

Gender-Affirming Medical and Surgical Treatment

Medical Policy

Utilization Management

Date Approved:	01/01/2026
Date Last Reviewed:	01/01/2026
Original Date Created:	01/01/2026
Departments:	Utilization Management
Products:	MyAdvocate Medicare Advantage
Key Words:	Gender, dysphoria, transsexual, transgender

I. **DEFINITION:**

Gender dysphoria refers to discomfort or distress caused by a discrepancy between an individual's gender identity and the gender assigned at birth (and the associated gender role and/or primary and secondary sex characteristics). A diagnosis of gender dysphoria requires a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least 6 months. This condition may cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

Gender affirming surgery is an umbrella term for reconstructive procedures performed to change primary and/or secondary sex characteristics in order to align anatomy and physical appearance with an individual's expressed gender identity. Examples include but are not limited to the following:

- Breast augmentation (increase in breast size)
- Breast reduction (decrease in breast size)
- Clitoroplasty (creation of clitoris)
- Hysterectomy (removal of uterus)

- Labiaplasty (creation of labia)
- Mastectomy (removal of breasts)
- Metoidioplasty (creation of penis using clitoris)
- Nipple/areola reconstruction (redefines features of natural breasts)
- Orchiectomy (removal of testicles)
- Penectomy (removal of penis)
- Phalloplasty (creation of penis)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Scrotoplasty (creation of scrotum)
- Testicular prosthesis (artificial implant for testicles)
- Urethroplasty (reconstruction of urethra)
- Vaginectomy (removal of vagina)
- Vaginoplasty (creation of vagina).

II. **MEDICARE ADVANTAGE PLANS:**

Prior authorization is required.

Submit prior authorization request through the MyAdvocate Medicare Advantage provider portal: provider.myadvocatema.com.

[Prior Authorization Request form](#)

MyAdvocate Medicare Advantage follows Medicare guidelines when criteria are met. Per CMS:

Transgender people have unique clinical needs that are distinct from those of non-transgender people, and individualized assessments should be based on their symptoms, functionality, and the total gendered appearance. All of the surgical procedures used to treat transgender patients by definition are designed to change the physical appearance of the body to have the gendered characteristics of the other physical sex.

However, the purpose of such procedures is not to make patients more attractive, but to make them appear as much as possible like members of the sex to which they are transitioning.

Ultimately, the clinical purpose is to treat the gender dysphoria that arises from having a physical body that is not congruent with their gender identity. Thus the surgeries that by CMS definition are cosmetic are also covered under the Medicare Benefit Policy Manual and is thus a surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose.

[CMS Manual System Pub 100-03 Medicare National Coverage Determinations: Gender Dysphoria and Gender Reassignment Surgery](#)

[National Coverage Determination \(NCD\) for GENDER Dysphoria and GENDER Reassignment Surgery \(140.9\)](#)

[Decision Memo for Gender Dysphoria and Gender Reassignment Surgery \(CAG-00446N\)](#)

For Medicare beneficiaries enrolled in Medicare Advantage (MA) plans, the initial determination of whether or not surgery is reasonable and necessary will be made by the MA plans.

For gender reassignment services, the member has to have a documented diagnose of gender dysphoria. MyAdvocate Medicare Advantage Medicare Advantage Plans will reference The World Professional Association for Transgender Health Standards of Care version 7; 2011 (WPATH SOC-7) [Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 \(tandfonline.com\)](#) to determine coverable services.

For those not diagnosed with gender dysphoria, medical necessity review is required.

III. COMMENTS:

[Gender-Affirming Medical and Surgical Treatment Coding and Packaging Guidelines](#) (For MyAdvocate Medicare Advantage internal use only)

IV. REFERENCES:

World Professional Association for Transgender Health Standards of Care version 8; 2022 (WPATH SOC-8) [Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 \(tandfonline.com\)](#)