontal and lateral photos (for facial surgery), and must also attest to all of the following:
 - a. The member meets the clinical criteria for coverage described in Section II.A. of these Guidelines;
 - b. The surgeon has collaborated with the qualified licensed 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 hormone therapy (if applicable);
 - 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; and
 - d. The surgeon has discussed preservation of fertility with the member before surgery and the member understands that fertility procedures are not covered by MassHealth. Any surgery resulting in sterilization must meet all applicable state and federal laws, regulations, and guidance. Sterilization consent form must be submitted, if applicable. Hysterectomy (HI-1) or Sterilization consent (CS-18) or (CS-21) forms are available at mass.gov.

B. SUBMITTING DOCUMENTATION

As previously noted, 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) 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

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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.

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Approved by: _____



Jatin K. Dave MD, MPH
Chief Medical Officer, MassHealth

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