



Gender Reassignment Criteria

Policy Number: PA 24

Last Review Date: 02/10/2020

Effective Date: 12/1/2015

Policy

Maryland Care, Inc., dba Maryland Physicians Care (MPC) covers gender transition treatment or surgery if specific criteria are met.

The following criteria must be met for all members planning to undergo gender reassignment surgery:

1. Must be at least 18 years of age
2. Must have the capacity to make fully informed decisions and consent for treatment
3. Has a diagnosis of gender dysphoria and exhibits all of the following:
 - a. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment
 - b. The gender dysphoria (pre and post diagnosis) has been present persistently for at least two (2) years
 - c. The gender dysphoria is not a symptom of another mental disorder
 - d. The gender dysphoria causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
 - e. The member regularly participates in psychotherapy and/or ongoing clinical treatment throughout the real-life experience may be required when recommended by a treating medical or behavioral health practitioner or when medically necessary
 - f. If the member has significant medical or mental health issues present, they must be reasonably well controlled. If the member is diagnosed with severe psychiatric disorders and impaired reality testing (e.g. psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated
 - g. The member will be required to have two (2) referrals from qualified mental health professionals who have independently assessed the individual. Two separate letters, or one letter signed by both if practicing in the same clinic are required and at least one of the professionals submitting a letter must have a doctoral degree (Ph.D., MD, EdD, D.Sc, DSW, or Psy. D) and be capable of adequately evaluating co-morbid psychiatric conditions. One letter signed by an appropriate provider is sufficient to support benefits for a mastectomy.
 - h. The medical documentation should include the start date of living full time in the new gender and
 - i. The member has undergone a minimum of 12 months of continuous

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PROPRIETARY AND CONFIDENTIAL



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hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician, unless the member has a medical contraindication

- j. Documentation that the individual is required to have completed 12 months of continuous hormonal therapy prior to hysterectomy/salpingo-oophorectomy, orchiectomy, vaginectomy, or vaginoplasty procedures. Hormonal therapy is not required for mastectomy.
- 4. For Augmentation mammoplasty- provided the criteria above has been satisfied, augmentation mammoplasty may be covered for male-to-female transgender members if the physician prescribing hormones and the treating surgeon have documented that after 12 months of treatment the breast size continues to cause clinically significant distress in social, occupational, or other areas of functioning.
- 5. Post Transition Services may be medically necessary appropriate to their anatomy such as:
 - a. Breast cancer screening for female to male transgender persons who have not undergone mastectomy

Prostate cancer screening for male to female transgender persons who have retained their prostate.

Limitations and Exclusions

1. Abdominoplasty
2. Blepharoplasty
3. Breast enlargement procedures, except in connection with a covered augmentation mammoplasty
4. Brow lift
5. Cheek implants
6. Chin/nose implants
7. Collagen injections
8. Cryopreservation, storage, and thawing of reproductive tissue, and the charge associated there with
9. Electrolysis
10. Face/forehead lifts
11. Hair removal/hairplasty/hair transplantation
12. Facial bone reconstruction
13. Hair removal/hairplasty/hair transplantation
14. Jaw shortening/sculpturing/facial bone reduction
15. Laryngoplasty
16. Lip reduction/enhancement
17. Liposuction

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18. Mastopexy
19. Neck tightening
20. Nipple/areola reconstruction, except in connection with a covered augmentation mammoplasty or mastectomy
21. Penile prosthesis, except in connection with a covered phalloplasty in a female-to-male transition
22. Removal or redundant skin, except in connection with a covered surgery
23. Replacement of tissue expander with permanent prosthesis testicular insertion, except as component of a covered placement of testicular prosthesis
24. Reversal of genital or breast surgery or reversal of surgery to revise secondary sex characteristics
25. Rhinoplasty
26. Second stage phalloplasty
27. Surgical correction of hydraulic abnormality of inflatable prosthesis including pump and/or cylinders and/or reservoir
28. Testicular prostheses, except as a component of a covered placement of a testicular prosthesis
29. Testicular expanders, except as a component of a covered placement of a testicular prosthesis
30. Voice modification surgery
31. Voice therapy/voice lessons

Background

Codes/Devices/Services

- **Covered Services include:** Outpatient psychotherapy/mental health services for gender dysphoria and associated comorbid psychiatric diagnoses. These benefits are covered through the Behavioral Health vendor.
- Continuous hormone replacement therapy including hormones injected by a medical provider in an office setting and oral and self-injected hormones covered under the pharmacy benefit.
- Outpatient laboratory testing to monitor continuous hormone therapy.



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Gender reassignment surgery:

Male-to-Female Transition	Female-to-Male Transition
Orchiectomy	Vaginectomy
Penectomy	Hysterectomy
Clitoroplasty	Mastectomy
Labiaplasty	Salpingo-oophorectomy
Vaginoplasty	Ovariectomy
Thyroid Chondroplasty	Metoidioplasty
	Phalloplasty
	Scrotoplasty
	Placement of Testicular Protheses
Urethroplasty for both types of transition	Urethroplasty for both types of transition

References

- COMAR 10.67.06.26-3
- MCO Transmittal No. 110 March 10, 2016 PT37-16
- COMAR 10.09.02.05
- COMAR 10.09.02.06
- COMAR 10.09.03.06
- COMAR 10.09.06.06
- COMAR 10.09.09.05

Revision Log

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