Medicare Lifts Ban on Covering Sex Reassignment Surgery

June 4, 2014

State Medicare programs can no longer automatically deny insurance coverage for sex reassignment surgeries in the United States, thanks to a new legal precedent set by the U.S. Department of Health and Human Services (HHS) that will lift a 30-year ban on recognizing the procedure as a necessary medical treatment, The Associated Press reports.

An HHS review board ruled in favor of Denee Mallon, a 74-year-old transgender Army veteran from New Mexico, whose request to have Medicare pay for her genital reconstruction was denied two years ago. Mallon will now have her medical claim re-evaluated under the new federal ruling.

The board attributed lifting the ban to several recent studies showing the efficacy of reassignment surgeries for gender dysphoria, a diagnosis for people who experience extreme anxiety and distress because of the disconnect between their birth sex and their gender identity.

However, the new ruling doesn't necessarily give Medicare recipients the absolute right to have their reassignment surgeries paid for by the government. Those interested will still have to seek prior authorization from a doctor and a mental health professional; what's more, insurance coverage will be decided on a case-by-case basis.

The ruling also does not apply to Medicaid. However, since private insurance companies and state programs often take cues from the federal government on what types of procedures are medically necessary, transgender health advocates are hoping the decision could help pave the way for routine coverage of reassignment surgeries.

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