



Gender Affirming Care Criteria

Policy Number: PA 29
Last Review Date: 02/13/2025
Effective Date: 1/1/2024

Policy

Maryland Care, Inc., dba Maryland Physicians Care (MPC) covers gender affirming care (GAC) treatment or surgery if specific criteria are met. MPC follows the Maryland Medical Assistance requirements for nondiscriminatory criteria.

MPC requires Prior Authorization (PA) for all gender affirming care covered benefits.

All requests for any Gender Affirming Care must include:

1. Informed Consent
 - a. Informed consent is required.
 - b. Parental or guardian consent is required for members under the age of 18 as per MPC policy 8000.33 Consent to Treat Minors.
2. Documentation of Medical Necessity, at least
 - a. For Adults: Documentation of the medical necessity for GAC can be made by either a Mental Healthcare Professional (MHP) or a Somatic Healthcare Professional (SHP)/Primary Care Provider (PCP), as defined in COMAR 10.67.05.05A(5), who has competencies in the assessment of transgender and gender diverse people is required to recommend gender affirming medical and surgical treatment.
 - b. For Adolescents: Documentation of the medical necessity for GAC needs to be from a multidisciplinary team that includes both somatic and mental health professionals. Documentation will be accepted from either the SHP/PCP or MHP member of the team.
3. Transgender Affirming Care Providers must be:
 - a. SHP must meet all of the following criteria:
 - i. Must possess one of the following degrees: MD, DO, PhD, NP, or PA.
 - b. MHP must meet all of the following criteria:
 - i. Must be a mental health professional with one of the following degrees: Ph.D., MD, DO, Ed.D., D.Sc., D.S.W., or Ps.D, LCPC, and LCSW-C.
 - ii. Trained in gender-affirming care and have knowledge about gender diverse identities and expressions as attested by the provider.
 - c. The Gender Affirming Care – Medical Necessity Healthcare Provider Certification Form must be included with the request. **(attached at end of policy)**



Provider
Documentation of Me



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In addition to the above criteria, the following required documentation must be met for all members planning to undergo these specific Gender Affirming Care:

Gender Affirming Medical Treatments:

These include Puberty Suppression, Cross Sex Hormone Therapies, and Voice Therapies (see below for initial authorization):

1. The member has a diagnosis of gender dysphoria or gender incongruence.
 - a. The member's experience of gender incongruence is marked and sustained as attested by the provider.
 - b. The provider's attestation states they have tried to identify and exclude other possible causes of apparent gender incongruence prior to the initiation of gender affirming services.
2. The provider has assessed the capacity of the member to consent for treatment prior to initiation.
 - a. Adolescent members must demonstrate the emotional and cognitive maturity required to provide informed consent/assent for treatment as attested by the provider.
3. Adolescents must have reached Tanner stage 2 of puberty for pubertal suppression to be initiated.
4. Provider attestation that any mental health and somatic health conditions that could negatively impact the outcome of gender affirming medical treatments are assessed, with risks and benefits discussed, before a decision is made regarding treatment.
5. Provider attestation that they have assessed the capacity of the member to understand the effect of gender affirming treatment on reproduction and explore reproductive options with the member prior to the initiation of treatment.

Gender Affirming Surgeries:

1. The member has a diagnosis of gender incongruence.
 - a. The member's experience of gender dysphoria or gender incongruence is marked and sustained as attested by the provider.
 - b. The provider's attestation states they have tried to identify and exclude other possible causes of apparent gender incongruence prior to the initiation of gender affirming services.
2. The provider has assessed the capacity of the member to consent for treatment prior to initiation.
 - a. Adolescent members must demonstrate the emotional and cognitive maturity required to provide informed consent/assent for treatment.
3. Surgeons performing gonadal surgeries must have:
 - a. Training and documented supervision in gender-affirming procedures
 - b. Maintenance of an active practice in gender-affirming surgical procedures



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- c. Knowledge about gender diverse identities and expressions.
 - d. Continuing education in the field of gender-affirmation surgery
 - e. Tracking of surgical outcomes
4. Provider attestation that any mental health and somatic health conditions that could negatively impact the outcome of gender affirming medical treatments are assessed, with risks and benefits discussed, before a decision is made regarding treatment.
 5. Provider attestation that they have assessed the capacity of the member to understand the effect of gender affirming treatment on reproduction and explore reproductive options with the member prior to the initiation of gender affirming surgeries.
 6. Adult transgender, nonbinary, intersex, two-spirit, and other gender diverse individuals seeking gender affirming genital procedures, including gonadectomy must have a **minimum of 6 months** of gender affirming hormone therapy as appropriate to the person's gender goals before the person undergoes surgical intervention (unless hormone replacement therapy is not clinically indicated, the procedure is inconsistent with the patient's desires, goals, or expressions of individual gender identity, or is medically contraindicated).
 - a. Adolescents must have a **minimum of 12 months** of gender affirming hormone therapy as appropriate to the person's gender goals before the person undergoes surgical intervention (unless hormone replacement therapy is not clinically indicated, the procedure is inconsistent with the patient's desires, goals, or expressions of individual gender identity, or is medically contraindicated).

Revision and Reversal Procedures:

1. Documentation from the healthcare professional who has evaluated or has been treating the member, that the proposed revision is medically necessary to address the member's gender incongruence.
2. The surgery or procedure is not for the purpose of reversing the appearance of normal aging.
3. The surgery or procedure is specific to feminization, masculinization, or non-binary transition, and would not be pursued for other reasons such as to improve appearance or correct unrelated medical or surgical problems.

Limitations and Exclusions

Background

The Gender Affirming Care services covered benefits under the MD Medicaid Program include:
Hormone Therapy-
Cross Sex Hormone Therapy- continuous hormone replacement and suppression include hormones:

- Injected by a medical provider in an office setting.



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- Oral, transdermal, and injectable hormones covered under the pharmacy benefit.
- Non-FDA approved medications, Over the Counter (OTC), and compounded drugs and medications that do not have an existing billing code are not covered.

Puberty Suppression Therapy includes hormones injected by a medical provider in an outpatient setting.

Gender Affirming Surgeries - When medically necessary the following surgeries are covered:

- Gender Affirming Genital Reassignment Surgeries.
- Gender Affirming Procedures to the Face and Neck.
- Gender Affirming Procedures related to the: Skin, Abdomen, Chest, Trunk, and Buttocks.
- Gender Affirming Procedures related to hair alterations for the purpose of altering secondary sex characteristics and surgical site preparation. This includes hair removal by electrologists licensed by the Maryland Board of Nursing.
- Gender Affirming Procedures related to Voice, Voice Therapy, and Voice Lessons.

Medically necessary gender affirming medical tattooing Post Transition Services – gender-specific post transition services may be medically necessary appropriate to their anatomy.

Examples include:

- Breast cancer screening for female to male transgender persons who have not undergone a mastectomy.
- Prostate cancer screening may be medically necessary for male to female transgender individuals who have retained their prostate.

Reversal & Revision Procedures - These procedures that may be considered medically necessary for transgender, nonbinary, intersex, two-spirit, and other gender diverse individuals include:

- Revisions of previous Gender Affirming Surgeries for complications associated with the original procedure such as infections or impairment of function.
- Revisions and/or reversals other than for complications that meet medical necessity criteria.

Laboratory Testing may be required for monitoring hormone therapy. Some but not all may require PA.

Behavioral Health Therapy- examples include outpatient psychotherapy/mental health services for gender incongruence and associated comorbid psychiatric diagnoses. These benefits are carved out to the MD BH vendor- Optum Maryland

Fertility Preservation Services- procedures that are considered medically necessary to preserve fertility due to a need for medical treatment that may directly or indirectly cause iatrogenic infertility. (Refer to PA 30 Fertility Preservation Clinical Criteria)



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Codes/Devices/Services

For current codes refer to the MDH Medicaid FFS fee schedule site:

[12.29.2023 Clinical Criteria - Gender Affirming Care Services \(maryland.gov\)](https://www.maryland.gov/12.29.2023-Clinical-Criteria-Gender-Affirming-Care-Services)

References

HB 283, Maryland Medical Assistance Program- Gender-Affirming Treatment (Trans Health Equity Act)
 § 15-810.1 of the insurance article

Revision Log

New Policy creation	12/7/2023
Reviewed and revised based on new state transmittal sent Jan 2024: Updated which medical professionals can submit medical necessity documentation for adults and children; changed Provider Attestation PDF to 2024 version; added gender dysphoria to member’s condition; updated the surgeon’s knowledge and training; added Fertility Preservation Services as a covered benefit and reference to that specific clinical policy	February 2024
Reviewed and revised based on the new state transmittal: PT 23-25 July 2024: Added clarification that hair removal includes by electrologists; added that all medically necessary gender affirming medical tattooing is covered currently for breast tattooing only; updated the link to MDH’s gender affirming page	August 2024
Revised: Updated medical tattooing to state medically necessary gender affirming medical tattooing is covered- removed currently for breast tattooing only.	December 2024
Annual Review, no revisions necessary	February 2024



Provider Documentation of Medical Necessity

- The patient is at least 18 years of age or has parental consent and has demonstrated the capacity to make fully informed decisions and consent to treatment. When consent involves a minor, parental consent will be required, and the current Maryland Minor Consent Laws will define who can consent for what services and providers' obligations. ¹
- I am a Somatic Primary Care healthcare professional (Primary Care Provider as defined by COMAR 10.67.05.OSA(S)) with a MD, PHD, DO, NP, or PA who has competencies in the assessment of transgender and gender diverse people seeking gender-related medical and surgical treatment, OR
- I am a mental health professional with a PhD, MD, EdD, DSc, DSW, PsyD, LCPC, or LCSW-C who has competencies in the assessment of transgender and gender diverse people seeking gender-related medical and surgical treatment.
- The patient has a diagnosis of **gender dysphoria or gender incongruence**.
 - o The patient's experience of gender incongruence is marked and sustained.
 - o The patient has the desire to make their body as congruent as possible with a desired gender through surgery, hormone treatment, or other medical therapies.
 - o Gender incongruence causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
 - o Gender incongruence is not a symptom of another medical disorder.
- Prior to gender affirming **gonadal surgery**
 - o **Adults:** The patient must have experienced their desired gender for a **minimum of 6 months** of gender-affirming hormone therapy appropriate to the person's gender goals before the person undergoes surgical intervention (unless hormone replacement therapy is either not clinically indicated; the procedure is inconsistent with the patient's desires, goals, or expressions of individual gender identity; or the therapy is medically contraindicated).
 - o **Adolescents:** The patient must have experienced their desired gender for a **minimum of 12 months** of gender-affirming hormone therapy as appropriate to the person's gender goals before the person undergoes surgical intervention (unless hormone replacement therapy or gonadal suppression is not clinically indicated, the procedure is inconsistent with the patient's desires, goals, or expressions of individual gender identity or is medically contraindicated).
 - o Start date of the patient experiencing their desired gender: ____/____/____

¹ Maryland Code, Health General § 20-102 <https://health.maryland.gov/psych/pdfs/Treatment.pdf>



- The patient has no contraindicating somatic or mental health conditions that would impair their ability to participate in informed consent. In the situation where a patient has a mental health condition that interferes with their capacity to give informed consent and understand the risks, benefits, and alternatives to gender affirming treatment, the provider should facilitate treatment of the underlying condition to support the individual's ability to provide informed consent.
- The patient has the capacity to understand the effect of gender-affirming treatment on reproduction and has been versed in reproductive options prior to the initiation of gender-affirming surgeries that have the potential to create iatrogenic infertility.

Appendix B

- The patient has expressed full understanding of the psychological, social, and medical implications of treatment, for now and the future.

Signature

Date