



## **MEDICAL POLICY STATEMENT**

### **Ohio Medicaid**

<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Medical Interventions for Gender Dysphoria-OH MCD-MM-0034	02/07/2026
<b>Policy Type</b>	
<b>MEDICAL</b>	

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

**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 and that such care is provided in a manner consistent with the best interest of beneficiaries.

Federal matching funds may not be claimed for any sterilization procedure performed on an individual under age 21, 42 C.F.R § 441.253(a). Specifically, federal financial participation is unavailable for any procedure, treatment or operation done for “the purpose of permanently rendering an individual incapable of reproducing,” 42 C.F.R. § 441.251. Additionally, 42 C.F.R. § 441.255(a) prohibits financial federal participation for any hysterectomy performed solely for sterilization. All sterilization procedures must also meet the consent and waiting-period requirements set forth in 42 C.F.R. §§ 441.252–.254.

C. Definitions

- **Cross-Sex Hormone** – Testosterone, estrogen, or progesterone given to a minor individual in an amount greater than would normally be produced endogenously in a healthy individual of the minor individual's age and sex.
- **Early Periodic Screening, Diagnosis and Treatment (“EPSDT”） Program** – A comprehensive preventive health program for individuals under age 21 that requires coverage of any service necessary to correct or ameliorate defects, physical and mental illnesses and conditions discovered by screening. 42 C.F.R. § 441.50 et seq.
- **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 Reassignment Surgery** – Any surgery performed for the purpose of assisting an individual with gender transition that seeks to surgically alter or remove healthy physical or anatomical characteristics or features that are typical for the individual's biological sex, in order to instill or create physiological or anatomical characteristics that resemble a sex different from the individual's birth sex, including genital or non-genital gender reassignment surgery.
- **Gender-Related Condition** – Any condition where an individual feels an incongruence between the individual's gender identity and biological sex, including gender dysphoria.
- **Gender Transition Services** – Any medical or surgical service (including physician services, inpatient and outpatient hospital services, or prescription drugs or hormones) provided for the purpose of assisting an individual with gender transition

that seeks to alter or remove physical or anatomical characteristics or features that are typical for the individual's biological sex, or to instill or create physiological or anatomical characteristics that resemble a sex different from the individual's birth sex, including medical services that provide puberty blocking drugs, cross-sex hormones, or other mechanisms to promote the development of feminizing or masculinizing features in the opposite sex, or genital or non-genital gender reassignment surgery.

- **Minor** – Any member under the age of 18.
- **Puberty-Blocking Drugs** – Gonadotropin-releasing hormone analogs or other synthetic drugs used to stop luteinizing hormone and follicle stimulating hormone secretion, synthetic antiandrogen drugs used to block the androgen receptor or any drug to delay or suppress normal puberty.

#### D. Policy

- I. CareSource complies with state and federal regulations for the coverage of medically necessary services. Medically necessary services are health care services needed to diagnose or treat that meet the accepted standards of medicine. 42 C.F.R. § 440.230. 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. For any member under the age of 18, Ohio Revised Code § 3129.06 prohibits coverage of gender transition services, subject to certain exceptions as follows:
  - A. mental health services provided for a gender-related condition
  - B. treatment, including surgery or prescribing drugs or hormones, to a minor who
    1. was born with a medically verifiable disorder of sex development
    2. received a diagnosis of a disorder of sexual development
    3. needs treatment for any infection, injury, disease, or disorder that has been caused or exacerbated by the performance of gender transition services
- III. Any member 18 to 20 years of age, as per 42 CFR § 441.56 and 42 U.S.C. § 1396d(r), will be reviewed for medical necessity as required by the EPSDT program (ie, Ohio Healthchek). CareSource will cover medically necessary care if deemed essential by a healthcare provider, including gender-related care.
- IV. For any member 21 years of age or older, Ohio Administrative Code § 5160-2-03 establishes that gender transformation services are not covered services (eg, clitoroplasty, intersex surgery, vaginectomy, penectomy, mastectomy, breast augmentation).
- V. All behavioral health services for gender dysphoria will be subject to the same utilization management and cost-sharing requirements as other behavioral and medical benefits in compliance with Mental Health Parity and Addiction Equity Act. 42 U.S.C. § 300gg-26; 45 C.F.R. Part 146.

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

## E. Conditions Of Coverage

NA

## F. Related Policies/Rules

Medical Necessity Determinations

## G. Review/Revision History

Dates		Action
Date Issued	05/18/2017	
Date Revised		
05/29/2019		Updated evidence, changed policy # (MM-0080), removed pharmacy info, added addtl requirements for surgery, specifics on hair removal, items not covered & types of surgery for medical necessary review.
09/02/2020		Updated definitions, removed research & codes, added references, changed letter recommendation requirement, changed title.
07/07/2021		Removed endocrinologist rule, added psych NP & safety info.
05/19/2022		Annual review. Updated definitions. Added PCP to hormone therapy requirement. Removed conception counseling for genital surgery. Removed breast augmentation from the exclusion list.
06/21/2023		Annual review. Updated background, definitions, reference list. Approved at Committee.
07/17/2024		Annual review. "Top" changed to chest, "bottom" to genital. Updated background & definitions. Combined letter info. Updated references. Approved at Committee.
07/02/2025		Rewrote background to comply with 2025 CMS letter. Revised all sections re: compliance with regulations. Approved at Committee.
Date Effective	02/07/2026	
Date Archived		

## H. References

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revised (DSM-5-TR)*. Arlington, VA; 2022.
2. Conditions and Limitations. OHIO ADMIN. CODE § 5160-2-03 (2022).
3. Definitions. 42 U.S.C. § 1396d(r) (2024).
4. Gender Transition Services for Minors. OHIO REV. CODE Chapter 3129 (2024).
5. Healthchek: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Covered Services. OHIO ADMIN. CODE § 5160-1-14 (2017).
6. Medicaid Medical Necessity: Definitions and Principles. OHIO ADMIN. CODE § 5160-1-01 (2022).
7. *Puberty Blockers, Cross-sex Hormones, and Surgery Related to Gender Dysphoria*. Centers for Medicare and Medicaid Services; April 11, 2025. Accessed June 11, 2025. [www.cms.gov](http://www.cms.gov).
8. Required Activities. 42 C.F.R. § 441.56 (1984).

Approved by Ohio Department of Medicaid 10/24/2025.

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