



# TRANSGENDER SERVICES BENEFIT COVERAGE STANDARD

**Note:** Capitalized terms within this Benefit Coverage Standard, which do not refer to the title of a benefit, program, or organization, have the meaning specified within the *Definitions* section, found on pages 5-6.

## BRIEF COVERAGE STATEMENT

Transgender services are a covered benefit for Colorado Medicaid clients diagnosed with Gender Identity Disorder and may include: Antiandrogen Therapy, Cross-sex Hormone Therapy, and pre- and post-operative care.

## RELATED BENEFITS ADDRESSED IN OTHER BENEFIT COVERAGE STANDARDS AND GUIDING DOCUMENTS

- Preferred Drug List<sup>1</sup>
- Disorders of Sex Development Benefit Coverage Standard
- Women's Health Services Benefit Coverage Standard

## ELIGIBLE PROVIDERS

All Prescribing and Rendering Providers must be enrolled with Colorado Medicaid.

- Providers supplying a referral letter for Antiandrogen and/or Cross-sex Hormone Therapy must be mental health professionals with experience in treating Gender Identity Disorder.

## ELIGIBLE PLACE OF SERVICE

- Practitioner office/clinic
- Inpatient hospital
- Outpatient hospital

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<sup>1</sup> Providers may also reference Appendix P for further guidance regarding antiandrogen and cross-sex hormone therapy.



## ELIGIBLE CLIENTS

All Colorado Medicaid eligible clients, who meet the criteria listed within the *Covered Services* section of this Benefit Coverage Standard, may receive transgender services, when Medically Necessary.

### SPECIAL PROVISION: EXCEPTION TO POLICY LIMITATIONS FOR CLIENTS AGED 20 AND YOUNGER

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid program that requires the state Medicaid agency to cover services, products, or procedures for Medicaid clients ages 20 and younger if the service is Medically Necessary to correct or ameliorate a defect, physical or mental illness, or a condition (health problem) identified through a screening examination (includes any evaluation by a physician or other licensed clinician). EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure that is:

- Unsafe, ineffective, or experimental/investigational.
- Not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

## COVERED SERVICES

Colorado Medicaid covers transgender services, as specified below, for clients who meet the following clinical indications.

### MEDICAID CLIENTS 20 YEARS AND YOUNGER

#### ANTIANDROGEN THERAPY

Leuprolides may be administered to clients 16 years and younger who meet the following criteria:

- Client has diagnosis of Gender Identity Disorder made by a mental health professional; and
- Client has received at least 6 months of counseling and psychometric testing for Gender Identity Disorder prior to the initiation of leuprolides; and



- Client has exhibited changes of puberty (confirmed by estradiol for natal females and testosterone for natal males) and no earlier than Tanner stages 2-3 (bilateral breast budding or doubling to tripling testicular size to 4-8 cc).

#### CROSS-SEX HORMONE THERAPY

Cross-sex Hormone Therapy may be administered to clients 17 years and younger who meet the following criteria:

- Client has a diagnosis of Gender Identity Disorder; and
- Client's case has undergone a manual case review by Colorado Medicaid pharmacy staff; and
- Client meets criteria outlined in the Preferred Drug List; and
- Client possesses the capacity to make a fully informed decision and to consent to treatment; and
- If significant medical or mental health conditions are present, they are well controlled.

Cross-sex Hormone Therapy may be administered to clients 18-20 years of age who meet the following criteria:

- Client has a diagnosis of Gender Identity Disorder; and
- Client meets criteria outlined in the Preferred Drug List; and
- Client possesses the capacity to make a fully informed decision and to consent to treatment; and
- If significant medical or mental health conditions are present, they are well controlled.

#### MEDICAID CLIENTS 21 YEARS AND OLDER

##### ANTIANDROGEN AND CROSS-SEX HORMONE THERAPY

Antiandrogen and Cross-sex Hormone Therapy may be administered to clients 21 years and older who meet the following criteria:

- Client has a diagnosis of Gender Identity Disorder; and
- Client possesses the capacity to make a fully informed decision and to consent to treatment; and
- If significant medical or mental health conditions are present, they are well controlled.

#### PRE- AND POST-OPERATIVE CARE

Medically Necessary pre- and post-operative care following surgeries related to Sex Reassignment Surgery are a covered service.



## PRIOR AUTHORIZATION REQUIREMENTS

Services related to Antiandrogen Therapy and Cross-sex Hormone Therapy, as listed in the *Covered Services* section of this Benefit Coverage Standard, must be prior authorized in accordance with existing Colorado Medicaid pharmacy policies.

## NON-COVERED SERVICES AND GENERAL LIMITATIONS

Cosmetic surgeries are not covered by Colorado Medicaid.

## DEFINITIONS

All the terms within this Benefit Coverage Standard are not necessarily part of the transgender services benefit but are mentioned within the body of this document and are defined below. These definitions are only applicable within the scope of this Benefit Coverage Standard.

TERM	DEFINITION
Antiandrogen Therapy	A course of medication given to counteract the effects of androgens (male sex hormones) on various boy organs and tissues.
Colorado Medicaid	Colorado Medicaid is a free or low cost public health insurance program that provides health care coverage to low-income individuals, families, children, pregnant women, seniors, and people with disabilities. Colorado Medicaid is funded jointly by the federal and state government, and is administered by the Colorado Department of Health Care Policy and Financing.
Cross-sex Hormone Therapy	Induction of secondary sex characteristics of the desired gender through the administration of cross-sex hormones (estrogen or testosterone).



TERM	DEFINITION
Gender Identity Disorder	Formal diagnosis set forth by the Diagnostic Statistical Manual of Mental Disorders, 4th Edition, Text Rev (DSM IV-TR) (American Psychiatric Association, 2000). Gender identity disorder is characterized by a strong and persistent cross-gender identification and a persistent discomfort with one's sex or sense of inappropriateness in the gender role of that sex, causing clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Medical Necessity, Medically Necessary	Medical Necessity is defined in Colorado Medical Assistance Program rule at 10 C.C.R. 2505-10, § 8.076.1.8. See also 10 C.C.R. 2505-10, § 8.280 for children age 20 and younger.
Preferred Drug List, Appendix P	Colorado Medicaid's <a href="#">Preferred Drug List</a> includes clinically effective medications that do not require prior authorization or approval. This list is updated regularly and can be located on the Colorado Department of Health Care Policy & Financing website <a href="http://colorado.gov/hcpf">colorado.gov/hcpf</a>  Appendix P of the Preferred Drug List refers to prior authorization procedures and criteria for drugs not found in the Preferred Drug List.
Prescribing Provider	A Prescribing Provider is a licensed or certified individual that can write a prescription for medical care, such as therapy, medications or equipment.



TERM	DEFINITION
Rendering Provider	A Rendering Provider is the licensed or certified individual that provides medical care to a Colorado Medicaid client.
Sex Reassignment Surgery	Also known as gender affirmationconfirming surgery or gender confirmation surgery. Surgery to change primary and/or secondary sex characteristics to affirm a person’s gender identity. Sex reassignment surgery can be an important part of medically necessary treatment to alleviate gender dysphoria.

**LEGAL REFERENCES**

REGULATION	REFERENCE
10 C.C.R. 2505-10, § 8.076.1.8.	Medical Necessity Definition
10 C.C.R. 2505-10, § 8.280	Early Periodic Screening, Diagnostic and Treatment Provisions

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 Medicaid Director Signature \_\_\_\_\_  
Date