



MEDICAL POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
Gender Affirming Surgery-GA MCD-MM-0734	11/01/2024-11/30/2025
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
Gender Affirming Surgery

B. Background

In the rapidly evolving field of transgender healthcare, an overarching goal of gender-affirming care is to partner with transgender and gender diverse (TGD) individuals to holistically address social, mental, and medical health needs and well-being while affirming gender identity. Care should support TGD people across the lifespan, from first signs of gender incongruence in childhood through adulthood and into older age. Guidelines, such as the World Professional Association for Transgender Health (WPATH) Standards of Care (SOC-8), encourage the use of a patient-centered care model for initiation of gender affirming interventions. Communication and coordination of care should occur between providers to optimize outcomes and the timing of gender-affirming interventions centered on the patient's needs and desires and to minimize harm.

Globally, TGD people have differing needs for gender-affirming care related to individual goals and characteristics, available health care resources, and sociocultural and political contexts. Prevalent guidelines call for healthcare professionals who can provide clinical guidance to assist access to safe and effective pathways that achieve lasting personal comfort with a gendered self. This care aims to optimize overall physical health, psychological well-being, and self-fulfillment and assistance may include, but is not limited to, hormonal and surgical treatments, voice and communication therapy, primary care, hair removal, reproductive and sexual health, and behavioral health (BH) care.

TGD people commonly experience transphobia, stigmatization, and refusal of care when seeking services, which contributes to significant health disparities. Minority stress is associated with mental health disparities exemplified by increased rates of depression, suicidality, and non-suicidal self-injuries than rates in cisgender populations. While Gender Dysphoria (GD) is still considered a mental health condition in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) of the American Psychiatric Association, gender incongruence is no longer seen as pathological or a mental disorder in the world health community. Gender Incongruence is recognized as a condition in the International Classification of Diseases and Related Health Problems, 11th Version of the World Health Organization (ICD-11). Gender Incongruence focuses on the person's experienced identity, any need for gender-affirming treatment, and supports a care model emphasizing patients' active participation in decision-making about health care supported a rights-based approach. Nomenclature is subject to change and new terminology and classifications may be adopted by various health organizations or administrative bodies as the field progresses, but the medical necessity of treatment and care is recognized for people experiencing dissonance between sex assigned at birth and gender identity.

C. Definitions

- **Behavioral Health Provider** – Provider of BH services (minimum master’s level), including a psychologist, psychiatrist, or psychiatric nurse practitioner.
- **Cisgender** – Denoting or relating to a person whose gender identity corresponds with the sex registered for the individual at birth.
- **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)** – Standard language by which clinicians, researchers, and public health officials in the US communicate about mental disorders and subsequent criteria and classification.
- **Female-to-Male (FtM or Transmasculine)** – An individual born or assigned female at birth (“natal female”) changing(-ed) to a more masculine body or gender role.
- **Gender Affirmation** – The process of recognizing or affirming TGD people in gender identity, whether socially, medically, legally, behaviorally, or some combination.
- **Gender Dysphoria** – Affective and/or cognitive discontent accompanying incongruence between experienced or expressed gender and assigned gender, lasting at least 6 months and meeting diagnostic criteria listed in the *DSM-5-TR*.
- **Gender Identity** – A person’s inner sense or identification as male, female, a combination of both, or neither, which may be different from sex assigned at birth.
- **Male-to-Female (MtF or Transfeminine)** – An individual born or assigned male at birth (“natal male”) changing(-ed) to a more feminine body or gender role.
- **Minority Stress** – Unique, socially based, and chronic stress that may increase the likelihood of TGD individuals’ vulnerability to developing BH concerns (eg, anxiety, depression, substance use).
- **Non-Binary/Gender Queer** – An individual identifying as neither exclusively male nor female but different from gender assigned at birth, including changing to a more masculinized or feminized gender role.
- **Sex** – Based on the appearance of external genitalia and defined as male or female as understood in the context of reproductive capacity (eg, sex hormones, chromosomes, gonads, non-ambiguous external and internal genitalia). At times, sex is assigned when external genitalia are ambiguous.
- **Transgender and Gender Diverse (TGD)** – A comprehensive term describing members of varied, global communities with gender identities or expressions differing from the gender socially attributed to the sex assigned at birth, including those with culturally specific and/or language-specific experiences, identities or expressions, which may or may not be based on or encompassed by Western conceptualizations of gender or the language used to describe it.

D. Policy

CareSource complies with state and federal regulations and treats all members consistent with gender identity. CareSource covers medically necessary services by utilizing neutral standards supported by evidence-based criteria and reviews literature and policies annually and as needed when new literature becomes available, particularly regarding long-term outcomes, safety data, and US Institutional Review Board oversight. All requests are reviewed on a case-by-case basis. Members under the age of 21 years

will be reviewed for medical necessity as required by the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program. Federal and state regulations are followed regarding sterilization.

- I. CareSource considers gender affirming surgeries medically necessary for transitioning and nonbinary members ages 18 and older when **ALL** the following clinical criteria are met:

- A. General Requirements

Both gender affirming chest surgery and genital surgery require **all** the following criteria to be met:

1. *Marked and sustained gender incongruence is assessed and documented by a clinician experienced in the care of and with competency (eg, formal training, significant clinical experience, capable in evaluation and diagnosis of gender incongruence) in assessment for transgender and gender-diverse people (eg, physician, primary care provider, endocrinologist, psychiatrist, other licensed mental health professional). Content of documentation must include the following:*
 - a. an individualized treatment plan addressing treatment, including hormone therapy, surgical interventions, and BH care during the transition period
 - b. BH issues, if present, are well controlled (ie, no active intravenous drug use for the past 3 months, no suicide attempts or behaviors present for the past 6 months)
 - c. the degree to which the member has followed the standards of care to date and the likelihood of future compliance
 - d. 12-month or longer real-life experience congruent with chosen gender identity, unless the timeline was modified with corroborating documentation indicating a safety concern
 - e. duration of evaluator's relationship with the member
 2. *Gender incongruence is not due to reversible cause (eg, psychosis).*
 3. *Member grants informed consent and is able to understand risks of adverse events, complications, procedure options, benefits, irreversibility, and reproductive impact.*
 4. *Member has no physical or behavioral health illness that will interfere with adherence to short-term and long-term postoperative treatment.*
 5. *Stability on gender-affirming hormone treatment (GAHT) for at least 6 months unless contraindication has been documented.* Medication must be prescribed to the member and managed by an endocrinologist or experienced prescriber working in a center or clinic specializing in the treatment of gender affirming care. Evidence of lab monitoring of hormone levels must be provided.
 6. *Social transition (eg, name change, pronoun change, communication of affirmed gender identity to others) is in place or judged by clinician to be unnecessary (eg, nonbinary gender identity).*
 7. Surgical requirements for chest or genital surgery include submission of the following documentation:

- a. results of medical and psychological assessments, including diagnosis(-es) and identifying characteristics
 - b. surgery plan
 - c. notation of discussion of risks, benefits, and alternatives to treatment, including no hormonal or surgical treatment and member understanding that surgery may not resolve gender dysphoria
 - d. medical stability for surgery and anesthesia
 - e. expected outcome
 - B. Gender Affirming Chest Surgery
 1. Breast augmentation for male to female transition is not covered.
 2. Mastectomy for female to male transition or other chest surgery requests require meeting I.A. above. *Mastectomy does not require a hormone trial.*
 - C. Gender Affirming Genital Surgery

Genital surgery requests require all the following in addition to meeting outlined criteria outlined above in I.A.:

 1. If a physician (eg, PCP, endocrinologist, surgeon) completes documentation requirements outlined in I.A.1., a BH professional (eg, psychiatrist, licensed mental health professional) must submit documentation meeting those requirements as well.
 2. Hair removal may be approved based on medical necessity when the skin flap area contains hair needing to be removed. Hair removal must be included on the request for review of medical necessity.
- II. Procedures or surgeries to enhance secondary sex characteristics are considered cosmetic and are not medically necessary. A list of services, procedures or surgeries not covered is included below. This list may not be all inclusive.
- A. reversal of genital surgery or reversal of surgery to revise secondary sex characteristics
 - B. abdominoplasty
 - C. blepharoplasty
 - D. brow lift
 - E. body contouring
 - F. botulinum toxin treatments (ie, Botox, Dysport, Xeomin, Jeuveau)
 - G. breast augmentation
 - H. calf, cheek, chin, malar, pectoral and/or nose implants
 - I. collagen injections
 - J. drugs for hair loss or hair growth
 - K. face lifts, facial bone reduction or facial feminization
 - L. perineal skin hair removal
 - M. hair removal for vaginoplasty without creation of neovagina or when genital surgery is not yet required or not approved
 - N. hair replacement
 - O. lip enhancement or reduction
 - P. liposuction
 - Q. mastopexy

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- R. neck tightening
 - S. plastic surgery on eyes
 - T. reduction thyroid chondroplasty
 - U. rhinoplasty
 - V. skin resurfacing
 - W. voice modification surgery (laryngoplasty or shortening of the vocal cords), voice therapy or voice lessons
 - X. any other surgeries or procedures deemed not medically necessary
 - Y. reproduction services, including, but not limited to, sperm preservation, oocyte preservation, cryopreservation of embryos, surrogate parenting, donor eggs and donor sperm and host uterus
- III. CareSource treats all members consistent with gender identity and does not deny or limit health services that ordinarily or exclusively are available to individuals of one sex to a transgender individual based on the fact that the individual's sex or gender is different from the one to which health services are normally or exclusively available. Examples of such services include:
- A. breast cancer screening for transgender men and nonbinary people who were assigned female at birth
 - B. prostate cancer screening for transgender women and nonbinary people who were assigned male at birth
- E. Conditions Of Coverage
NA
- F. Related Policies/Rules
Medical Necessity Determinations
- G. Review/Revision History

ACTION		DATES	ACTION
Date Issued		05/18/2017	
Date Revised		05/29/2019	Updated evidence, changed policy # (MM-0080), removed pharmacy info, added requirements for surgery, specifics on hair removal, items not covered & types of surgery for medical necessary review.
		09/02/2020	Updated definitions, removed research and codes, added references, changed letter recommendation requirement, changed title.
		07/07/2021	Removed endocrinologist rule, added NP & safety considerations. Annual review. Updated definitions & to MCG, 26th edition.
		05/19/2022	Annual review. Updated background, definitions, reference list. Approved at Committee.
		06/21/2023	Annual review. "Top" surgery changed to chest. "Bottom" to genital. Rewrote background. Added cisgender, TGD, minority stress (WPATH). 28 th edit MCG. Combined letter info into one section.
		07/17/2024	Updated references. Approved at Committee.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

Date Effective	11/01/2024	
Date Archived	11/30/2025	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

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