Breast Reconstruction

The individual being considered for surgery and related services must meet ALL the following criteria. The individual must have:

- Reached the age of majority; AND
- The capacity to make a fully informed decision and to consent for treatment; AND
- Been diagnosed with persistent, well-documented gender dysphoria; AND
- The required referrals prior to any surgery or related service(s):

- Prior to breast/chest surgery, e.g., mastectomy, chest reconstruction, or breast augmentation, one required referral from the individual’s qualified mental health professionals (see NOTE 1 below) competent in the assessment and treatment of gender dysphoria

NOTE 1: Psychotherapy and Mental Health Services:

Psychotherapy is not required for gender reassignment services except when a mental health professional recommends psychotherapy based on initial assessment prior to gender reassignment surgery. The recommendation for psychotherapy must specify the goals of treatment along with estimates of the frequency and duration of therapy throughout the individual’s experience living in one’s affirmed gender. Review the criteria above under “Criteria for Coverage of Gender Reassignment Surgery and Related Services” for required surgical referral letters from qualified mental health professionals.

Male-to-Female (MtF) surgical procedures performed as part of gender reassignment services for an individual who has met the above criteria for gender dysphoria may be considered medically necessary and include the following:

- Breast modification, including but not limited to breast enlargement, breast augmentation, mastopexy, implant insertion, and silicone injections, and nipple or areola reconstruction

Body Contouring

Procedures or services to create and maintain gender specific characteristics (masculinization or feminization) as part of the overall desired gender reassignment services treatment plan may be considered medically necessary for the treatment of gender dysphoria ONLY. These procedures may include the following:

- Abdominoplasty;
- Calf implants;
- Liposuction/lipofilling or body contouring or modeling of waist, buttocks, hips, and thighs reduction;
- Pectoral implants;
- Redundant/excessive skin removal;
- Skin resurfacing;

Facial Reconstruction

Procedures or services to create and maintain gender specific characteristics (masculinization or feminization) as part of the overall desired gender reassignment services treatment plan may be considered medically necessary for the treatment of gender dysphoria ONLY. These procedures may include the following:
• Blepharoplasty;
• Brow lift;
• Cheek implants;
• Chin or nose implants;
• Face lift (rhytidectomy);
• Facial bone reconstruction/sculpturing/reduction, includes jaw shortening;
• Forehead lift or contouring;
• Hair removal (may include donor skin sites) or hair transplantation (electrolysis or hairplasty);
• Laryngoplasty;
• Lip reduction or lip enhancement;
• Neck tightening;
• Reduction thyroid chondroplasty or trachea shaving (reduction of Adam’s apple);
• Rhinoplasty (nose correction)

Fertility Preservation

Procurement, cryopreservation/freezing, storage/banking, and thawing of reproductive tissues, such as oocytes, ovaries, embryos, spermatozoa, and testicular tissue may be considered medically necessary for individuals with gender dysphoria because gender reassignment services, such as long-term cross-sex hormone therapy or surgical procedures, may render an individual infertile whether or not the individual has reproduced in the past.

See related policy:

OB402.023 Reproductive Technologies or Techniques and Related Services

Permanent Hair Removal

Procedures or services to create and maintain gender specific characteristics (masculinization or feminization) as part of the overall desired gender reassignment services treatment plan may be considered medically necessary for the treatment of gender dysphoria ONLY. These procedures may include the following:

• Hair removal (may include donor skin sites) or hair transplantation (electrolysis or hairplasty);

Voice Therapy And Surgery

Procedures or services to create and maintain gender specific characteristics (masculinization or feminization) as part of the overall desired gender reassignment services treatment plan may be considered medically necessary for the treatment of gender dysphoria ONLY. These procedures may include the following:

• Laryngoplasty
• Voice modification surgery; and/or
• Voice (speech) therapy or voice lessons.

Youth Services

The following services may be considered medically necessary for the treatment of gender dysphoria for children and adolescents:

• Hormone therapy (such as, puberty-suppressing hormones or masculinizing/feminizing hormones);
• Psychological services, including but not limited to psychotherapy, social therapy, and family counseling; and/or
• Chest surgery for FtM individuals.