CareSource

MEDICAL POLICY STATEMENT
Nevada Medicaid

Policy Name & Number	Date Effective
Medical Interventions for Gender Dysphoria-NV MCD-MM-1847	01/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Medical Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract, then the plan contract 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.

Table of Contents

A. Subject 2
B. Background 2
C. Definitions 2
D. Policy 2
E. Conditions of Coverage 4
F. Related Policies/Rules 4
G. Review/Revision History 5
H. References 5

A. Subject
Medical Interventions for Gender Dysphoria

B. Background
State Medicaid programs have a responsibility to ensure that payments are consistent with efficiency, economy and quality of care under Section 1902(a)(30)(A) of the Social Security Act. Section 1902(a)(19) requires that states provide such safeguards as may be necessary to ensure that covered care and services are provided in a manner consistent with the best interests of recipients. Agencies have a basic obligation to ensure the quality of Medicaid-covered care. Currently, Nevada law permits gender affirming care.

C. Definitions
- **Cosmetic Surgery** – A surgical procedure that
  - does not meaningfully promote the proper function of the body
  - does not prevent or treat illness or disease
  - is primarily directed at improving the appearance of a person
  - includes, without limitation, cosmetic surgery directed at preserving beauty
- **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.
- **Minor** – Any member under the age of 18.

D. Policy
I. CareSource complies with state and federal regulations for the coverage of medically necessary services. All requests are reviewed on a case-by-case basis, including any applicable requests under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program.

II. Any member under the age of 21, as per 42 C.F.R. § 441.56 and 42 U.S.C. § 1396d(r), will be reviewed for medical necessity as required by the EPSDT program. CareSource will cover medically necessary care if deemed essential by a healthcare provider.

III. CareSource considers gender affirming surgeries medically necessary when **ALL** the following clinical criteria are met for any member 18 years of age or older:
A. General Requirements for Chest and Genital Surgery
Gender affirming chest and genital surgery require **all** the following criteria:
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). Chest surgery requires 1*

assessment and documented record, while genital surgery requires 2*.*
Content of documentation must include the following:
   a. an individualized treatment plan addressing treatment, including hormone therapy, surgical interventions, and behavioral health (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 BH 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. The following documentation is submitted from a surgical team:
   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
Mastectomy for female to male transition or any other chest surgery requests require meeting 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 criteria outlined above in A.:

1. If a physician (eg, PCP, endocrinologist, surgeon, other qualified provider) completes documentation requirements outlined in A., 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.

IV. CareSource will review all requests on a case by case basis. 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 either genital surgery or surgery to revise secondary sex characteristics
   B. abdominoplasty
   C. blepharoplasty
   D. body contouring
   E. botulinum toxin treatments (eg, Botox, Dysport, Xeomin, Jeuveau) or collagen injections
   F. breast augmentation
   G. calf, cheek, chin, malar, pectoral and/or nose implants
   H. face lifts, facial feminization, bone reduction, brow lifts, rhinoplasty, or plastic surgery on the eyes
   I. perineal skin hair removal
   J. hair removal for vaginoplasty without creation of neovagina or when genital surgery is not yet required or not approved
   K. hair replacement
   L. lip enhancement or reduction
   M. liposuction
   N. neck tightening or reduction thyrochondroplasty
   O. mastopexy
   P. skin resurfacing
   Q. voice modification surgery (laryngoplasty or shortening of the vocal cords), voice therapy or voice lessons
   R. any other surgeries or procedures deemed not medically necessary
   S. reproduction services, including, but not limited to, sperm preservation, oocyte preservation, cryopreservation of embryos, surrogate parenting, donor eggs and donor sperm and host uterus

E. Conditions of Coverage
NA

F. Related Policies/Rules
Medical Necessity Determinations

G. Review/Revision History

	DATE	ACTION
Date Issued	10/08/2025	New policy. Approved at Committee.
Date Revised		
Date Effective	01/01/2026	
Date Archived		

H. References

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revised (DSM-5-TR).* American Psychiatric Association; 2022.
2. American Psychological Association. Guidelines for psychological practice with transgender and gender nonconforming people. *Amer Psych*. 2015;70(9):832-864. doi:10.1037/a0039906
3. An Act Relating to Insurance; Requiring Certain Health Insurance to Include Coverage for Treatment of Conditions Relating to Gender Dysphoria…Relating Thereto, Nevada Legislature 82nd Session. Senate Bill 163 (2023).
4. Definitions, 42 U.S.C. § 1396d(r) (2024).
5. Evidence analysis research brief: body contouring procedures in patients with gender dysphoria. Hayes; 2022. Accessed October 2, 2025. www.evidence.hayesinc.com
6. Evidence analysis research brief: hair removal in patients with gender dysphoria. Hayes; 2022. Accessed October 2, 2025. www.evidence.hayesinc.com
7. Evidence analysis research brief: vocal cord surgery for voice feminization in patients with gender dysphoria. Hayes; 2022. Accessed October 2, 2025. www.evidence.hayesinc.com
8. Evolving evidence review: combination facial feminization surgery in patients with gender dysphoria. Hayes; 2023. Accessed October 2, 2025. www.evidence.hayesinc.com
9. Evolving evidence review: feminizing voice and communication therapy for gender dysphoria. Hayes; 2022. Accessed October 2, 2025. www.evidence.hayesinc.com
10. Evolving evidence review: gender-affirming body-contouring procedures in patients with gender dysphoria. Hayes; 2023. Accessed October 2, 2025. www.evidence.hayesinc.com
11. Evolving evidence review: gender-affirming hair removal for patients with gender dysphoria. Hayes; 2023. Accessed October 2, 2025. www.evidence.hayesinc.com
12. Evolving evidence review: hair removal procedures before gender affirming surgery in patients with gender dysphoria. Hayes; 2023. Accessed October 2, 2025. www.evidence.hayesinc.com
13. Evolving evidence review: masculinizing voice and communication therapy for gender dysphoria. Hayes; 2022. Accessed October 2, 2025. www.evidence.hayesinc.com
14. Evolving evidence review: Wendler glottoplasty surgery for voice feminization in patients with gender dysphoria. Hayes; 2023. Accessed October 2, 2025. www.evidence.hayesinc.com

15. Feldman J, Deutsch MB. Primary care of transgender individuals. UpToDate. Accessed October 2, 2025. www.uptodate.com
16. Ferrando C. Adverse events associated with gender affirming vaginoplasty surgery. *Am J Obstet Gynecol*. 2020;223(2):267. doi:10.1016/j.ajog.2020.05.033
17. Ferrando C. Gender-affirming surgery: male to female. UpToDate. Accessed October 2, 2025. www.uptodate.com
18. Ferrando C, Zhao LC, Nikolavsky D. Gender-affirming surgery: female to male. UpToDate. Accessed October 2, 2025. www.uptodate.com
19. Gender Affirming Surgery or Procedure GRG: GG-FMMF. MCG. 29th ed. Updated June 13, 2025. Accessed October 2, 2025. www.careweb.careguidelines.com
20. Health technology assessment: sex reassignment surgery for the treatment of gender dysphoria. Hayes; 2018. Accessed October 2, 2025. www.evidence.hayesinc.com
21. Hembree W, Cohen-Kettenis P, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. *Journ of Clin End & Metab*. 2017;102(11):3869-3903. doi:10.1210/jc.2017-01658
22. Li V, Demzik A, Snyder L, et al. Genital gender affirming surgery. *Am Surg.* 2022;88(12):2817-2822. doi:10.1177/00031348221109479
23. McTernan M, Yokoo K, Tong W. A comparison of gender-affirming chest surgery in nonbinary versus transmasculine patients. *Ann Plast Surg*. 2020;84:S323-S328. doi:10.1097/SAP.0000000000002254
24. *Nevada Medicaid Services Manual*. Division of Health Care Financing and Policy. Accessed October 2, 2025. www.dhcfp.nv.gov
25. Park R, Liu Y, Samuel A, et al. Long-term outcomes after gender-affirming surgery: 40-year follow-up study. *Ann Plast Surg*. 2022;89(4):431-436. doi:10.1097/SAP.000003233
26. *Puberty Blockers, Cross-sex Hormones, and Surgery Related to Gender Dysphoria.* Centers for Medicare and Medicaid Services; April 11, 2025. Accessed October 2, 2025. www.cms.gov.
27. Required Activities, 42 C.F.R. § 441.56 (2024).
28. Shin SJ, Kumar A, Safer JD. Gender-affirming surgery: perioperative medical care. *Endocr Pract*. 2022;28(4):420-424. doi:10.1016/j.eprac.2022.02.007
29. Society guideline links: transgender health. UpToDate. Accessed October 2, 2025. www.uptodate.com
30. Tangpricha V, Safer JD. Transgender women: evaluation and management. UpToDate. Accessed October 2, 2025. www.uptodate.com
31. Tangpricha V, Safer JD. Transgender men: evaluation and management. UpToDate. Accessed October 2, 2025. www.uptodate.com
32. Tollinche L, Rosa W, van Rooyen CD. Perioperative considerations for person-centered gender-affirming surgery. *Adv Anesth*. 2021;39:77-96. doi:10.1016/j.aan.2021.07.005
33. van der Sluis WB, Schäfer T, Nijhuis THJ, et al. Genital gender-affirming surgery for transgender women. *Clin Obstet Gynaecol.* 2023;86:102297. doi:10.1016/j.bpobgyn.2022.102297

34. World Professional Association for Transgender Health (WPATH). *Standards of care for the health of transsexual, transgender and gender nonconforming people, 8th edit.* Accessed October 2, 2025. www.wpath.org
35. Zhang W, Garrett G, Arron S, et. al. Laser hair removal for genital gender affirming surgery. *Trans Andro and Urol*. 2017;5(3):381-387. doi:10.21037/tau.2016.03.2