

GENERAL INSURANCE CRITERIA FOR GENDER AFFIRMING SURGERIES

WPATH Criteria for Surgery	Top Surgery (masculine chest reconstruction)	Breast Augmentation	Gonadectomy (total hysterectomy/oophorectomy, orchiectomy)	Genital Construction (vaginoplasty, metoidioplasty, phalloplasty)	Facial Feminization or Masculinization
Number of referral letters*	1	1	2	2	1
Persistent, well documented gender dysphoria diagnosed by qualified mental health professional	X	X	X	X	X
Capacity to make a fully informed decision and consent to treatment	X	X	X	X	X
Age of majority in given country	X	X	X	X	X
If significant medical or mental health concerns present, must be reasonably well controlled	X	X	X	X	X
12 continuous months of hormone therapy as appropriate to the patient's gender goals, unless medically contraindicated.		Recommended by WPATH Required by MassHealth	X	X	
12 continuous months of living in a gender role that is congruent with their gender identity (document in the chart date member started living as this gender, and their experience).			Required by MassHealth	X	

* MassHealth requires member to be diagnosed with gender dysphoria (meeting DSM-V criteria) by a qualified mental health professional, and for that provider to recommend the surgery. For genital surgeries, member must be assessed and referred by TWO independent qualified mental health professionals resulting in gender dysphoria diagnosis.

https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf

<https://www.mass.gov/doc/gender-affirming-surgery/download>