

Policy Number: CP-IFP23-033A

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Gender-Affirming Care

This coverage policy provides guidance for gender-affirming medical and/or surgical services that may be requested on behalf of transgender and gender-diverse individuals to better align their body with their gender identity.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medicaid products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Gender-Affirming Care

Definitions or summary

Gender-Affirmation: Refers to being recognized or affirmed in a person's gender identity. It is usually conceptualized as having social, psychological, medical, and legal dimensions.

Gender-Affirming Care: Medical, surgical, counseling, or referral services, including telehealth, that an individual may receive to support and affirm the gender identity or expression and that are legal under laws of this state.

Gender dysphoria refers to the clinically significant distress or impairment that may accompany the incongruence between one's experienced or expressed gender and one's sex assigned at birth which may include desire to change primary and/or secondary sex characteristic.

Gender Incongruence refers to a person's marked and persistent experience of an incompatibility between a person's gender identity and the gender expected of them based on their birth-assigned sex.

Treatment for gender dysphoria and gender incongruence is part of a multi-disciplinary process involving multiple medical and surgical services.

- Hormone therapy
- Mental health services (e.g., counseling, psychotherapy)
- Primary care
- Specialty care (e.g., plastic surgery, gynecology, urology, reproductive medicine)
- Surgical procedures

Gender affirming hormonal treatment: the administration of hormones for the purpose of effecting changes for member to approximate the physical appearance of their gender identity.

Medically necessary care: Health care services suitable in terms of type, frequency, level, setting and duration, to the member's diagnosis or condition, and testing and preventive services. Medically necessary care is:

- consistent with accepted practices by providers in the same or similar specialty to manage the condition, procedure or treatment at issue; and
- help restore or maintain the member's health; or
- prevent worsening of the member's condition; or
- prevents the likely onset of a health problem or detect an early problem.

Coverage policy

The IFP member contract language states:

Services that are ordinarily or exclusively available to members of one sex will not be denied to a transgender person based on the sex assigned at birth, gender identity, or if the gender otherwise recorded is different from one to which coverage is ordinarily and exclusively available.

Benefits for medically necessary gender affirming care that are covered are determined by the type of services being rendered. Member cost share for applicable benefit categories applies as determined by the member contract.

- Durable Medical Equipment
- Hospital Inpatient Services
- Mental Health Outpatient Services, including Office Visits

- Office Visits Primary Care and Specialist Hospital Outpatient Care, Including Ambulatory Center, and Surgery Physician Services
- Prescription Drugs

All adult or adolescent members who meet the coverage criteria are eligible for medically necessary gender affirming care services.

Coverage for gender-affirming surgery is considered appropriate when an adult or adolescent member has been diagnosed as having gender dysphoria or gender incongruence and meets the clinical criteria and guidelines established by national and international experts such as the World Professional Association for Transgender Health (WPATH).

Those criteria include, but are not limited to the following:

- Gender dysphoria or incongruence is well documented as marked and sustained
- Demonstrates capacity to consent for specific gender-affirming care
- Other possible causes for gender dysphoria or incongruence have been identified and excluded
- Appropriate use of hormone therapy
- Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed
- Understands the effects of treatment on reproduction and they have explored reproductive options
- A written referral from at least one member of the multidisciplinary team caring for the patient, that reflects their full assessment and opinion including both medical and mental health professionals
- Documentation supporting that the person has lived in the gender role that is congruent with their gender identity for at least 12 months

Breast (or top) and genital (or bottom) surgical procedures are considered irreversible. Pre-surgical medical care, hormone therapy, mental health services and living in the gender role are components that help to ensure that the person has sufficient time to absorb information fully before providing informed consent for these surgeries.

The following procedures are covered when medically necessary for the treatment of gender dysphoria or incongruence:

- Breast augmentation
- Breast reconstruction (removal or reduction of breast)
- Clitoroplasty - creation of clitoris
- Electrolysis or laser hair removal from face, body and genital areas for planned genital surgery
- Hysterectomy-removal of uterus
- Labiaplasty - creation of labia
- Metoidioplasty - creation of micro-penis, using clitoris
- Orchiectomy - removal of testicles
- Penectomy - removal of penis
- Phalloplasty - creation of penis, with or without urethra
- Prostatectomy -removal of prostate
- Salpingo-oophorectomy - removal of fallopian tubes and ovaries
- Scrotoplasty - creation of scrotum
- Testicular prostheses - implantation of artificial testes
- Urethroplasty - creation of urethra
- Vaginoplasty - creation of vagina
- Vaginectomy - removal of vagina
- Voice therapy

- Voice modification surgery
- Vulvectomy - removal of vulva

Services that may *not* be medically necessary, and may not be covered include, but are not limited to:

- Abdominoplasty
- Calf implants
- Cheek or malar implants
- Collagen injections
- Face or forehead lift
- Facial bone reconstruction
- Gluteal augmentation
- Hair transplantation
- Laryngoplasty
- Lip reduction or enhancement
- Lipofilling or collagen injections
- Liposuction
- Mastopexy
- Neck tightening
- Pectoral implants
- Removal of redundant skin
- Cosmetic surgery in a member who has completed gender dysphoria care/procedures
- Rhinoplasty; nose implants
- Skin resurfacing (dermabrasion, chemical peels)

Prior Authorization

Refer to IFP Prior Authorization List.

Related policies and documentation

Policy Number

Policy Description

References and source documents

Links to the UCare contracts, Center for Medicare, and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy

[Individual & Family Plans Member Contract](#)

Individual & Family Plans Formulary

(2022) *Standards of care for the health of transsexual, transgender, and gender-nonconforming people*. World Professional Association for Transgender Health (WPATH) (8th version) <https://www.wpath.org/soc8>

Physician and Professional Services-Gender Conforming Surgery. Minnesota Health Care Programs (MHCP) manual.

Diagnostic and Statistical Manual of Mental Disorders, (DSM-5-TR) of the American Psychiatric Association. American Psychiatric Association, [DSM-5 Fact Sheets, Updated Disorders: Gender Dysphoria Archived](#) 2016-12-29 (Washington, D.C.: American Psychiatric Association, 2013):

[Minnesota Statute 62Q.585](#)

Coverage policy development and revision history

Version	Date	Note (s)
V1	Jan 01, 2023	New policy
V2	Oct 23, 2023	References reviewed and added, aligned with DHS changes to include changed hormone therapy to appropriate use of hormone therapy from 12 months of hormone therapy, removed age restriction of 18 years and older, voice therapy, voice modification surgery, electrolysis moved to covered services, blepharoplasty removed from list of cosmetic procedures.
V3	Aug. 14, 2024	Revised for mandate changes, align language with WPATH guideline.
V4	Jan 01, 2025	Added definitions of gender affirming care and medically necessary, references updated, added statement to list of "Not Covered Services" concerning revision of cosmetic procedures because of dissatisfaction with appearance.
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 27, 2025	Annual Review: aligned language with 2026 contract updated non covered heading "Services not covered include but not limited" to match 2026 contract