Transgender Medical Benefits

The following Transgender Medical Benefits are based on the Standards of Care published by the World Professional Association for Transgender Health (WPATH). All transgender services that meet the prior approval requirements are subject to the most current Standards of Care published by WPATH. The below reflects those Standards of Care as contained in Version 7, published in 2012. This list is not exhaustive; any services listed in the most recent WPATH Standards of Care and WPATH Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the United States would be covered. There is no lifetime maximum for covered transgender services as outlined in this document and in the WPATH Standards of Care.

Prior Approval Requirements:

- **Category A:** Must have received a clinical diagnosis of gender dysphoria, transsexualism, or gender identity disorder.

- **Category B:** One letter of referral for surgery from a licensed mental health professional, or other health professional who is trained in behavioral health. The referral letter must include:
  - The individual's general identifying characteristics;
  - Results of the individual's psychosocial assessment, including any diagnoses;
  - The duration of the mental health professional's relationship with the individual, including the type of evaluation and therapy or counseling to date;
  - Clinical rationale for supporting the individual's request for surgery;
  - A statement about the fact that informed consent has been obtained from the individual;
  - A statement that the referring health professional has reviewed the WPATH Standards of Care section "Tasks Related to Assessment and Referral"; and
  - A statement that the referring health professional is available for coordination of care and welcomes a phone call to establish this.

- **Category C:** Two letters of referral for surgery, dated within the past 12 months, from two licensed mental health professionals. One referral should be from the individual's psychotherapist, and the second referral should be from a mental health professional who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (if practicing within the same clinic) may be sent. The referral letters must include:
  - The individual's general identifying characteristics;
  - Results of the individual's psychosocial assessment, including any diagnoses;
  - The duration of the mental health professional's relationship with the individual, including the type of evaluation and therapy or counseling to date;
  - Clinical rationale for supporting the individual's request for surgery;
  - A statement about the fact that informed consent has been obtained from the individual;
  - A statement that the referring health professional has reviewed the WPATH Standards of Care section "Tasks Related to Assessment and Referral"; and
  - A statement that the referring health professional is available for coordination of care and welcomes a phone call to establish this.

- **Category D:** You must have had genital or breast/chest surgery to change gender within the past two years.

- **Category E:** Prescription from a doctor for hormone therapy (for replacement or maintenance)

Covered Medical Benefits

Mental Health

Male to Female or Female to Male:

Covered Service

- Visits for purposes of assessment, diagnosis, referral letters and treatment of gender dysphoria, transsexualism, or gender identity disorder

Hormones (Category of Prior Approval Required – A & E)

Male to Female or Female to Male:

Covered Service
- Hormone therapy
- Laboratory tests to monitor hormone levels

Breast/Chest Surgery (Category of Prior Approval Required – A & B)

Male to Female:

Covered Service
- Breast augmentation
- Nipple/areola complex reconstruction

Female to Male:

Covered Service
- Mastectomy
- Mastectomy with liposuction of the chest wall
- Nipple/areola complex reconstruction

Genital Surgery (Category of Prior Approval Required – A & C)

Male to Female:

Covered Service

- Penectomy
- Orchiectomy
- Clitoroplasty
- Labiaplasty (of labia minora and majora)
- Vaginoplasty (Vaginoplasty may be performed with penile inversion technique, intestinal vaginoplasty, or with the use of skin grafts/flaps)
- Urethroplasty

Female to Male:

Covered Service

- Scrotoplasty
- Vulvectomy
- Colpectomy/vaginectomy
- Colpocleisis
- Perineoplasty
- Phalloplasty (with or without urethral lengthening/urethroplasty), including glansplasty
- Metoidioplasty (with or without urethral lengthening/urethroplasty)
- Hysterectomy/oophorectomy (no mental health assessment or letters are required for hysterectomy/oophorectomy alone, but these procedures may be performed in conjunction with genital reconstruction in some cases)
- Staged (secondary) procedures following phalloplasty/metoidioplasty: these procedures do not require additional mental health assessments (i.e., letters)
- Secondary procedures (following phalloplasty or metoidioplasty): testicular implants, urethroplasty
- Secondary procedures (following phalloplasty): penile prosthesis, urethroplasty

Hair Removal (Category of Prior Approval Required – A & B)

Male to Female or Female to Male:

Covered Service

- Laser
- Electrolysis
- Topical anesthetic

Hair Grafts (Category of Prior Approval Required – A *&* B *or* A *&* D)

Male to Female:

Covered Service

- Hair grafts

Facial Reconstruction/Contouring (Category of Prior Approval Required – A *&* B *or* A *&* D)

Male to Female:

Covered Service

- Thyroid chondroplasty
- Brow lift
- Forehead contouring
- Malar (cheek) implants
- Jaw and/or chin re-shaping
- Lip shortening
- Scalp (hairline) advancement
- Rhinoplasty

Female to Male:

Covered Service

- Augmentation thyroid chondroplasty (Thyroid cartilage augmentation)
- Chin implant and/or genioplasty
- Jaw implant

Body Reconstruction/Contouring (Category of Prior Approval Required – A *&* B *or* A *&* D)

Male to Female:

Covered Service

- Lipofilling of hips, thighs, buttocks
- Buttocks implant

Female to Male:

Covered Service

- Mons lift/mons reduction
- Pectoral implants
- Calf implants

Voice (Category of Prior Approval Required – A)

Male to Female or Female to Male:

Covered Service

- Voice therapy
- Voice modification surgery – only after voice therapy has been proven ineffective as attested to by providing voice therapist.

Initial/Pre-Op, Preventative and Follow-Up Care

- Initial doctor physical exams, visits, and pre-op tests
- Post-operative follow-up visits with surgeon(s) or primary care provider(s) as needed to ensure proper healing and adjustment.
- Routine medical care, with periodic laboratory tests to monitor hormone levels (quarterly for the first 12-18 months and annually thereafter) and annual physical examinations that are respectful of and attentive to the particular physical make-up of transgender, transsexual, and gender-nonconforming bodies.
- Prescription drugs and any mental health services as an individual prepares for and recovers from gender reassignment surgery.

WPATH

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

For questions or more information, contact us at wpath@wpath.org