

**Medical Policy:** TRANSGENDER AND GENDER-AFFIRMING CARE SERVICES

**Benefit Type:** Medi-Cal

**Original Date:** Oct. 27, 2016 | **Last Review Date:** May 15, 2026 | **Effective Date:** June 4, 2026

## Policy Statement

In accordance with the state Department of Health Care Services (DHCS) APL 20-18 Ensuring Access to Transgender Services, it is the policy of Gold Coast Health Plan (GCHP) to provide access to gender-affirming care services, including pharmacy services (prescription, hormone and puberty-blocking medications) and medical services (mental and behavioral health services as well as a variety of surgical procedures that bring primary and secondary gender characteristics into conformity with the individual's identified gender, including ancillary services, such as hair removal, incident to those services and other treatments).

GCHP considers each requested service on a case-by-case basis and determines whether the requested service is either “medically necessary to treat the member’s gender dysphoria” or meets the statutory definition of “reconstructive surgery” for the purposes of gender transition or gender affirmation.

GCHP conducts medical necessity and gender-affirming reconstructive surgery determinations and applies appropriate utilization management criteria that is non-discriminatory.

1. If GCHP determines the service is not medically necessary to treat gender dysphoria, GCHP will still consider whether the requested service meets the criteria for gender-affirming reconstructive surgery, taking into consideration the gender with which the member identifies.

GCHP does not categorically exclude health services necessary for gender transition or gender affirmation, even if those services are non-covered benefits or not considered medically necessary for other members.

GCHP does not categorically limit a service or the frequency of services available to a transgender member. For example, classifying certain services, such as facial feminization surgery, as always “cosmetic” or “not medically necessary for any Medi-Cal member” is an impermissible “categorical exclusion” of the service.

GCHP uses the [World Professional Association for Transgender Health \(WPATH\) Standards of Care](#) as the primary source to establish medical necessity as per the DHCS Medi-Cal Provider Manual.

GCHP will continuously monitor current guidance on transgender healthcare to ensure consistency with current medical practice through the Medical Advisory Committee (MAC).

## Purpose

To provide guidance for transgender and gender-affirming care services.

## Health Equity Statement

GCHP is committed to the vision in which all Californians equitably benefit from resources and systems that give everyone the opportunity to achieve their optimal health, resulting in communities that thrive.

GCHP adopts the American Medical Association (AMA) and DHCS commitments to whole-person centered, evidence-based and integrated strategies to advance health equity, addressing social and structural drivers of health. Decisions are therefore based on the evidence-based criteria as well as considerations of the member's social and structural drivers of health, and considerations that the decisions create no harm nor exacerbate existing harms.<sup>1,2</sup>

## Definitions

**Cosmetic Surgery:** Surgery that is performed to alter or reshape normal structures of the body in order to improve appearance

**Reconstructive surgery:** Surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following: Improved function or create a normal appearance, to the extent possible.

## Requests for Transgender Services

1. A request for transgender services should be supported by evidence of either medical necessity or evidence supporting the criteria for reconstructive surgery.
2. Supporting documentation should be submitted, as appropriate, by the member's primary care provider, licensed mental health professional, and/or surgeon qualified/with experience in transgender healthcare.
3. GCHP will consider the knowledge and expertise of providers qualified to treat gender dysphoria (including the member's providers).

## Non-Covered Services

Cosmetic surgery is not a Medi-Cal covered benefit and not covered by GCHP.

## Covered Medically Necessary Services

Covered medically necessary services include, but are not limited to:

1. Mental/behavioral health services
2. Psychotherapy
3. Pharmacy services, including prescription, hormone, and puberty-blocking medications
4. Surgical procedures and treatments that bring primary and secondary gender characteristics into conformity with the individual's identified gender, including but not limited to:
  - a. Sex reassignment surgery
  - b. Facial gender confirmation surgery
  - c. Body contouring
  - d. Hair removal (electrolysis, laser hair removal)
  - e. Voice therapy
  - f. Vocal cord surgery

## References

1. American Medical Association (AMA). (2023, Dec. 21).
2. [AMA Center for Health Equity Mission and Guiding Principles.](#)
3. [DHCS All Plan Letter APL 20-18 Ensuring Access to Transgender Services.](#)
4. [WPATH Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A.](#)
5. [WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, V8](#)
6. [DHCS Medi-Cal Provider Manual: Gender Affirming Care Services](#)
7. [DHCS Medi-Cal Provider Manual: Transgender and Gender Diverse Services](#)
8. [42 USC § 18116 \(Nondiscrimination\)](#)
9. [California Code, Health and Safety Code - HSC § 1367.63](#)

## Disclaimer

Guidelines provide references identified at the time of review. New guidelines or medical literature may emerge and/or been published. Treating healthcare professionals are solely responsible for diagnosis, treatment and medical guidance. GCHP regularly reviews and updates these guidelines to provide the most current information.

## History

| MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY                  |               |                  |         |
|---|---------------|------------------|---------|
| Adopted By MAC  | Reapproved    | Revised          | Retired |
| Oct. 27, 2016   |               |                  |         |
|   | Oct. 26, 2017 |                  |         |
|   | Oct. 25, 2018 |                  |         |
|   | Oct. 24, 2019 |                  |         |
|   | Oct. 22, 2020 |                  |         |
|   |               | January 21, 2021 |         |
|   | Jan. 20, 2022 |                  |         |
|   | Jan. 19, 2023 |                  |         |
| MAC Sunset on July 18, 2024                                   |               |                  |         |
| CREDENTIALING PEER REVIEW COMMITTEE (C/PRC) GUIDELINE HISTORY |               |                  |         |
| Adopted By CPRC   | Reapproved    | Revised          | Retired |
|   |               | March 6, 2025    |         |
|   |               | June 4, 2026     |         |