



An Advocate's Guide to Medi-Cal Services

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Chapter VI: Gender-Affirming Services

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Outline of Medi-Cal Gender-Affirming Services*

- A. Mental Health Services (in addition to other Mental Health services: see Chapter IV of this Guide)
 - 1. Gender dysphoria assessments
 - 2. Counseling and support regarding gender expression and gender-affirming care options
- B. Hormone Therapy
- C. Surgical Care
 - 1. Chest reconstruction surgery
 - 2. Genital reconstruction surgeries
 - 3. Gonadectomy
 - 4. Other surgeries to feminize/masculinize the body
- D. Other interventions and considerations
 - 1. Accessing services when gender marker does not match presupposed anatomy
 - 2. Accessing services when plan deems care “cosmetic”
 - 3. Identifying experienced providers and accessing culturally competent care

*This is a non-exhaustive list of services. It may not include all available services.

Transgender, gender diverse, and non-binary people may be diagnosed with gender dysphoria, a condition that manifests as significant distress when people experience conflict between their assigned gender and the gender with which they identify.¹ Some transgender, gender diverse, and non-binary people experience a conflict between their assigned gender and gender identity without distress. But when people do experience clinically significant distress, they may require treatment to alleviate this condition. The standards of care for treating gender dysphoria involve a range of options depending on the needs and desires of the person seeking treatment.² Together, these interventions are known as gender-affirming care. Gender-affirming care is a Medi-Cal covered benefit regardless of a beneficiary’s gender identity, gender expression, and sex characteristics.

Gender-affirming health care interventions may include hormone therapy (including puberty blocking agents), surgical interventions, speech and language interventions, and behavioral health services. Not all transgender, gender diverse, or non-binary people seek all health care interventions, and some seek none. When people seek these interventions to treat gender dysphoria, they are covered by Medi-Cal when treatment is consistent with the standards of care and the medical necessity standard.³

Gender-affirming care is a covered Medi-Cal benefit when medically necessary. Medi-Cal requires requests for such care to be made by “specialists experienced in providing culturally competent care to transgender and gender diverse individuals.”⁴ Care must be provided according to nationally recognized clinical guidelines; the most used source is the “Standards of Care for the Health of Transgender and Gender Diverse People,” published by the World Professional Association for Transgender Health, or the WPATH *Standards of Care*.⁵

ADVOCACY TIP:

✓ The standards of care for transgender, gender diverse, and non-binary individuals in health care settings generally reflect the standards of care recommended for non-transgender, cisgender, and binary individuals. However, transgender, gender diverse, and non-binary individuals face barriers in accessing care and discrimination.⁶ Advocates should ensure that their local provider communities receive training about how they can be culturally sensitive and provide appropriate care to transgender, gender diverse, and non-binary people, and address specific problems of cultural competence when they arise. Managed Care Plans are required to provide cultural competency training in providing trans-affirming care to all staff and subcontractors in direct contact with members. For more information, see section D(3) of this chapter.

A. Mental health services for transgender, gender diverse, and non-binary beneficiaries

Transgender, gender diverse, and non-binary people may seek mental health services for a wide variety of reasons. For many transgender, gender diverse, and non-binary individuals, mental health services may be a component of their gender-affirming care.⁷ Medi-Cal coverage of many gender-affirming procedures requires a diagnosis of gender dysphoria.⁸ Gender dysphoria is a mental health condition defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5).⁹ As defined in the DSM-5, gender dysphoria is the distress a person experiences as a result of the incongruence between the person’s gender identity and the sex and gender they were assigned at birth.¹⁰

Medi-Cal considers mental health services a “core service in treatment for gender dysphoria.”¹¹ Licensed mental health providers may support transgender, gender diverse, and non-binary beneficiaries seeking surgical interventions with documentation that the services they are requesting are medically necessary.¹² In pursuing gender-affirming services, transgender, gender diverse, and non-binary Medi-Cal beneficiaries may seek mental health services such as gender dysphoria assessments, support with managing social and emotional changes related to gender transition and navigating the process of accessing gender-affirming care, diagnosis and treatment of co-occurring mental health conditions, and referrals to other providers.¹³

B. Hormone Therapy

Hormone therapy is a covered benefit under Medi-Cal when medically necessary to treat gender dysphoria and is available through Medi-Cal Rx regardless of whether the beneficiary has Fee-for-Service (FFS) Medi-Cal or is enrolled in a Medi-Cal Managed Care Plan (MCP).

Medi-Cal generally follows the WPATH *Standards of Care*, which sets forth criteria for initiation of hormone therapy. For adults seeking hormone therapy, the criteria are:¹⁴

- Gender incongruence is marked and sustained;
- Meets applicable diagnostic criteria—for Medi-Cal, the person must have a diagnosis of gender dysphoria;
- Demonstrates capacity to consent for the specific gender-affirming hormone treatment;
- Other possible causes of apparent gender incongruence have been identified and excluded;
- Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed;
- Understands the effect of gender-affirming hormone treatment on reproduction and they have explored reproductive options.

There are separate criteria for initiation of puberty blocking agents or hormone therapy if the individual is an adolescent. The criteria for adolescents seeking puberty blocking agents or hormone therapy are:¹⁵

- Gender diversity/incongruence is marked and sustained over time;
- Meets the applicable diagnostic criteria—for Medi-Cal, the person must have a diagnosis of gender dysphoria;
- Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
- Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally;

- Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
- For puberty blocking agents, has reached Tanner stage 2.¹⁶

Since the implementation of Medi-Cal Rx in 2022 (see Chapter III for more information), hormone therapy is covered for treatment of gender dysphoria through Medi-Cal Rx when medically necessary. Requests for hormone therapy should be made by “specialists experienced in providing culturally competent care to transgender and gender diverse individuals and should use nationally recognized guidelines.”¹⁷ Medical necessity should be “assessed and services shall be recommended by treating licensed mental health professionals and physicians and surgeons experienced in treating patients with incongruence between their gender identity and gender assigned at birth.”¹⁸ The frequency of hormone therapy services to treat gender dysphoria cannot be categorically limited and must be provided timely as needed for treatment of gender dysphoria. Any limitations or exclusions, medical necessity determinations, and utilization management criteria must be applied in a non-discriminatory fashion (i.e. cannot be applied to transgender, gender diverse, or non-binary beneficiaries if not applied to all beneficiaries in need of hormone therapy).¹⁹

The most common categories of hormone medications used to treat gender dysphoria are testosterone, estrogen, anti-androgens, and gonadotropin-releasing hormone (GnRH) agonists (puberty blocking agents).²⁰ Medi-Cal Rx covers at least some preparations of each of these categories of hormone drugs.²¹

C. Surgical Care

Some transgender, gender diverse, and non-binary Medi-Cal beneficiaries will seek surgical procedures to align their primary and/or secondary sex characteristics with their gender identity.² Not every transgender, gender diverse, or non-binary person wants, requires, or qualifies for every available surgical procedure. The number, type, and sequence of surgical interventions often vary widely from one person to another, depending on their particular clinical needs.²³

Medi-Cal typically follows the WPATH *Standards of Care* criteria for initiation of surgical treatment. For adults seeking surgical procedures, the criteria are:²⁴

- Gender incongruence is marked and sustained;
- Meets applicable diagnostic criteria—for Medi-Cal, the person must have a diagnosis of gender dysphoria;
- Demonstrates capacity to consent for the specific gender-affirming surgical intervention;
- Understands the effect of gender-affirming surgical intervention on reproduction and they have explored reproductive options;
- Other possible causes of apparent gender incongruence have been identified and excluded;

- Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed;
- Stable on their gender affirming hormonal treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated).*

*Suggested criterion

For adolescents seeking surgical procedures, the criteria are:²⁵

- Gender diversity/incongruence is marked and sustained over time;
- Meets the applicable diagnostic criteria—for Medi-Cal, the person must have a diagnosis of gender dysphoria;
- Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
- Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
- Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
- At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated.

1. Surgical Treatments for Gender Dysphoria

Medi-Cal policy does not identify specific surgical procedures that will be covered as part of gender-affirming treatment for beneficiaries with gender dysphoria. 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 [will be covered when they] ‘are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis and treatment of disease, illness or injury.’”²⁶

State policy differentiates between “reconstructive surgery,” which is covered by Medi-Cal, and “cosmetic surgery,” which is not.²⁷ Under state law, reconstructive surgery is defined as surgery “performed to correct or repair abnormal structures of the body...to create a normal appearance to the extent possible.”²⁸ Medi-Cal policy states: “In the case of transgender [or gender diverse or non-binary] beneficiaries, normal appearance is to be determined by referencing the gender with which the beneficiary identifies.”²⁹ It does not explicitly

delineate when a particular procedure will be considered reconstructive versus cosmetic for a transgender, gender diverse, or non-binary beneficiary, instead noting that such determinations should be made on a case-by-case basis using “nationally recognized medical/clinical guidelines” such as the WPATH *Standards of Care*.³⁰ Medi-Cal policy further explains that, in analyzing whether a requested service is medically necessary and/or qualifies as a reconstructive surgery, an MCP must “consider the knowledge and expertise of providers qualified to treat gender dysphoria,” including the member’s own providers.³¹

Although Medi-Cal policy does not spell out the specific gender-affirming surgical procedures that are covered in Medi-Cal, the WPATH *Standards of Care* does provide some guidance as to procedures that are likely to be covered. Below is a non-exhaustive list of surgical treatment options that are generally accepted in the medical community and are consistent with the WPATH *Standards of Care* include:³²

- Chest reconstruction surgery: augmentation mammoplasty (breast implants);
- Genital reconstruction surgeries: vaginoplasty, clitoroplasty, and/or vulvoplasty (creation of female genitalia including the labia minora and majora), and hair removal as part of a preoperative process;
- Gonadectomy: orchiectomy (removal of the testes); and
- Other surgeries to feminize the body, such as: reduction thyroid chondroplasty (reduction of the Adam’s apple), vocal cord surgery, liposuction and/or lipofilling (body contouring), hair transplantation, hair removal via electrolysis and/or laser epilation, and facial feminization procedures (including brow, nose, cheek, lip, jaw, and chin treatments).
- Chest reconstruction surgery: subcutaneous mastectomy (creation of a male chest) including liposuction where necessary, with or without nipple-areola preservation/reconstruction as determined necessary for the specific patient;
- Genital reconstruction surgeries: metoidioplasty or phalloplasty (creation of a penis), vaginectomy (removal of the vagina), scrotoplasty (creation of the scrotum), urethral reconstruction and/or lengthening, and/or implantation of erectile device and/or testicular prostheses, and hair removal as part of a preoperative process;
- Gonadectomy: hysterectomy and/or salpingo-oophorectomy (removal of the uterus, fallopian tubes, and/or ovaries); and
- Other surgeries to masculinize the body, such as: liposuction and/or lipofilling (body contouring), monsoplasty/mons reduction, pectoral implants, and facial masculinization procedures.

ADVOCACY TIP:

- ✓ When a MCPs denies medically necessary treatments for gender dysphoria as “cosmetic,” consider an appeal of such denials, including through Independent Medical Review where available.

D. Other interventions and considerations for transgender, gender diverse, and non-binary beneficiaries

There are a number of barriers to accessing services that transgender, gender diverse, and non-binary beneficiaries may experience. These include issues accessing care when the individual's gender marker does not match their presupposed anatomy, issues accessing care when plans deem transition-related care "cosmetic," issues receiving care due to providers refusing treatment for religious reasons, issues receiving culturally sensitive and appropriate care, and a lack of providers with experience and expertise in providing certain types of gender-affirming care, especially surgical procedures. These barriers can have either a direct impact on a beneficiary's ability to access care, or an indirect impact through discouraging beneficiaries from seeking needed care.

1. Accessing services when gender marker does not match presupposed anatomy

Sometimes transgender, gender diverse, and non-binary individuals can experience difficulty accessing medically necessary care because their gender marker does not match their presupposed anatomy. Medi-Cal provides information on what steps providers should take to avoid issues in accessing care in these situations. If the gender on a Medi-Cal claim conflicts with a billed procedure code, the gender limitation can be overridden either by the provider attaching an approved Treatment Authorization Request (TAR) or Service Authorization Request (SAR) or adding the modifier "KX" to the billed procedure code; the "KX" modifier is used to indicate that the provider is attesting that the service request conforms to Medi-Cal coverage criteria.³³ The beneficiary's medical record must support that the treatment is medically necessary.

2. Accessing services when plan deems care "cosmetic"

While the law and guidance clearly indicate that all procedures that are medically necessary to treat gender dysphoria are covered, MCPs may still deny coverage of certain treatments on the grounds that they are "cosmetic." This is most prevalent with certain gender-affirming surgical and hair removal treatments, including but not limited to tracheal shaves, breast augmentation, body contouring procedures, and electrolysis. The California Courts of Appeal held in 1978 that gender-affirming surgeries are not "cosmetic" when medically necessary to treat gender dysphoria.³⁴ The WPATH *Standards of Care* provides that gender-affirming interventions—including hormone therapy, body modification surgery, facial hair removal, and speech therapy—when sought by transgender and non-binary individuals are medically necessary.³⁵ Thus, any denial of services as "cosmetic" should be appealed through the proper channels.

ADVOCACY TIP:

✓ When providers refuse to provide covered services to transgender, gender diverse, and non-binary beneficiaries due to their religious or moral beliefs, these refusals can cause delays and obstacles to people receiving the standard of care. They can also be traumatic experiences that exacerbate a transgender, gender diverse, or non-binary person's gender dysphoria and/or other mental health concerns. California law, however, prohibits health care providers and insurers from discriminating or denying healthcare services to a patient for being transgender, nonbinary, gender nonconforming, or intersex, or due to a diagnosis of gender dysphoria. You can learn more about these anti-discrimination protections through the Office of the Attorney General, which has issued guidance outlining protections under California law for medical providers and patients seeking gender-affirming care.³⁶

3. Identifying experienced providers and accessing culturally competent care

In response to the ongoing challenges transgender, gender diverse, and non-binary Medi-Cal recipients face in accessing experienced and culturally competent health care, California passed SB 923 (Chapter 822, Statutes of 2022), the TGI Inclusive Care Act.³⁷

Under this law, MCPs are required to ensure that all staff and subcontractors in direct contact with members receive evidence-based cultural competency training in working with transgender, gender diverse, and non-binary communities.³⁸ This requirement is not limited to providers offering gender-affirming care and must be completed within 45 days of hire and every two years thereafter.³⁹ MCPs must also have a system to monitor grievances by members alleging failure to provide trans-inclusive care; if a grievance is resolved in a member's favor, the applicable individual must retake the training.⁴⁰

MCPs must also ensure their provider directories indicate which in-network providers offer and have provided gender-affirming services and that the provider lists meet time and distance standards defined in statute. They must keep these directories up to date and resolve any grievances asserting that providers on the directory are not currently offering gender-affirming care.⁴¹

Finally, MCPs must submit reports of grievances received to DHCS and ensure their members are aware of their rights to submit grievances for failure to provide trans-affirming care to the MCP and to the Department of Managed Health Care.⁴²

Endnotes

- ¹ Am. Psychiatric Ass'n, *What Is Gender Dysphoria?*, <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria> (last visited Nov 6, 2025).
- ² World Pro. Ass'n for Transgender Health, *Standards of Care for the Health of Transgender and Gender Diverse People* (V. 8, 2022), <https://www.wpath.org/publications/soc> [hereinafter *WPATH Standards of Care*].
- ³ Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Transgender and Gender Diverse Services 2* (June 2025), https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/F81D2354-BA35-4415-9B82-8B2DF9A505FA/transgender.pdf?access_token=6UyVkkRRfByXTZEWlh8j8QaYyIPyP5ULO (citing CAL. CODE REGS. tit. 22, § 51303) [hereinafter *Medi-Cal Provider Manual, Transgender and Gender Diverse Services*].
- ⁴ *Id.* at 1.
- ⁵ *Id.* See also *WPATH Standards of Care*, *supra* note 2.
- ⁶ See, e.g., Jamie Feldman & Madeline B. Deutsch, *Primary Care of Transgender Individuals*, UpToDate (June 30, 2023), <https://www.uptodate.com/contents/primary-care-of-transgender-individuals>.
- ⁷ *WPATH Standards of Care*, *supra* note 2, at 171.
- ⁸ See, e.g., *Medi-Cal Provider Manual, Transgender and Gender Diverse Services*, *supra* note 3, at 2; Cal. Dep't Health Care Servs., All Plan Letter 20-018 at 3 (Oct. 26, 2020), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2020/APL20-018.pdf> [hereinafter All Plan Letter 20-018].
- ⁹ See "Gender Dysphoria" in Am. Psychiatric Ass'n, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. 2013) (DSM-5).
- ¹⁰ *Id.*
- ¹¹ *Medi-Cal Provider Manual, Transgender and Gender Diverse Services*, *supra* note 3, at 2.
- ¹² See All Plan Letter 20-018, *supra* note 8, at 3.
- ¹³ *WPATH Standards of Care*, *supra* note 2, at 171. For more information about the scope and accessibility of mental health services in Medi-Cal, see Chapter IV of this Guide on Mental Health Services.
- ¹⁴ *WPATH Standards of Care*, *supra* note 2, at 256.
- ¹⁵ *Id.* at 256– 57 (also recommending a complete biopsychosocial assessment from medical and mental health providers and involvement by parents or guardians in the assessment process if feasible).

- ¹⁶ The Tanner Scale defines physical measurements of development based on external primary and secondary sex characteristics such as the size of the breasts, genitalia, testicular volume and the development of pubic and axillary hair. See generally Lawrence S. Neinstein, *Adolescent Health Care: A Practical Guide* (5th ed. 2008).
- ¹⁷ *Medi-Cal Provider Manual, Transgender and Gender Diverse Services*, *supra* note 3, at 1. Prescribing hormones for gender affirmation is within the scope of practice of a range of providers, including primary care physicians, obstetricians-gynecologists, endocrinologists, advanced practice nurses, physician assistants, and other providers with prescriptive rights (such as, in some jurisdictions, naturopathic providers and nurse midwives). Madeline B. Deutsch, *Initiating Hormone Therapy*, UCSF Ctr. Excellence for Transgender Health (June 17, 2016), <https://transcare.ucsf.edu/guidelines/initiating-hormone-therapy>.
- ¹⁸ *Medi-Cal Provider Manual, Transgender and Gender Diverse Services*, *supra* note 3, at 2.
- ¹⁹ *Id.*
- ²⁰ Transline, *What are commonly used medications for transition?*, <https://transline.zendesk.com/hc/en-us/articles/229373208-What-are-commonly-used-medications-for-transition> (last visited November 17, 2025).
- ²¹ Cal. Dep't Health Care Servs., *Medi-Cal Rx Contract Drugs List* 67, 146, 161, 174–75, 190–91 (2025), https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_FINAL.pdf.
- ²² WPATH *Standards of Care*, *supra* note 2, at 128.
- ²³ *Id.* at 7, 128-29.
- ²⁴ *Id.* at 256; see also Wylie C Hembree et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 J. CLIN. ENDOCRINOLOGY & METABOLISM 3869 (2017).
- ²⁵ WPATH *Standards of Care*, *supra* note 2, at 257 (also recommending a complete biopsychosocial assessment from medical and mental health providers and involvement of parents or guardians in the assessment process if feasible).
- ²⁶ *Medi-Cal Provider Manual, Transgender and Gender Diverse Services*, *supra* note 3, at 2 (citing CAL. CODE REGS., tit. 22, § 51303); see also All Plan Letter 20-018, *supra* note 8, at 2.
- ²⁷ All Plan Letter 20-018, *supra* note 8, at 2-3.
- ²⁸ *Id.* (quoting CAL. HEALTH & SAFETY CODE § 1367.63(c)(1)(B)).
- ²⁹ *Id.* at 3.
- ³⁰ *Id.* at 3–4.

- ³¹ *Id.*
- ³² WPATH *Standards of Care*, *supra* note 2, at 258.
- ³³ *Medi-Cal Provider Manual, Transgender and Gender Diverse Services*, *supra* note 3, at 1.
- ³⁴ *GB v. Lackner*, 80 Cal. App. 3d 64 (1978); *JD v. Lackner*, 80 Cal. App. 3d 90 (1978).
- ³⁵ WPATH *Standards of Care*, *supra* note 2; see also Advocates for Trans Equality, *Medical Necessity Literature Reviews*, <https://transhealthproject.org/resources/medical-necessity-literature-reviews/> (last visited July 16, 2025).
- ³⁶ Cal. Dep't Just., Know Your Rights: Attorney General Bonta Issues Guidance on Gender-Affirming Care Rights in California (Nov. 13, 2025), <https://oag.ca.gov/news/press-releases/know-your-rights-attorney-general-bonta-issues-guidance-gender-affirming-care>.
- ³⁷ Cal. Dep't Health Care Servs., All Plan Letter 24-017 at 1 (Dec. 5, 2024), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-017.pdf>.
- ³⁸ *Id.* at 2.
- ³⁹ *Id.* at 3.
- ⁴⁰ *Id.* at 3.
- ⁴¹ *Id.* at 3–4.
- ⁴² *Id.* at 4–5.