



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
MCO Transmittal No. 193
Physician Transmittal No. 160
Nurse Practitioner Transmittal No. 31
Physician Assistant Transmittal No. 9
Speech/Language Pathologist Transmittal No. 3
November 21, 2023

To: Managed Care Organizations
 Physicians
 Nurse Practitioners
 Licensed Clinical Social Workers
 Licensed Clinical Professional Counselors
 Physician Assistants
 Psychologists
 Psychiatrists
 Professional Counselors
 Social Workers
 Speech/Language Pathologists

From: Sandra Kick, Director *Sandra E. Kick*
 Office of Medical Benefits Management

Re: Expanded Medicaid Coverage of Gender-Affirming Treatment, Effective January 1, 2024

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this memorandum.

This transmittal supersedes previous guidance provided by the Maryland Department of Health (MDH) in [PT 37-16](#) *Gender Transition: Covered Services, Coverage Criteria, Limitations, and Exclusions*. Effective January 1, 2024, the Maryland Medical Assistance Program (the Program) will reimburse additional gender-affirming treatments in accordance with House Bill (HB) 283–*Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act)*–(Chapter 253 of the Acts of 2023).

This transmittal provides updated preauthorization requirements, an overview of covered benefits, and a comprehensive list of CPT codes for covered gender-affirming treatments. This transmittal includes both previously-covered and newly covered services as required by HB 283.

“Gender-affirming treatments” are considered medically necessary treatments that are consistent with current clinical standards of care prescribed by a licensed health care provider for the treatment of a condition related to the individual’s gender identity.

Effective January 1, 2024, HB 283 requires the Program to cover the following gender-affirming treatments: Hormone therapy, hormone blockers, and puberty blockers; Hair alteration for secondary sex characteristics and surgical site preparation; Voice therapy and voice modification surgery; Alterations to abdomen, chest, trunk, buttocks; Alterations to face and neck; Alterations to genitals and gonads; Laser treatment for surgery scars; Fertility preservation procedures as set forth in § 15–810.1 of the Insurance Article;¹ Revision and reversal of prior treatments; A combination of gender-affirming treatments; and other treatments as prescribed.

Documentation of Gender Dysphoria (Incongruence) requirements will apply as follows (see also the linked clinical guidance):

- **For Adults:** At least one letter of assessment from either a Mental Healthcare Professional (MHP) or a Somatic Healthcare Professional (SHP)/Primary Care Provider (PCP), as defined by COMAR 10.67.05.05A(5), who has competencies in the assessment of transgender and gender diverse people is required to recommend gender affirming medical and surgical treatment.
- **For Adolescents:** At least one letter of assessment from a multidisciplinary team that includes both somatic and mental health professionals is required. The letter will be accepted from either the SHP or MHP member of the team.

Please find updated clinical guidance, templates providers may use prior to authorizing gender-affirming treatments, and a comprehensive CPT code list with reimbursement rates for newly covered services can be found at the following link: <https://bit.ly/47MihHs>.

Limitations

Under federal and state law, only medications approved by the Food and Drug Administration (FDA) and are subject to the Federal Rebate Program are considered for Medicaid coverage. All medications are subject to restrictions outlined in COMAR 10.09.03.05 and COMAR 10.67.06.04. Please note that oral, transdermal, and topical medications may not have an associated CPT code.

The Program will review guidance and recommendations published by the World Professional Association for Transgender Health (WPATH) and update clinical criteria for covered services as appropriate. To request Medicaid coverage consideration for new procedure codes, devices, and drugs/biologics, please submit a request to the Maryland Medicaid Coverage Determination Committee using this form: <https://bit.ly/3q11vDC>.

If you have questions regarding this transmittal, please contact the Program at mdh.medicaidTHEA@maryland.gov.

¹ (MD. Code, Ins. § 15-810.1)