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RESEARCH ARTICLE

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Medicaid coverage for gender-affirming surgery: A state-by-state review

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Abstract

Objective: To systematically review Medicaid policies state-by-state for gender-affirming surgery coverage.

Data Sources and Study Setting: Primary data were collected for each US state utilizing the LexisNexis legal database, state legislature publications, and Medicaid manuals.

Study Design: A cross-sectional study evaluating Medicaid coverage for numerous gender-affirming surgeries.

Data Collection/Extraction Methods: We previously reported on state health policies that protect gender-affirming care under Medicaid coverage. Building upon our prior work, we systematically assessed the 27 states with protective policies to determine coverage for each type of gender-affirming surgery. We analyzed Medicaid coverage for gender-affirming surgeries in four domains: chest, genital, craniofacial and neck reconstruction, and miscellaneous procedures. Medicaid coverage for each type of surgery was categorized as explicitly covered, explicitly noncovered, or not described.

Principal Findings: Among the 27 states with protective Medicaid policies, 17 states (63.0%) provided explicit coverage for at least one gender-affirming chest procedure and at least one gender-affirming genital procedure, while only eight states (29.6%) provided explicit coverage for at least one craniofacial and neck procedure ($p = 0.04$). Coverage for specific surgical procedures within these three anatomical domains varied. The most common explicitly covered procedures were breast reduction/

mastectomy and hysterectomy ($n = 17$, 63.0%). The most common explicitly noncovered surgery was reversal surgery ($n = 12$, 44.4%). Several states did not describe the specific surgical procedures covered; thus, final coverage rates are indeterminate.

Conclusions: In 2022, 52.9% of states had health policies that protected gender-affirming care under Medicaid; however, coverage for various gender-affirming surgical procedures remains both variable and occasionally unspecified. When specified, craniofacial and neck reconstruction is the least covered anatomical area compared with chest and genital reconstruction.

KEYWORDS

gender-affirming surgery, health policy, insurance, Medicaid, public health

What is known on this topic

- As of 2022, 27 (52.9%) US states had protective Medicaid policies for gender-affirming care. Protective policy is defined as a policy that describes explicit coverage of gender-affirming healthcare services.
- While the increase in protective state health policies has supported an increase in gender-affirming surgeries, navigating the insurance process for different types of gender-affirming surgeries has remained challenging.
- This is due—in part—to confusion regarding which surgeries are covered by Medicaid, often resulting in time-consuming insurance denials and subsequent multilevel appeals for denial overturn.

What this study adds

- Investigation of gender-affirming surgeries in the 27 protective US states reveals that coverage is not described for numerous procedures.
- Moreover, we found that gender-affirming facial surgery is less explicitly covered by Medicaid when compared with gender-affirming chest and genital reconstruction.
- More specific Medicaid policies may improve the healthcare infrastructure for transgender and gender-diverse patients by resolving ambiguous interpretations of coverage.

1 | INTRODUCTION

Public health insurance policies regarding gender-affirming care have been evolving rapidly in the United States over the past decade. In 2013, only Vermont and California offered any protections for gender-affirming care under Medicaid.[1,2] Then, in 2016, a ruling by the Department of Health and Human Services determined that Section 1557 of the Affordable Care Act prohibits discrimination based on gender identity for health system entities receiving federal funds, including participants in Medicaid. Following this ruling, 27 out of the 50 states and the District of Columbia now have protective Medicaid policies for gender-affirming care.[3,4]

While the increase in protective state health policies has supported an increase in gender-affirming surgeries, navigating the insurance process for different types of gender-affirming surgeries has remained challenging.[5,6] This is due in part to confusion for both reconstructive surgeons and patients regarding which surgeries are covered by Medicaid, often resulting in time-consuming insurance denials and subsequent multilevel appeals for denial overturn.[7] Evaluations of commercial insurance plans have shown that coverage for gender-affirming breast and chest reconstruction is inconsistent across numerous CPT codes.[8] Similar inconsistencies in commercial coverage have also been studied in facial feminization surgery, voice surgery, and gender-affirming genital surgery, demonstrating that health insurance plans often lack explicit guidelines for coverage of surgical procedures and create unclear interpretations of coverage.[9–11] There is limited literature evaluating these coverage details across state Medicaid plans. However, 276,000 or 21.2% of transgender adults within the United States are enrolled in Medicaid and gender-affirming surgery utilization is increasing.[5,6,12]

Data suggest that inconsistencies in insurance coverage may negatively affect access to care and financial cost. In a 2017 survey, Puckett et al. showed the most common barriers to accessing gender-affirming care were related to cost and insurance coverage.[13] Transgender and gender-diverse respondents reported that even when insured, additional problems such as limited number of physicians with expertise, specific policy exclusions, and limited reimbursement amounts prevented them from obtaining care.

Moreover, patients undergoing either vaginoplasty or phalloplasty outside their state of residence, due to lack of geographic accessibility, are associated with having 49% higher out-of-pocket costs on average compared with in-state costs, translating to an expected increased payment of $864.[14]

Given the increase in patients enrolled under Medicaid and receiving gender-affirming surgery, as well as the influence of insurance coverage on access to care, we sought to determine Medicaid coverage for gender-affirming surgeries. Thus, the aim of this study was to systematically evaluate and describe the specific surgical procedures that are explicitly covered or excluded by Medicaid plans for each state providing coverage for overall gender-affirming care.

2 | METHODS

2.1 | Categorization of Medicaid coverage for gender-affirming surgeries

We previously reported on the categorization of each state Medicaid policy as protective, restrictive, or unclear for gender-affirming care overall.[3] Protective states were defined as having policies that explicitly covered gender-affirming care services. Restrictive states had policies that explicitly excluded or limited coverage for gender-affirming care. States that held conflicting or contradictory policies for gender-affirming care coverage were defined as unclear. Our determinations of state Medicaid policies were made through a systematic state-by-state evaluation of legal and healthcare policy data obtained through the LexisNexis database. Data obtained from the LexisNexis database included information from state legislature documents, statutes, administrative codes, department-issued bulletins and regulations, case law and proceedings, and Medicaid provider manuals. Findings from the LexisNexis database were confirmed by reviewing information from publicly available state websites. Building upon our previous work, states with protective Medicaid coverage ($n = 27$) of gender-affirming care were systematically assessed in the current report to determine the coverage of specific gender-affirming surgeries (Figure S1).[15-46]

We reviewed and analyzed the 27 states' Medicaid policies, in order to identify coverage of various gender-affirming surgeries that were in effect as of August 2022. We utilized the LexisNexis database to review states' Medicaid coverage of gender-affirming care. For states without relevant findings in LexisNexis, we then utilized other sources, including Medicaid provider manuals, documents from the state Department of Health, and state legislative websites for health policies. We analyzed Medicaid coverage for gender-affirming surgeries in four domains: chest, genital, craniofacial and neck reconstruction, and miscellaneous procedures.

Medicaid coverage of gender-affirming surgeries was categorized as explicitly covered, explicitly noncovered, or not described by three independent reviewers (JSL, MGC, SF).

2.2 | Statistical analysis

Descriptive statistics were performed to report the frequency of coverage for gender-affirming surgeries, reported as number of states and percentages. Inter-rater reliability for categorization of surgical coverage was measured using Cohen's kappa. Comparisons of surgical coverage across geographic regions were assessed using Fisher's exact test. Chi-square analyses were used to compare Medicaid coverage between chest, genital, and craniofacial and neck domains, as well as between transfeminine and transmasculine procedures with Bonferroni adjustments for pairwise comparisons. All statistical analyses were performed using SPSS Version 28 (IBM Corp., Armonk, NY) with an alpha level of $p < 0.05$.

3 | RESULTS

3.1 | Summary data

Categorization of Medicaid coverage as explicitly covered, explicitly noncovered, or not described for gender-affirming surgeries by the independent reviewers generated a strong inter-rater reliability of $\kappa = 0.857$, ($p_{0\text{relative agreement}} = 0.929$).

Twenty-six states and D.C. (52.9%) described Medicaid coverage for gender-affirming surgery (Table S1). Of these 27 states, explicit coverage was found for chest ($n = 17$, 63.0%), genital ($n = 17$, 63.0%), and craniofacial and neck ($n = 8$, 29.6%) reconstruction. Of the protective states, 10 states (37.0%) do not describe specific procedural coverage, meaning that while their policies describe coverage for gender-affirming surgery, there is no additional mention of the specific procedures that fall into this broad category (Table S2).

Two states (Iowa and Georgia) were determined to have protective gender-affirming Medicaid policies because of court cases. Coverage for specific surgical procedures was not established in these court cases. Additional special circumstances that influence coverage interpretations are noted in Table S3.

Comparisons of surgical coverage among the protective states within the Northeastern, Midwestern, Southern, and Western regions of the United States yielded no significant differences across all gender-affirming surgeries.

3.2 | Gender-affirming chest surgery

Coverage of gender-affirming chest reconstruction is summarized in Figure 1 and Table S4. The most common explicitly covered surgery was breast reduction/mastectomy (63.0%), followed by breast augmentation/implants (55.6%). The most common explicitly noncovered surgery was mastopexy (22.2%). Many states lacked any description for covered procedures related to gender-affirming chest reconstruction. Ten states (37.0%) did not describe coverage for breast reduction/mastectomy coverage, 66.7% did not describe coverage for mastopexy coverage, and 44.4% did not describe coverage for breast

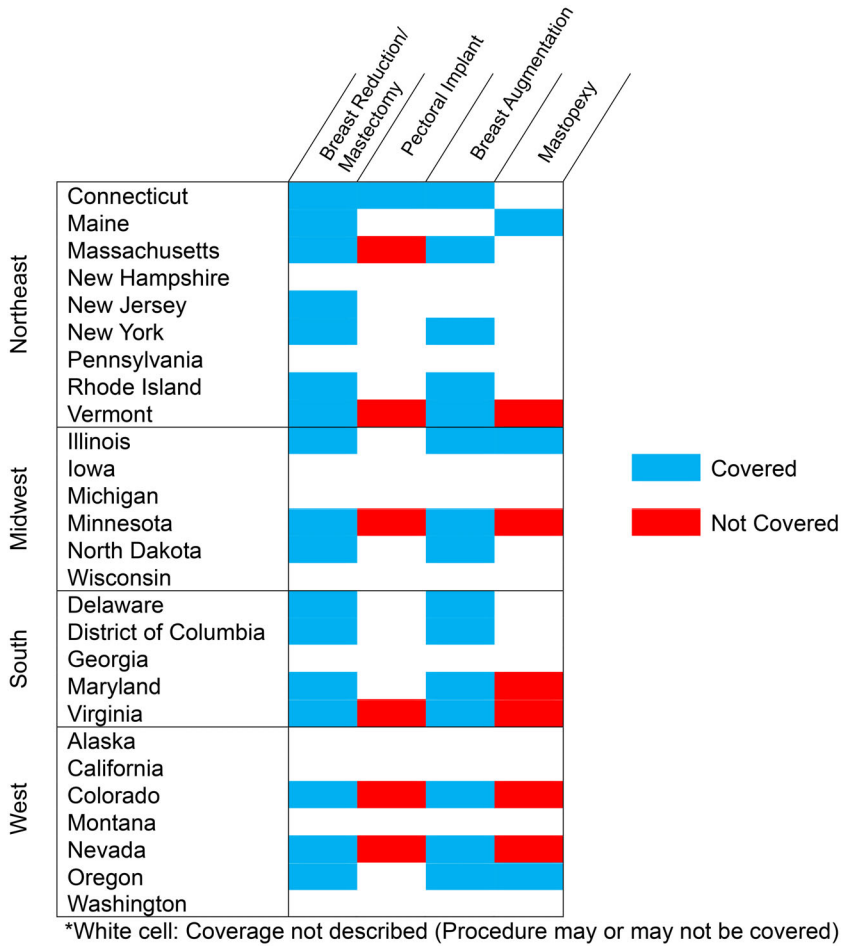

FIGURE 1 Medicaid coverage for gender-affirming chest reconstruction procedures by state and region.

augmentation/implants coverage. Explicit coverage for transfeminine and transmasculine chest procedures was similar, with 16 states providing explicit coverage for at least one transfeminizing chest procedure and 17 states providing explicit coverage for at least one transmasculinizing chest procedure ($p = 0.78$).

3.3 | Gender-affirming genital surgery

A summary of the covered gender-affirming genital reconstruction surgeries is outlined in Figures 2 and 3, Table S5. The most common explicitly covered surgery was hysterectomy (63.0%), followed by penectomy (55.6%), orchiectomy (55.6%), and vaginoplasty (55.6%). Less frequent explicitly covered services included penile prosthesis placement (29.6%), prostatectomy (22.5%), vulvectomy (25.9%), and labiaplasty/vulvoplasty (44.4%). Like gender-affirming chest reconstruction, many states had no description for coverage of gender-affirming genital procedures. Twenty-one states (77.8%) did not describe coverage for prostatectomy, 66.7% did not describe coverage for penile prosthesis placement, and 48.1% did not describe coverage for ovariectomy/salpingo-oophorectomy. Explicit coverage for transfeminine and transmasculine procedures was similar, with 15 states providing explicit coverage for at least one transfeminizing genital procedure and 17 states providing explicit coverage for at least one transmasculinizing genital procedure ($p = 0.58$).

3.4 | Gender-affirming craniofacial and neck surgery

A summary of the covered gender-affirming craniofacial and neck surgery procedures is given in Figure 4 and Table S6. Seven states (25.9%) explicitly cover gender-affirming facial surgery. Voice modification surgery/laryngoplasty was commonly listed as an explicit non-covered service (63.0%). Additional procedures covered for facial reconstruction were limited. Cheek implants, lip enhancement/reduction, and scalp advancement/reduction were each only explicitly covered in three states (11.1%). Numerous states did not describe coverage for various craniofacial and neck procedures. Twenty-two states (81.5%) did not describe coverage for scalp advancement or reduction. Twenty-one states (77.8%) did not describe coverage for nose implants and 20 states (74.1%) did not describe coverage for chin implants.

Coverage of gender-affirming facial surgery is less robust than gender-affirming chest and genital surgeries. Seventeen states were found to provide explicit coverage for at least one gender-affirming chest procedure and at least one gender-affirming genital procedure.

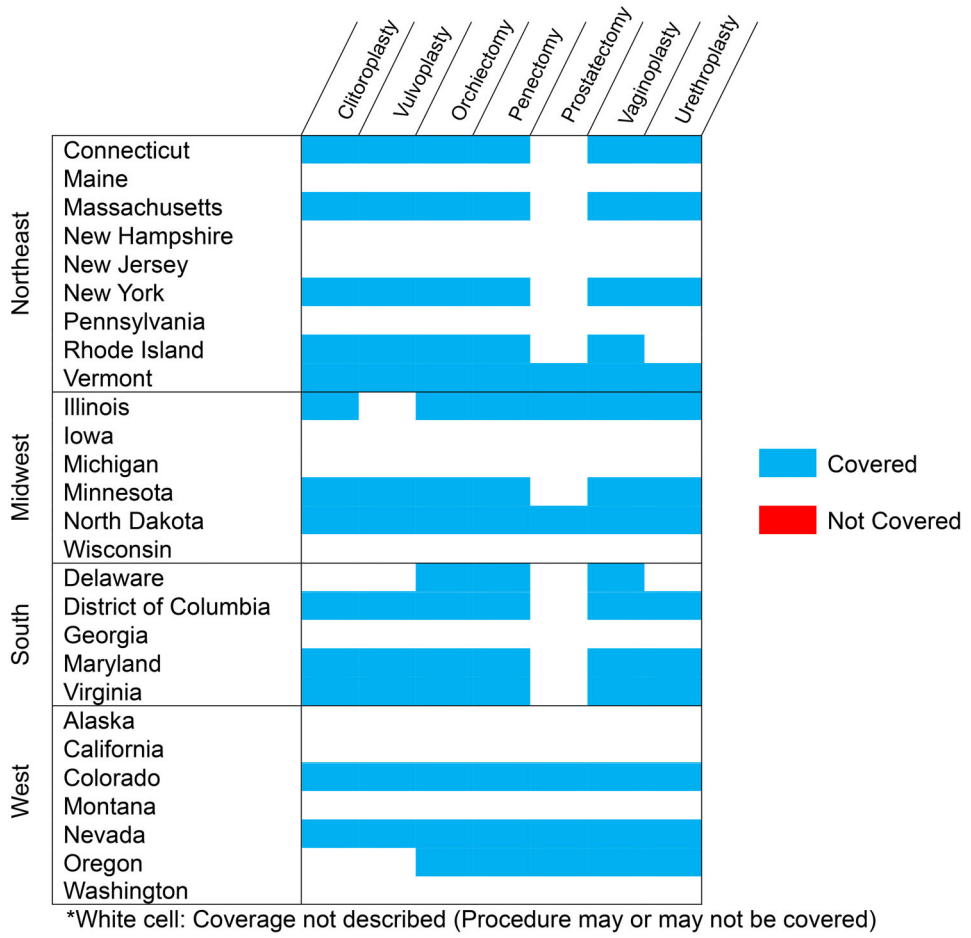

FIGURE 2 Medicaid coverage for transfeminine genital reconstruction procedures by state and region.

However, only eight states were found to provide explicit coverage for at least one craniofacial and neck procedure (Figure 5). This difference was found to be statistically significant ($p = 0.04$).

3.5 | Miscellaneous gender-affirming surgeries and services

A summary of the covered miscellaneous gender-affirming surgeries is provided in Figure S2 and Table S7. The most common explicitly covered service included procedures related to hair removal or growth (37.0%). Hair procedures were covered in the context of other concurrent procedures that require this intervention, such as vaginoplasty. The only state that provides explicit coverage for reversal surgery is Oregon. Surgical revision is explicitly covered by four states (14.8%). Explicitly noncovered procedures included liposuction (29.6%), abdominoplasty (22.2%), gluteal augmentation (22.2%), calf implants (18.5%), and skin resurfacing (22.2%).

4 | DISCUSSION

We identified that 26 states and D.C. (52.9%) offer some form of Medicaid coverage for gender-affirming care in 2022. Within these 27 states, we found explicit coverage for gender-affirming chest and genital reconstruction in 17 states (63.0%). Explicit coverage for gender-affirming craniofacial and neck reconstruction was found in only eight states (29.6%). There was a statistically significant difference in Medicaid coverage between chest/genital reconstruction and craniofacial and neck reconstruction. We found no significant differences for coverage between transmasculinizing and transfeminizing chest or genital procedures.

In 2019, the UCLA School of Law Williams Institute reported 19 states, including D.C., (39.2%) provide Medicaid coverage for gender-affirming care,[2] which increased by 13.7% as of the most recent review in 2022.[3,12] Although it may appear as if Medicaid coverage for transgender patients is improving, there are additional nuances. Despite protective policies, coverage for specific surgeries remains unclear due to a lack of publicly available details. Out of the 27 protective states, 10 states (37.0%) did not describe the types of reconstructive procedures covered, thus final coverage rates are indeterminate. Given the heterogeneity and partial lack of coverage across the United States, future policy changes may seek to standardize and increase Medicaid protections for patients with gender incongruence.

Another critical observation was the finding that policy language was often unclear and nonspecific. For example, consider that California has protective policies in place for gender-affirming care. Specifically, in California's list of Medi-Cal (Medicaid) covered benefits for

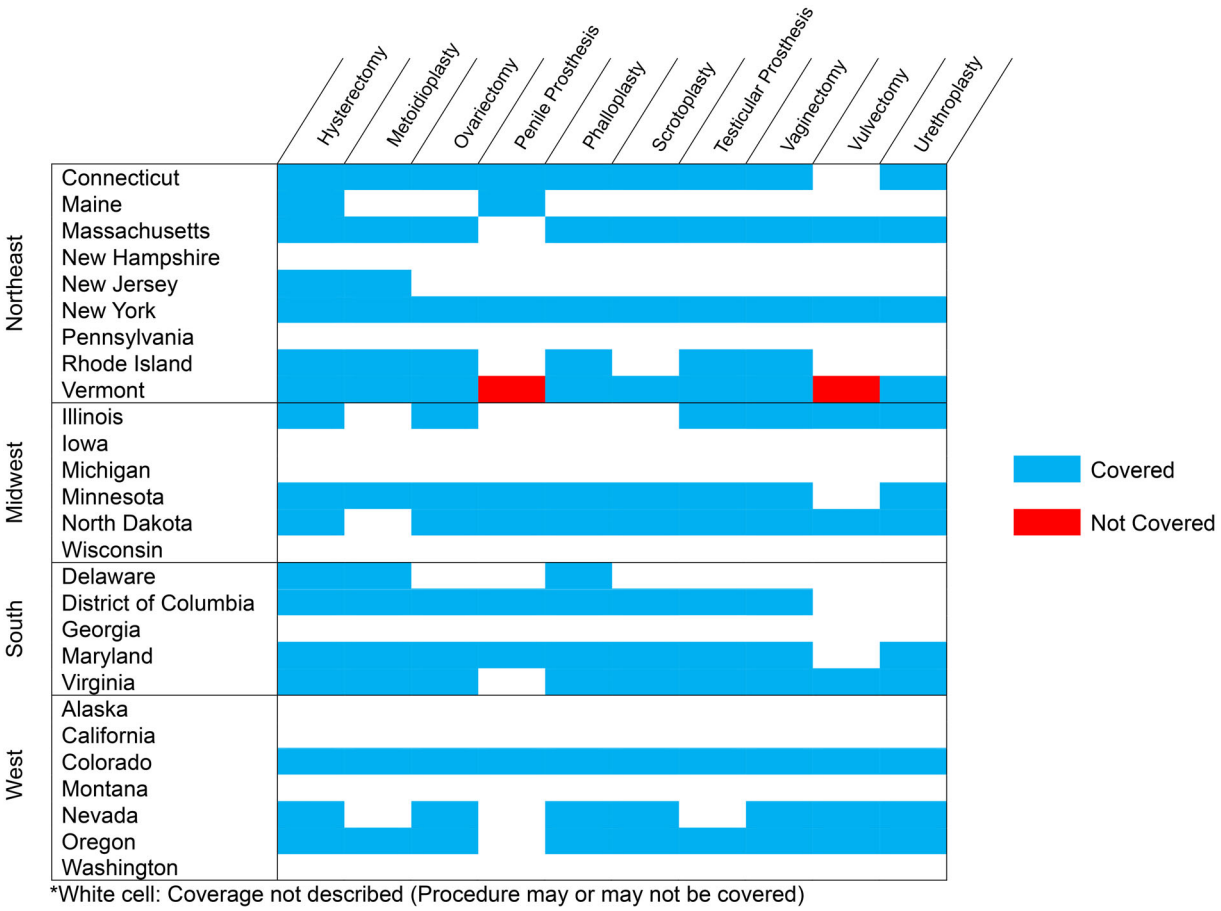

FIGURE 3 Medicaid coverage for transmasculine genital reconstruction procedures by state and region.

transgender and gender-diverse services, the provider manual lists mental health services, hormone therapy, and "a variety of surgical procedures that bring primary and secondary gender characteristics into conformity with the individual's identified gender."[38] Without specifically identifying the surgical procedures that are covered, legislative and policy documents may act as a source of confusion for readers. However, even if a state does not specify the coverage policy in legislative or provider manuals, a coverage policy may still be in place. For instance, enrollees may contact their respective state Medicaid agency for more specific details or their individual managed care organization for details about their enrollee plan. Subsequently, actual coverage may vary across numerous surgical procedures. Essentially, while a protective Medicaid policy may be in place for any given state, the efficacy of that policy is dependent upon further medicolegal regulation. State Medicaid policy may often be the primary determinant of whether a transgender Medicaid beneficiary can access medically necessary gender-affirming care. However, the publicly accessible guidelines and policies we identified are unclear and may act as a source of uncertainty for patients and surgeons. As a result, the development of more clearly defined policies may improve the interpretation of coverage from both patients and physicians.

An additional point of uncertainty arises from the heterogeneity of coverage policies defined by individual Medicaid managed care organizations. The results of our work summarize data on publicly available coverage details for various gender-affirming surgeries based on overarching state legislature and state Medicaid plans. While managed care organizations follow the general guidelines specified by their respective states, individual managed care plans within the same state may still differ in some cases. For instance, our analysis revealed that the Medicaid policy of Maine provides explicit coverage for hysterectomy and penile prosthesis procedures. Yet, the state policy gives no indication of coverage or denial of numerous other surgeries including metoidioplasty, ovariectomy, phalloplasty, scrotoplasty, vaginectomy, and urethroplasty, among others. In these instances where state policy is vague or does not specify a direct policy related to a specific gender-affirming surgery, coverage of that procedure may fall to the managed care organization to determine medical necessity. As of 2021, there were 843 total managed care organization programs in the United States. Among the 27 protective states our study identified, there were 567 managed care organizations as of 2021.[47] Although each managed care plan generally follows the specifications of their respective state, vague and nonspecific state policy, in combination with the availability of numerous managed care plans, may create further complexity in determining national gender-affirming surgery coverage rates. Additional future studies may wish to examine managed care organization coverage policies in individual states for

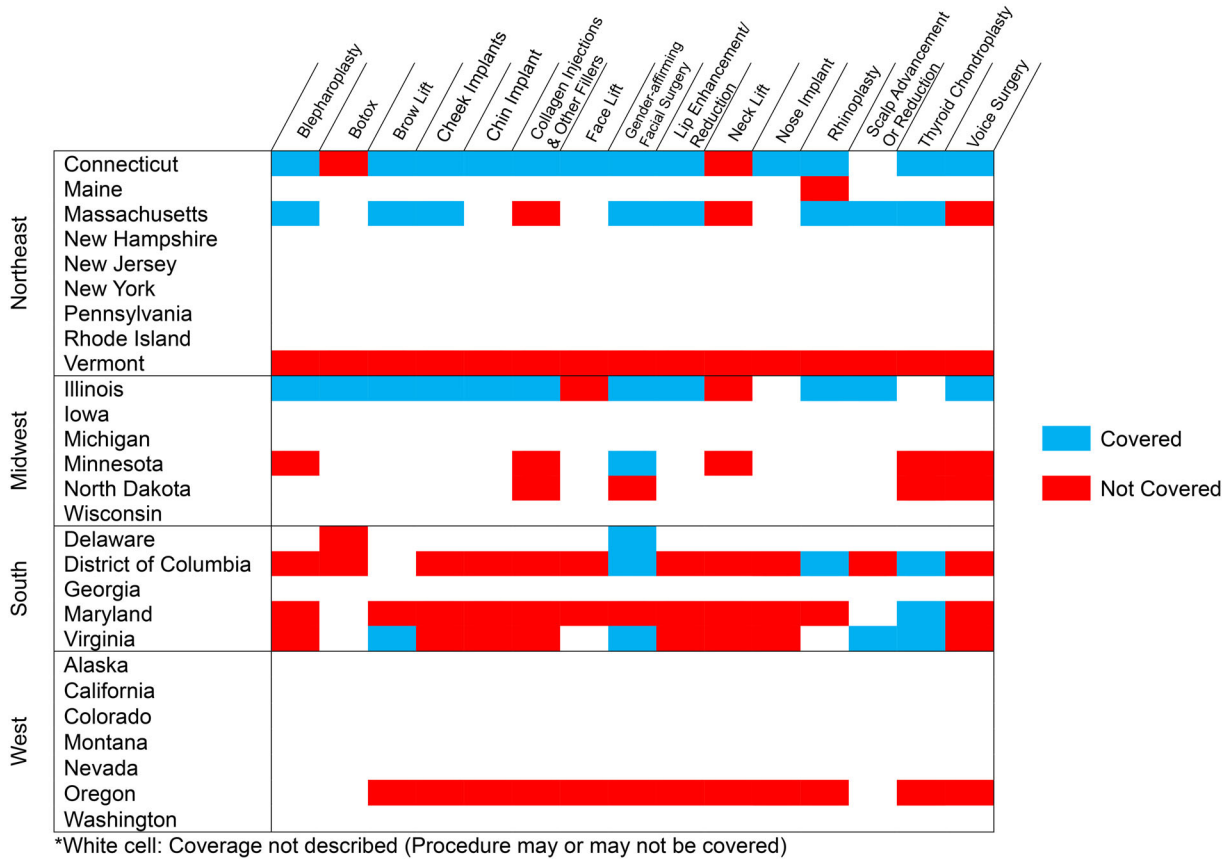

FIGURE 4 Medicaid coverage for gender-affirming craniofacial and neck procedures by state and region.

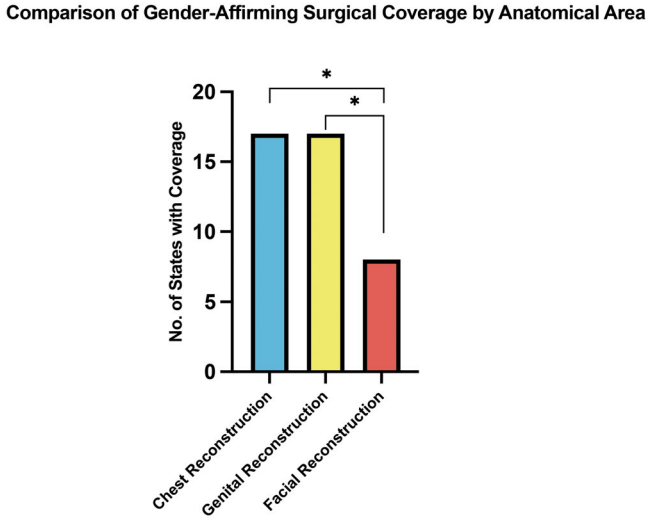

FIGURE 5 Comparison of number of states that reported explicit coverage for gender-affirming surgeries by anatomical area.

more granular policy assessment given the abundance and potential diversity of policies that these organizations may provide.

Although we identified states that provide explicit coverage for various gender-affirming surgeries, Medicaid coverage is further regulated by the determinations of medical necessity and other state requirements for authorization. These evaluations vary by state, with some states providing rigid guidelines and other states giving limited direction. Washington State specifies that prior authorization must be obtained for all surgical services, two psychosocial evaluations must be performed, and that the patient must have had 12 continuous months of hormone therapy, unless medically contraindicated. Furthermore, the patient must have a confirmed diagnosis of gender dysphoria and must have lived for 12 continuous months in a gender role that is congruent with their gender identity.[46] In contrast, Montana policy indicates that coverage of gender-affirming care is subject to medical necessity requirements, but does not provide further criteria.[41] Thus, even when coverage is available across states, patients and surgeons may face additional required steps to obtain coverage for gender-affirming surgeries.

Furthermore, there are differences in explicit Medicaid coverage for gender-affirming facial surgery when compared with gender-affirming chest or genital surgeries. We observed that gender-affirming chest and genital surgeries are typically covered at similar rates, while gender-affirming facial surgery is less frequently covered. Yet, the importance of anatomic areas as sources of gender dysphoria differs among individuals and may not be limited to chest or genital alone or primarily.[48,49] Supporting this notion, we recently reported completing facial feminization surgery in a cohort of patients seeking facial gender-affirming surgery improved mental health quality of life in multiple domains including anxiety, anger, depression, positive

affect, meaning and purpose, and social isolation.[50] In contrast, completion of other gender-affirming surgeries such as chest and genital reconstruction were less or not associated with improvements in this cohort, suggesting that the face was of specific importance as a source of dysphoria in this group. Despite these studies, gender-affirming facial surgery is less accessible via Medicaid coverage than either gender-affirming chest or genital reconstruction. Thus, future policy changes providing explicit coverage for gender-affirming facial surgery may prove useful for increasing access to care given its importance in the care of patients experiencing gender dysphoria.

There are limitations to the current study. We performed an assessment of state Medicaid policies that were in effect as of August 2022, but these policies are frequently amended over time. We found the proportion of states that explicitly cover gender-affirming craniofacial and neck reconstruction is significantly less than the proportion of states that cover gender-affirming chest or genital reconstruction. However, there are 16 states that do not describe coverage for gender-affirming craniofacial neck reconstruction, thus the true proportion of coverage is unclear. We also report on coverage that is described by state law, common law, regulatory agency policy, and Medicaid handbooks and provider manuals. Actual coverage is subject to individual determinations of medical necessity and state practice patterns that are not available within current public domains. Future studies could assess for discrepancies between Medicaid coverage that is described by state policy and actual practice patterns. As an example, California does not describe explicit coverage for facial bone reconstruction. However, Medicaid-insured patients have had facial feminization surgery and facial bone reconstruction covered in California. Additionally, individual managed care organizations may have policies that differ from the overall state Medicaid plan, further influencing coverage rates. Thus, multiple variables influence actual coverage rates.

5 | CONCLUSIONS

Twenty-six states and D.C. (52.9%) explicitly offered Medicaid coverage of gender-affirming care in 2022. Investigation of gender-affirming surgeries in these 27 states reveals that coverage is not described for numerous procedures. Thus, even in states with protective policies in place for gender-affirming care, coverage for various gender-affirming surgical procedures is unclear. Moreover, we found that gender-affirming facial surgery is less explicitly covered by Medicaid when compared with gender-affirming chest and genital reconstruction. More specific Medicaid policies may improve the healthcare infrastructure for transgender and gender-diverse patients by resolving ambiguous interpretations of coverage.

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CONFLICT OF INTEREST STATEMENT

All authors have no financial interests including products, devices, or drugs associated with this manuscript. JCL is a medical education consultant for Stryker. All sources of funds supporting the completion of this manuscript are under the auspices of the University of California, Los Angeles.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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