

National Coverage Determinations (NCDs)

Transsexual Surgery

Publication Number

6

Effective Date of this Version

This is a longstanding national coverage determination. The effective date of this version has not been posted.

Benefit Category

Physicians' Services

Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Coverage Topic

Cosmetic Surgery

Item/Service Description

Transsexual surgery, also known as sex reassignment surgery or intersex surgery, is the culmination of a series of procedures designed to change the anatomy of transsexuals to conform to their gender identity. Transsexuals are persons with an overwhelming desire to change anatomic sex because of their fixed conviction that they are members of the opposite sex. For the male-to-female, transsexual surgery entails castration, penectomy and vulva-vaginal construction. Surgery for the female-to-male transsexual consists of bilateral mammectomy, hysterectomy and salpingo-oophorectomy, which may be followed by phalloplasty and the insertion of testicular prostheses.

Indications and Limitations of Coverage

Transsexual surgery for sex reassignment of transsexuals is controversial. Because of the lack of well controlled, long term studies of the safety and effectiveness of the surgical procedures and attendant therapies for transsexualism, the treatment is considered experimental. Moreover, there is a high rate of serious complications for these surgical procedures. For these reasons, transsexual surgery is not covered.

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