MEDICAID POLICY INFORMATION SHEET

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Initial 🗌	Public Comment 🔀	Final 🗌	

Brief description of policy:

This bulletin clarifies program coverage of medically necessary gender affirmation services consistent with requirements of Section 1557 of the Affordable Care Act (ACA) including medical, surgical, and pharmacologic treatments and procedures. The policy directs providers to the World Professional Association for Transgender Health (WPATH) and Endocrine Society practice guidelines for services and the process for determination of medical necessity.

Reason for policy (problem being addressed):

The purpose of this policy is to provide additional information regarding program coverage of medically necessary services associated with the treatment of gender dysphoria to improve consistent application of relevant professional and clinical standards of care (including WPATH and Endocrine Society) for the determination of medical necessity.

Budget implication:

budget neutral	
will cost MDHHS	\$, and (select one) budgeted in current appropriation
will save MDHHS	\$

Is this policy change mandated per federal requirements?

No.

Does policy have operational implications on other parts of MDHHS?

None anticipated.

Does policy have operational implications on other departments?

None anticipated.

Summary of input:

- controversial
- \boxtimes acceptable to most/all groups
 - limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: Yes 🛛 No				Public Notice Required:	Yes	🛛 No
If Yes, please provide status:						
Approved	Pending	🗌 Dei	nied	lf yes,		
Date:	Approval	Date:		Submission Date:		

DRAFT FOR PUBLIC COMMENT					
Michigan Department of Health and Human Services Comments Due: Augu		-			
		Project Nun st 3, 2021	iber: 2	2121-Practitioner	Date: June 29, 2021
Proposed Effective Date: Direct Comments To: Address:	Septe Lisa [ial@michiga			
Phone:	517-2	285-1203 Fax:			
Policy Subject: Coverage of Gender Affirmation Services					
Affected Programs: Medicaid, Healthy Michigan Plan, MI Health Link					
Distribution: All Providers					
Summary: This bulletin clarifies program coverage of medically necessary gender affirmation services consistent with requirements of Section 1557 of the Affordable Care Act (ACA) including medical, surgical, and pharmacologic treatments and procedures. The policy directs providers to the World Professional Association for Transgender Health (WPATH) and Endocrine Society practice guidelines for services and the process for determination of medical necessity.					
Purpose: The purpose of the policy is to provide additional information regarding program coverage of medically necessary services associated with the treatment of gender dysphoia in an effort to improve consistent application of relevant professional and clinical standards of care (including WPATH and Endocrine Society) for the determination of medical necessity.					
Cost Implications: None anticipated.					
Potential Hearings & Appeal Issues: None anticipated.					
State Plan Amendment Red If yes, date submitted:	quirec	d: Yes 🗌 N	o 🖂	Public Notice Re Submitted date:	equired: Yes 🗌 No 🖂
Tribal Notification: Yes 🗌 No 🖾 - Date:					
THIS SECTION COMPLETED BY RECEIVER					
Approved				No Comments	
Disapproved				See Comments See Comments	
Signature:				Phone Numb)er

Signature Printed:		
Bureau/Administration (please print)	Date	
Comment001		Revised 6/16



Michigan Department of Health and Human Services Medical Services Administration

Distribution:	All Providers
Issued:	August 1, 2021
Subject:	Coverage of Gender Affirmation Services
Effective:	September 1, 2021
Programs Affected:	Medicaid, Healthy Michigan Plan, MI Health Link

This bulletin clarifies program coverage of medically necessary gender affirmation services consistent with requirements of Section 1557 of the Affordable Care Act (ACA). Section 1557 and its corresponding regulations extend nondiscrimination protections to individuals participating in federally funded health care programs administered by the U.S. Department of Health and Human Services, including state Medicaid agencies.

The Medicaid program covers medically necessary gender affirmation/confirming medical, surgical, and pharmacologic treatments and procedures for beneficiaries clinically diagnosed with gender dysphoria. Treatment and procedures for the health management of individuals with gender dysphoria are not considered to be elective or cosmetic when determined to be medically necessary. Medical and mental health services, determination of medical necessity, as well as the relevant qualifications and clinical experience requirements of treating providers, must adhere to the most current clinical practice guidelines, including those established by the World Professional Association for Transgender Health (WPATH) and the Endocrine Society, as applicable.

For coverage of gender affirmation surgical procedures, the medical necessity determination must include a mental health evaluation indicating the individual meets diagnostic and readiness criteria in accordance with current WPATH standards of care. The mental health evaluation must be conducted by a fully licensed mental health professional who possesses, at a minimum, a master's degree or equivalent in a clinical behavioral science field and has experience in the treatment and assessment of gender dysphoria. The evaluation must be documented in the beneficiary's medical record and included in requests for coverage of surgical interventions that require prior authorization.