



**TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Outpatient Hospitals, Inpatient Hospitals**  
**RE: Policy Updates – Gender Affirmation Surgery**

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Effective immediately, the Connecticut Medical Assistance Program (CMAP) is updating the clinical review criteria for gender affirming surgery. These changes are outlined at the end of the Gender Affirmation Surgery policy in the *Publication History* section.

The Gender Affirmation Surgery Policy is available on the HUSKY Health website at: <https://portal.ct.gov/husky>. To access the policy, click on *Information for Providers* followed by *Policies, Procedures, and Guidelines* under the *Medical Management* menu item.

**NOTE: The Criteria are used as guidelines only.** Should the criteria ever conflict with the DSS definition of Medical Necessity, the definition of Medical Necessity shall prevail.

#### **Prior Authorization Submission Process**

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.