

Title: Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N)

Decision: Currently, coverage of gender reassignment surgery is determined on a case-by-case basis. The Centers for Medicare & Medicaid Services (CMS) received a complete, formal request to make a national coverage determination on surgical remedies for gender identity disorder (GID), now known as gender dysphoria. CMS is not issuing a National Coverage Determination (NCD) at this time on gender reassignment surgery for Medicare beneficiaries with gender dysphoria because the clinical evidence is inconclusive for the Medicare population.

What this means: The resulting decision is not national non-coverage, rather it is that no national policy will be put in place for the Medicare program.

- For beneficiaries in Original Medicare, the Medicare Administrative Contractors (MACs) will continue to make the determination of whether or not to cover gender reassignment surgery based on whether services are reasonable and necessary for the individual.
- For Medicare beneficiaries enrolled in Medicare Advantage (MA) plans, the initial determination of whether or not gender reassignment surgery is reasonable and necessary will be made by the MA plans.

Effective: August 30, 2016

This announcement can be found at: [Decision Memo for Gender Dysphoria and Gender Reassignment Surgery \(CAG-00446N\)](#)

HealthPartners MSHO is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. HealthPartners Freedom is a Cost plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.

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