



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

PT 37-16

Office of Health Services
Medical Care Programs

**MARYLAND MEDICAL ASSISTANCE PROGRAM
Managed Care Organizations Transmittal No. 110
March 10, 2016**

TO: Managed Care Organizations

FROM: *Susan J. Tucker*
Susan J. Tucker, Executive Director
Office of Health Services

RE: Gender Transition: Covered Services, Coverage Criteria, Limitations and Exclusions

NOTE: **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal**

The purpose of this transmittal is to reinforce that, in addition to hormone therapy, HealthChoice Managed Care Organizations (MCOs) are now responsible for covering medically necessary gender transition services including gender reassignment surgery. The Department promulgated regulations effective December 10, 2015 to COMAR 10.09.02.05 to add coverage for gender reassignment surgery. The Department is also amending COMAR 10.09.02.05, .06, 10.09.03.06, 10.09.06.06, 10.09.09.05, 10.09.67.26-2 and 10.90.67.27 to reflect current policy.

When reviewing requests for gender transition services, MCOs will be responsible for the attached list of services. Gender reassignment surgery requires a behavioral health diagnosis of gender dysphoria. MCOs should verify that behavioral health treatment has taken place prior to gender reassignment surgery in accordance with the attached authorization criteria.

Please see the attached optional templates for providers that may be used prior to authorizing gender transition services.

If you have questions regarding this transmittal, please contact Dr. Tiffany Wedlake, Physician Specialist for Managed Care, at Tiffany.wedlake@maryland.gov or (410)767-6250.

Attachments

**GENDER TRANSITION SERVICES UNDER
THE MARYLAND MEDICAID PROGRAM
Covered Services and Limitations
Effective 12/10/15**

Covered Services:

- 1) **Outpatient psychotherapy/mental health services for gender dysphoria and associated comorbid psychiatric diagnoses.** The benefits are the same as any other outpatient mental health service covered by Behavioral Health.
- 2) **Continuous hormone replacement therapy.** Includes hormones injected by a medical provider in an office setting and oral and self-injected hormones covered under the pharmacy benefit.
- 3) **Outpatient Laboratory testing to monitor continuous hormone therapy.**
- 4) **Gender reassignment surgery:**

Male-to-Female Transition	Female-to-Male Transition
Orchiectomy	Vaginectomy
Penectomy	Hysterectomy
Clitoroplasty	Mastectomy
Labioplasty	Salpingo-oophorectomy
Vaginoplasty	Ovariectomy
Thyroid Chondroplasty	Metoidioplasty
	Phalloplasty
	Scrotoplasty
	Placement of Testicular Protheses
Urethroplasty for both types of transition	

For individuals planning to undergo gender reassignment surgery, all of the following criteria must be met:

- a. The individual is at least 18 years of age; and
- b. The individual has capacity to make fully informed decisions and consent for treatment; and
- c. The individual has been **diagnosed with gender dysphoria** and exhibits all of the following:
 1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and

2. The gender dysphoria (pre and post diagnosis) has been present persistently for at least two years; and
 3. The gender dysphoria is not a symptom of another mental disorder; and
 4. The gender dysphoria causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
- d. The individual regularly participates in psychotherapy and/or ongoing clinical treatment throughout the real-life experience may be required when recommended by a treating medical or behavioral health practitioner or when medically necessary; and
 - e. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; and
 - f. The individual will require two referrals from qualified mental health professionals who have independently assessed the individual. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) are required; and
 - g. At least one of the professionals submitting a letter must have a doctoral degree (Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) and be capable of adequately evaluating co-morbid psychiatric conditions. One letter is sufficient if signed by two providers, one of whom has met the doctoral degree specifications, in addition to the specifications set forth above. One letter signed by an appropriate provider is sufficient to support benefits for a mastectomy. The medical documentation should include the start date of living full time in the new gender, when applicable; and
 - h. The individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician, unless the individual has a medical contraindication; and
 - i. Documentation that the individual is required to have completed 12 months of continuous hormonal therapy prior to hysterectomy/salpingo-oophorectomy, orchiectomy, vaginectomy or vaginoplasty procedures; and
 - j. Hormonal therapy **is not required** as a prerequisite to a mastectomy.

5) **Augmentation mammoplasty.** Provided the criteria above for gender reassignment surgery have been satisfied, augmentation mammoplasty (including breast prosthesis if necessary) may be covered for male-to-female transgender individuals if the Physician prescribing hormones and the treating surgeon have documented that, after undergoing hormone treatment for 12 months, breast size continues to cause clinically significant distress in social, occupational, or other areas of functioning.

Post Transition Services. Gender-specific services may be medically necessary for transgender persons appropriate to their anatomy. Examples include:

- **Breast cancer screening** may be medically necessary for female to male transgender persons who have not undergone a mastectomy;
- **Prostate cancer screening** may be medically necessary for male to female transgender individuals who have retained their prostate.

Coverage Limitations and Exclusions

The surgeries and procedures identified below are excluded from coverage. (This list may not be all-inclusive):

- 1) Abdominoplasty
- 2) Blepharoplasty
- 3) Breast enlargement procedures, except in connection with a covered augmentation mammoplasty
- 4) Brow lift
- 5) Cheek implants
- 6) Chin/nose implants
- 7) Collagen injections
- 8) Cryopreservation, storage, and thawing of reproductive tissue (i.e., oocytes, ovaries, testicular tissue) and the charges associated therewith (e.g., office, hospital, ultrasounds, laboratory test, etc.)
- 9) Electrolysis
- 10) Face/forehead lifts
- 11) Hair removal/hairplasty/hair transplantation
- 12) Facial bone reconstruction
- 13) Hair removal/hairplasty/hair transplantation
- 14) Jaw shortening/sculpturing/facial bone reduction
- 15) Laryngoplasty
- 16) Lip reduction/enhancement
- 17) Liposuction
- 18) Mastopexy
- 19) Neck tightening
- 20) Nipple/areola reconstruction, except in connection with a covered augmentation Mammoplasty or mastectomy
- 21) Penile prosthesis (non-inflatable/inflatable), except in connection with a covered phalloplasty (implantation of the prosthesis shall not be considered a second state

- phalloplasty) in a female-to-male transition (subsequent replacement or correction of such prosthesis subject to rules and limitations applicable to all prosthetic devices)
- 22) Removal of redundant skin, except in connection with a covered surgery
 - 23) Replacement of tissue expander with permanent prosthesis testicular insertion, except as a component of a covered placement of a testicular prosthesis
 - 24) Reversal of genital or breast surgery or reversal of surgery to revise secondary sex characteristics
 - 25) Rhinoplasty
 - 26) Second stage phalloplasty
 - 27) Surgical correction of hydraulic abnormality of inflatable (multi-component) prosthesis including pump and/or cylinders and/or reservoir
 - 28) Testicular prostheses, except as a component of a covered placement of a testicular Prosthesis (subsequent replacement or correction of such prosthesis subject to rules and Limitations applicable to all prosthetic devices)
 - 29) Testicular expanders, except as a component of a covered placement of a testicular prosthesis
 - 30) Voice modification surgery
 - 31) Voice therapy/voice lessons

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Prior Authorization of Gender Transition Surgery Medical Provider Check List (Optional Template for MCOs)

The patient must meet **ALL** of the following:

- Must be at least 18 years of age and has the capacity to make fully informed decisions and consent to treatment.
- Has no contraindicating medical diagnosis to treatment.
- Has completed 12 months of continuous hormonal therapy prior to gender reassignment surgery (e.g., hysterectomy/salpingo-oophorectomy, orchiectomy, vaginectomy or vaginoplasty procedures) ¹.
- Has been informed of non-covered related medical procedures/care and expected future medical procedures/care and any costs associated with them².
- Has provided evidence of two independent psychological assessments³.

The psychological assessment must indicate that the patient:

- Has a clear diagnosis of gender dysphoria with presence of symptoms > 2 years;
- Has lived for 12 months or more as opposite sex (desired gender) prior to the mental health professional recommending surgery; start date of living full time in the new gender;
- Has no contraindicating mental health conditions; if the patient is diagnosed with severe psychiatric disorders and impaired reality testing(e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), the patient must be reasonably well controlled with psychotropic medications and/or psychotherapy before surgery is contemplated; and
- Has expressed full understanding of the psychological, social, medical and financial implications of treatment, for now and the future, prior to referring for treatment or surgery.

¹ Not required for mastectomy

² See *Coverage Limitations and Exclusions* on Addendum

³ At least one of the professionals must have a doctoral degree (Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D).

Two separate letters, or one letter signed by two providers, if both providers are in the same practices or clinics.

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Prior Authorization of Gender Reassignment Surgery Medical Provider Check List (Optional Template for MCOs)

Addendum

Coverage Limitations and Exclusions – The surgeries and procedures identified below are excluded from coverage. (This list may not be all-inclusive)

- 1) Abdominoplasty
- 2) Blepharoplasty
- 3) Breast enlargement procedures, except in connection with a covered augmentation mammoplasty
- 4) Brow lift
- 5) Cheek implants
- 6) Chin/nose implants
- 7) Collagen injections
- 8) Cryopreservation, storage, and thawing of reproductive tissue (i.e., oocytes, ovaries, testicular tissue) and the charges associated therewith (e.g., office, hospital, ultrasounds, laboratory test, etc.)
- 9) Electrolysis
- 10) Face/forehead lifts
- 11) Hair removal/hairplasty/hair transplantation
- 12) Facial bone reconstruction
- 13) Hair removal/hairplasty/hair transplantation
- 14) Jaw shortening/sculpturing/facial bone reduction
- 15) Laryngoplasty
- 16) Lip reduction/enhancement
- 17) Liposuction
- 18) Mastopexy
- 19) Neck tightening
- 20) Nipple/areola reconstruction, except in connection with a covered augmentation Mammoplasty or mastectomy
- 21) Penile prosthesis (non-inflatable/inflatable), except in connection with a covered phalloplasty (implantation of the prosthesis shall not be considered a second state phalloplasty) in a female-to-male transition (subsequent replacement or correction of such prosthesis subject to rules and limitations applicable to all prosthetic devices)
- 22) Removal or redundant skin, except in connection with a covered surgery
- 23) Replacement of tissue expander with permanent prosthesis testicular insertion, except as a component of a covered placement of a testicular prosthesis
- 24) Reversal of genital or breast surgery or reversal of surgery to revise secondary sex characteristics
- 25) Rhinoplasty
- 26) Second stage phalloplasty
- 27) Surgical correction of hydraulic abnormality of inflatable (multi-component) prosthesis including pump and/or cylinders and/or reservoir
- 28) Testicular prostheses, except as a component of a covered placement of a testicular Prosthesis (subsequent replacement or correction of such prosthesis subject to rules and Limitations applicable to all prosthetic devices)
- 29) Testicular expanders, except as a component of a covered placement of a testicular prosthesis
- 30) Voice modification surgery
- 31) Voice therapy/voice lessons

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Mental Health Provider Certification for Gender Transition Treatment or Surgery (Optional Template)

Patient Name:
MA #:

I certify that:

The patient is at least 18 years of age and has the capacity to make fully informed decisions and consent to treatment; The patient must provide evidence of two independent psychological assessments; at least one of the professionals must have a doctoral degree (Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D).

The psychological assessment must indicate that the patient:

Has a clear diagnosis of gender dysphoria with presence of symptoms > 2 years:

- The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment;
- The gender dysphoria is not a symptom of another mental disorder; and
- The gender dysphoria causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Has lived for 12 months or more as opposite sex (desired gender) prior to the mental health professional recommending surgery; start date of living full time in the new gender-___/___/___.

Has no contraindicating mental health conditions; if the patient is diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), the patient must be reasonably well controlled with psychotropic medications and/or psychotherapy before surgery is contemplated.

Has expressed full understanding of the psychological, social, medical and financial implications of treatment, for now and the future, prior to referring for treatment or surgery.

Signature

Date

Signature

Date

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