Medica Central Utilization Management Policy

Policy Name:	**GENDER AFFIRMATION PROCEDURES MP9642 (III-SUR.20)**
Effective Date:	**September 19, 2025**

This policy was developed with input from specialists in psychiatry, urology, plastic surgery, and general surgery, and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

PURPOSE

To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

MEDICAL NECESSITY CRITERIA

For medical necessity criteria, The Health Plan uses MCG™ Care Guideline, 29th edition, 2025:

- GRG*: GG-FMMF (ISC GRG), Gender-Affirming Surgery or Procedure.*

BENEFIT CONSIDERATIONS

1. Hormonal treatments for gender affirmation **does not require prior authorization**.
   NOTE: WPATH recommends that an adolescent (post puberty to 18 years of age) reach Tanner stage 2 of puberty for pubertal suppression to be initiated. See Appendix 1 – Tanner Scales.

2. All services related to surgical gender affirmation procedures **require prior authorization**. Please see the prior authorization list for product specific prior authorization requirements.

   NOTE: See Appendix 2 - Gender-Affirming Genital Surgical Procedures for a list of genital surgical procedures (Not all inclusive).

   NOTE: See Appendix 3 - Gender-Affirming Non-Genital Surgical Procedures for a list of secondary gender-affirming procedures (Not all inclusive).
3. Coverage may vary according to the terms of the member's plan document.
4. Services eligible for coverage which are paid under the Mental Health section of the member's plan document are subject to all service frequency and visit limitations described in that section of the member's plan document, including:
   A. Pre-gender assignment counseling services
   B. Services of a licensed psychiatrist, or psychologist to diagnose and counsel the patient in the area of gender dysphoria
   C. Psychological/psychiatric evaluation
   D. Hormonal and Genital gender assignment counseling services, including all counseling services immediately preceding and following surgical gender affirmation.
   E. All mental health services provided to the member before, during and after initiation of hormonal therapy.
5. Services eligible for coverage are paid according to the appropriate Medical section of the member's coverage document, subject to all service frequency and visit limitations as outlined in the member's plan document, including:
   A. Pre-gender assignment medical evaluation
   B. Hormonal gender assignment medical services. Includes all medical services directly related to the administration and monitoring of hormonal therapy
   C. Genital surgical gender affirmation medical services
   D. Non-genital procedures and surgeries necessary for the individual to conform to his/her gender identity or expression
   E. Pre-operation physical examination
   F. Genital surgical gender affirmation inpatient and outpatient stays for eligible procedures
   G. All ambulatory follow-up care directly related to the genital surgical gender affirmation
   H. Breast augmentation when all medical necessity criteria have been met
   I. Mastectomy when all medical necessity criteria have been met.
6. Services for the purpose of research or experimentation are not eligible for coverage.
7. See the following related Utilization Management policies for additional information:
   A. *Abdominoplasty/Panniculectomy* (III-SUR.13)
   B. *Blepharoplasty, Blepharoptosis Repair, and Brow Lift* (III-SUR.29)
   C. *Rhinoplasty Procedure with or without Septoplasty* (III-SUR.04).

   Note: If the procedure is being requested for a reason unrelated to gender affirmation, it is subject to all terms and conditions of the member's plan document and must meet The Health Plan's medical necessity requirements.
8. Cosmetic surgery is generally an exclusion in the member's plan document.
9. If the Medical Necessity Criteria and Benefit Considerations are met, The Health Plan staff will authorize benefits within the limits in the member's plan document.
10. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Provider Administrative Manual.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at: https://www.cms.gov/medicare-coverage-database/search.aspx. Accessed March 23, 2022.

DOCUMENT HISTORY

Original Effective Date	10/01/2023
MPC Endorsement Date(s)	08/16/2023, 10/18/2023
Began use of MCG™ Care Guidelines	05/01/2024
MCG Care Guidelines Edition Updates	29th edition 09/19/2025
Administrative Update(s)	06/20/2024

Appendix 1

Tanner Scales

Table 1

Tanner Stage	Breasts	Pubic Hair	Growth	Other
1	Elevation of papilla only	Villus hair only	2-2.4 inches per year	Adrenarche and ovarian growth
2	Breast bud under the areola, areola enlargement	Sparse hair along the labia	2.8-3.2 inches per year	Clitoral enlargement, labia pigmentation, growth of uterus
3	Breast tissue grows but has no contour or separation	Coarser hair curled pigmented covers the pubes	3.2 inches per year	Axillary hair, acne
4	Projection of areola and papilla, secondary mound formation	Adult hair, does not spread to the thigh	2.8 inches per year	Menarche and development of menses
5	Adult-type contour, projection of papilla only	Adult hair, spreads to the medial thigh	Cessation of linear growth	Adult genitalia

Table 2

Tanner Stage	Genitalia	Pubic Hair	Growth	Other
1	Testes <2.5 cm	Villus hair only	2.0-2.4 inches per year	Adrenarche
2	Testes 2.5-3.2 cm Thinning and reddening of the scrotum	Sparse hair at penis base	2.0-2.4 inches per year	Decreases in body fat
3	Testes 3.3-4.0 cm Increase of penis length	Thicker curly hair spreads to the pubis	2.8-3.2 inches per year	Gynecomastia, voice break, increased muscle mass
4	Testes 4.1-4.5 cm, penis growth darkening of scrotum	Adult hair does not spread to thighs	4.0 inches per year	Axillary hair, voice change, acne
5	Testes >4.5cm, adult genitalia	Adult hair spreads to medial thigh	Deceleration, cessation	Facial hair, muscle mass increases

Source: https://www.ncbi.nlm.nih.gov/books/NBK544322/figure/article-20323.image.f1/?report=objectonly.

Accessed 10/21/2022

Appendix 2

GENDER-AFFIRMING GENITAL SURGICAL PROCEDURES

As the field's understanding of the many facets of gender incongruence expands, and as technology develops which allows for additional treatments, it is imperative to understand this list is not intended to be exhaustive. This is particularly important given the often lengthy time periods between updates to the WPATH Guidelines, during which evolutions in understanding and treatment modalities may occur.

Phalloplasty (with/without scrotoplasty)	• With/without urethral lengthening • With/without prosthesis (penile and/or testicular) • With/without colpectomy/colpocleisis
Metoidioplasty (with/without scrotoplasty)	• With/without urethral lengthening • With/without prosthesis (penile and/or testicular) • With/without colpectomy/colpocleisis
Vaginoplasty (inversion, peritoneal, intestinal)	• May include retention of penis and/or testicle
Vulvoplasty	• May include procedures described as "flat front"
Gonadectomy • Orchiectomy • Hysterectomy and/or salpingo-oophorectomy	

Source: World Professional Association for Transgender Health Inc
.Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.
https://doi.org/10.1080/26895269.2022.2100644. Published on line September 2022.

Appendix 3

GENDER-AFFIRMING NON-GENITAL SURGICAL PROCEDURES

As the field's understanding of the many facets of gender incongruence expands, and as technology develops which allows for additional treatments, it is imperative to understand this list is not intended to be exhaustive. This is particularly important given the often length time periods between updates to the WPATH Guidelines, during which evolutions in understanding and treatment modalities may occur.

FACIAL SURGERY	
Brow	• Brow reduction • Brow augmentation • Brow lift
Hair line advancement and/or hair transplant	
Facelift/mid-face lift (following alteration of the underlying skeletal structures)	
Facelift/mid-face lift (following alteration of the underlying skeletal structures)	• Platysmaplasty
Blepharoplasty	
Rhinoplasty (+/- fillers)	• Lipofiling
Cheek	• Implant • Lipofilling
Lip	• Upper lip shortening • Lip augmentation (includes autologous and non-autologous)
Lower jaw	• Reduction of mandibular angle • Augmentation
Chin reshaping	• Osteoplastic • Alloplastic (implant-based)
Chondrolaryngoplasty	• Vocal cord surgery

Table continues on next page

BREAST / CHEST SURGERY	
Mastectomy	• Mastectomy with nipple-areola preservation/reconstruction as determined medically necessary for the specific patient • Mastectomy without nipple-areola preservation/reconstruction as determined medically necessary for the specific patient
Liposuction	
Breast reconstructions (augmentation)	• Implant and/or tissue expander • Autologous (includes flap-based and lipofilling)
BODY CONTOURING	
Liposuction	
Lip filing	
Implants	• Pectoral, hip, gluteal, calf
Monsplasty / mons reduction	
ADDITIONAL PROCEDURES	
Hair removal: Hair removal from the face, body, and genital areas for gender affirmation or as part of a preoperative preparation process	• Electrolysis • Laser epilation
Tattoo (i.e., nipple-areola)	
Uterine transplantation	
Penile transplantation	

Source: World Professional Association for Transgender Health Inc.
Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.
https://doi.org/10.1080/26895269.2022.2100644.
Published on line September 2022.