Sentara Health Plans

Medicaid

Gender Affirming Surgery, Surgical 108

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Gender: A social construct referring to attitudes, feelings and behaviors associated with a person's biological sex.

Gender-Affirmation Surgery: Surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity.

Gender Dysphoria: Distress caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and associated with gender role and/or primary and secondary sex characteristics).

Gender Identity: A person's deeply held knowledge of their own gender, which can include being a man, woman, both, another gender, or no gender.

Non-Binary: Term used to refer to people whose gender identity is not exclusively male or female, including those who identify with a different gender, a combination or genders, or no gender. It may encompass identities such as agender, bigender, genderqueer or gender-fluid.

Primary Sex Characteristics: Any of the body structures directly concerned with reproduction, including the testes, ovaries, and external genitalia.

Licensed Mental Health Professional (LMHP): A mental health physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, certified psychiatric clinical nurse specialist, licensed behavior analyst, or licensed psychiatric/mental health nurse practitioner as defined in 12 VAC 35-105-20. All LMHPs referred to in this policy should be capable of making reasonably sure that the experienced gender dysphoria is not secondary to, or better accounted for, by other diagnoses, similar to the criteria for *qualified mental health professionals* referred to in WPATH-7 guidelines.

Gender Dysphoria-Informed Hormone Prescriber: A prescribing hormone provider competent in the assessment of gender dysphoria who practices in conjunction with a multidisciplinary gender dysphoria care team.

Secondary Sex Characteristics: Any of a number of manifestations, such as development of breasts or beard, muscularity, distribution of fat tissue, and change in pitch of voice, specific to each sex and incipient at puberty but not directly related to reproduction.

Sex: A construct usually assigned at birth based on the appearance of external genitalia. When external genitalia

are ambiguous, internal genitalia, chromosomal status, and hormonal sex are considered when assigning sex.

Trans male/Transmasculine: Term used to describe transgender or non-binary people who were assigned female at birth but identify with masculinity to a greater extent than with femininity. They could be either trans men or nonbinary.

Trans female/Transfeminine: Term used to describe transgender or non-binary people who were assigned male at birth but identify with femininity to a greater extent than with masculinity. They could be either trans women or nonbinary.

The following genital surgeries may be considered for male to female (transfeminine) gender affirming surgery:

- Chest wall reconstruction (19324, 19325, 19340, 19342, 19357, 19364, 19380)
- Clitoroplasty - creation of clitoris
- Electrolysis (17380) or laser hair removal (17110,17111) as part of presurgical preparation of genital surgical procedures or transfeminine chest procedures
- Labiaplasty - creation of labia
- Mammaplasty - breast augmentation
- Orchiectomy - removal of testicles
- Penectomy - removal of penis
- Prostatectomy -removal of prostate
- Urethroplasty - creation of urethra
- Vaginoplasty - creation of vagina

The following genital surgeries may be considered for female to male (transmasculine) gender affirming surgery:

- Chest wall contouring (19303, 19350)
- Electrolysis (17380) or laser hair removal (17110,17111) as part of presurgical preparation of genital surgical procedures
- Hysterectomy - removal of uterus
- Mastectomy (19303) or reduction mammoplasty (19318)
- Metoidioplasty - creation of micro-penis, using clitoris
- Nipple reconstruction (only if a mastectomy has been done)
- Oophorectomy (58661, 58940)
  Phalloplasty - creation of penis, with or without urethra
- Salpingo-oophorectomy - removal of fallopian tubes and ovaries
- Scrotoplasty - creation of scrotum
- Testicular prostheses - implantation of artificial testes
- Urethroplasty - creation of urethra within the penis
- Vaginectomy - removal of vagina
- Vulvectomy - removal of vulva

Criteria:

Virginia Department of Medical Assistance Services, Physician Provider Manual, Chapter 12, Gender Dysphoria Supplement. https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-07/Gender%20Dysphoria%20Supplement_12.8.21_Final.pdf

For coverage of members under the age of 18 and CHIP members under the age of 19, see DMAS Gender Dysphoria Bulletin, effective date October 13, 2026. https://vamedicaid.dmas.virginia.gov/bulletin/changes-gender-dysphoria-coverage

Gender dysphoria treatment is considered medically necessary for **1 or more** of the following:

- Puberty-suppressing and gender-affirming hormonal therapy with **ALL** of the following:
  - a. The member has been assessed and diagnosed with gender dysphoria according to DSM-V criteria, by **1 or more** of the following provider types
    - i. A licensed mental health provider
    - ii. If the member is over the age of 18, a gender dysphoria-informed hormone prescriber
  - b. Medication is recommended and prescribed by, or in consultation with, an endocrinologist or other medical provider experienced in gender dysphoria hormone therapy

- c. Coexisting behavioral health and medical comorbidities or social problems that may interfere with diagnostic procedures or treatment are being appropriately treated and are not causing symptoms of gender dysphoria
- d. Member has experienced puberty development to at least Tanner stage 2 (stage 2 through 4) or has lab values for Luteinizing Hormone (LH), Follicle Stimulating Hormone (FSH), and the endogenous sex hormones consistent with at least Tanner stage 2
- e. The member has capacity to make informed treatment decisions and has assented to treatment after discussion of the potential benefits and risks. The process should include parental or legal guardian consent for unemancipated members under the age of 18.

- Breast/Chest Gender Affirming Surgeries with **ALL** of the following:
  - The surgeries listed below, including but not limited to the billing codes provided, are considered medically necessary when **1 or more** of the criteria listed in subsections B.1.b through B.1.g, are met and documented.
    - Transmasculine (female to male) surgery for **1 or more** of the following:
      - Chest wall contouring (19303, 19350)
      - Mastectomy (19303) or reduction mammoplasty (19318)
      - Nipple reconstruction (11920-22, 19350)
    - Transfeminine (male to female) surgery for **1 or more** of the following:
      - Augmentation mammoplasty (15771, 15772, 19325) with implantation of breast prostheses (19340, 19342)
      - Chest wall reconstruction (19324, 19325, 19340, 19342, 19357, 19364, 19380)
      - Electrolysis (17380) or laser hair removal (17999) as part of presurgical preparation of the transfeminine chest procedures
  - The individual is at least 18 years of age
  - The individual has been assessed, and diagnosed with gender dysphoria according to DSM-V criteria, by a licensed mental health professional
  - The aforementioned licensed mental health professional supports the recommended surgical procedure(s) for the individual
  - Coexisting behavioral health and medical comorbidities or social problems that may interfere with diagnostic procedures or treatment are being appropriately treated and are not causing symptoms of gender dysphoria
  - For trans female (transfeminine) individuals, when at least 12 continuous months of gender-affirming hormonal therapy under the supervision of a physician has resulted in inadequate breast development, OR there is any contraindication to, intolerance of, or patient refusal of hormonal therapy
  - The individual has capacity to make informed treatment decisions and has consented to the procedure after a discussion of potential benefits and risks
- Genital Gender Affirming Surgeries with **ALL** of the following:
  - The surgeries listed below, including but not limited to the billing codes provided, are considered medically necessary when **1 or more** of the criteria listed in subsections B.2.b through B.2.h, are met and documented
    - Transmasculine (female to male) surgery for **1 or more** of the following:
      - Electrolysis (17380) or laser hair removal (17110,17111) as part of presurgical preparation of genital surgical procedures
      - Hysterectomy (58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541-44, 58550, 58552-54, 58570-73)
      - Metoidioplasty (56805, 55899)
      - Oophorectomy (58661, 58940)
      - Partial vulvectomy (56620)
      - Perineoplasty (56810)
      - Phalloplasty (54400-1, 54405, 54408, 54410-11, 54415-54417, 55899)
      - Placement of testicular prostheses (54660)
      - Plastic repair of introitus (56800)
      - Salpingo-oophorectomy (58720)
      - Scrotoplasty (55175, 55180)
      - Urethroplasty (53420, 53425, 53430)
      - Vaginectomy (57106, 57107, 57110)
      - Vulvectomy (56625)
    - Transfeminine (male to female) surgery for **1 or more** of the following:

- Clitoroplasty (56805)
- Electrolysis (17380) or laser hair removal (17110,17111) as part of presurgical preparation of genital surgical procedures
- Labiaplasty (56620, 15773)
- Orchiectomy (54520, 54690)
- Penectomy (54125)
- Urethroplasty (53420, 53425, 53430)
- Vaginoplasty (57291, 57292, 57335)

  - The individual is at least 18 years of age
  - The individual has been independently assessed, and diagnosed with gender dysphoria according to DSM-V criteria, by **TWO** licensed mental health professionals
  - Each of the **TWO** aforementioned licensed mental health professionals recommends the specific surgical procedure(s) for the individual
  - Coexisting behavioral health and medical comorbidities or social problems that may interfere with diagnostic procedures or treatment are being appropriately treated and are not causing symptoms of gender dysphoria
  - Individuals have completed at least 12 continuous months of gender-affirming hormonal therapy under the supervision of a physician unless there is any contraindication to, intolerance of, or patient refusal of hormonal therapy
  - Individuals have completed at least 12 continuous months of full-time living as the gender congruent with their identity unless one of the individuals' treating medical providers and one licensed mental health professional both determine that this requirement is not safe for the individual
  - The individual has capacity to make informed treatment decisions and has consented to the procedure after a discussion of potential benefits and risks.
- The procedures listed below, including but not limited to the billing codes provided, are considered medically necessary with **ALL** of the criteria listed:
  - Facial feminization or masculinization with **ALL** of the following:
    - The procedures listed below, including but not limited to the billing codes provided, are considered medically necessary when **1 or more** of the criteria listed in subsections C.1.b through C.1.f, are met and documented.
      - Tracheal shave [reduction thyroid chondroplasty] (31599)
      - Tracheoplasty (31750)
      - Genioplasty (21120-21123, 21208, 21209)
      - Forehead contouring (21137, 21138, 21139)
      - Electrolysis (17380) or laser hair removal (17999) of the face, head and/or neck
    - The member is at least 18 years of age
    - The member has been assessed, and diagnosed with gender dysphoria according to DSM-V criteria, by a licensed mental health professional
    - The aforementioned licensed mental health professional recommends the specific surgical procedure(s) for the member
    - Coexisting behavioral health and medical comorbidities or social problems that may interfere with diagnostic procedures or treatment are being appropriately treated and are not causing symptoms of gender dysphoria
    - The member has capacity to make informed treatment decisions and has consented to the procedure after a discussion of potential benefits and risks

Non-covered services include any services not otherwise specified above or not covered by DMAS, including but not limited to:

- Other cosmetic procedures:
  - Abdominoplasty (15830-15839)
  - Blepharoplasty, brow reduction, brow lift (15820-15823)
  - Calf implants
  - Cheek/malar implants
  - Chemical peel (15788-15793)
  - Chin, nose, cheek implants (21087)
  - Collagen injections (11950-11954)
  - Dermabrasion (15780-15787)
  - Hair transplantation (15775, 15776)
  - Lip reduction or enhancement

    - Liposuction (15876 – 15879)
    - Mastopexy (19316)
    - Neck tightening
    - Pectoral implants for chest masculinization
    - Removal of redundant skin
    - Reproductive services
    - Voice modification surgery (e.g., laryngoplasty, glottoplasty or shortening of the vocal cords)
- Reproductive services
    - Procurement, preservation and storage of sperm, cryopreservation of oocytes or fertilized embryos, surrogate parenting, donor eggs, and donor sperm will not be covered.
- Surgical Reversal
    - Surgery restoring anatomy congruent with a member's initial gender after gender affirming surgery will not be covered. Surgical revisions following any of the covered surgical services will be covered when necessary to ameliorate problematic scar formation, excess tissue development, asymmetry, or other surgical complications.

Document History:

Revised Dates:

- 2026: October – Added link to Gender Dysphoria Coverage Bulletin under Authorization Requirements. Implementation date October 9, 2026.
- 2025: January – Annual Review completed, no changes, references updated.
- 2023: July
- 2022: April
- 2021: January, March
- 2019: November
- 2018: September

Reviewed Dates:

- 2026: January – Implementation date of May 1, 2026. No changes references updated.
- 2024: April
- 2023: March
- 2020: March
- 2018: December

Origination Date: January 2017

Coding:

Medically necessary with criteria:

Coding	Description
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate

17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19303	Mastectomy, simple, complete
19318	Breast reduction
19324	Mammaplasty, augmentation; without prosthetic implant
19325	Breast augmentation with implant
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy
19350	Nipple/areola reconstruction
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
31599	Unlisted procedure, larynx
31750	Tracheoplasty; cervical
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis

54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopy, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55899	Unlisted procedure, male genital system
56620	Vulvectomy simple; partial
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106	Vaginectomy, partial removal of vaginal wall
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57110	Vaginectomy, complete removal of vaginal wall
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57335	Vaginoplasty for intersex state
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58275	Vaginal hysterectomy, with total or partial vaginectomy
58290	Vaginal hysterectomy, for uterus greater than 250 g
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) less; with removal of tube(s) and/or ovary(s)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g

58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral

Considered Not Medically Necessary:

Coding	Description
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk

15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
19316	Mastopexy
21087	Impression and custom preparation; nasal prosthesis
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21270	Malar augmentation, prosthetic material

The preceding codes for treatments and procedures applicable to this policy are included above for informational purposes only. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy.

Policy Approach and Special Notes: *

- Application to Products:
  - Guideline is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization Requirements: Pre-certification by the Plan is required.
  - For Sentara Health Plan Virginia Medicaid products, members with gender dysphoria are entitled to the full spectrum of behavioral health services and speech therapy services available to enrolled members. For coverage of members under the age of 18 and CHIP members under the age of 19, see DMAS Gender Dysphoria Bulletin, effective October 13, 2026. https://vamedicaid.dmas.virginia.gov/bulletin/changes-gender-dysphoria-coverage
- Special Notes:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. EPSDT Supplement B (updated 5.19.22) Final.pdf

- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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(2025). Retrieved Dec 31, 2025, from EviCore by Evernorth: https://www.google.com/search?q=evicore+guidelines+for+gender+affirming+surgery&rlz=1C1GCEJ_enUS1093US1093&oq=evicore+guidelines+for+Gend&gs_lcrp=EgZjaHJvbWUqBwgDECEYoAEyBggAEEUYOTIHCAEQIRigATIHCAIQIRigATIHCAMQIRigATIHCAQQIRigATIHCAUQIRigATIHCAYQIRiPAjIHC

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Endometrial Ablation, SHP Surgical 15, uterine bleeding, Menorrhagia, Hormonal therapy, Dilation and curettage, D&C, Pap smear, gynecologic examination, cervical disease, endometrial resection, electrosurgical ablation, thermoablation, hydrothermal endometrial ablation (HTEA), Thermal balloon endometrial ablation (TBEA), Microwave Endometrial Ablation (MEA), cryoablation, electrosurgical ablation, laser