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PHYSICIAN SERVICES PUBLIC WORKSHOP October 31, 2017

Proposed Language for the Nevada Medicaid Services Manual (MSM) – Chapter 600, Physician Services ~ *Draft*

Section 603.10
Physician Services in Outpatient Setting

Propose deletion of language in section:

(F) Ambulatory Centers (ASC) Facility and Non-Facility Based; **(3)** Surgical procedures deemed experimental, not well established or not approved by Medicare or Medicaid are not covered and will not be reimbursed for payment. Below is a list of definitive non-covered services.

- ~~k. Transsexual surgery, also known as sex reassignment surgery or intersex surgery and all ancillary services including the use of pharmaceuticals;~~

607 TRANSGENDER SERVICES
Gender Reassignment Services

Description

Transgender Services include treatment for gender dysphoria (GD), formerly known as gender identity disorder (GID). Treatment of GD is a DHCFP covered benefit, including both hormonal and surgical modalities, and psychotherapy, based on medical necessity. Genital reconstruction surgery (GRS) describes a number of surgical procedure options for the treatment of GD.

607 TRANSGENDER SERVICES
Gender Reassignment Services

Description cont.

According to the World Professional Association for Transgender Health (WPATH), the organization that promotes the standards of health care for transsexual, transgender, and gender nonconforming individuals, through the articulation of Standards of Care (SOC), gender dysphoria is defined as discomfort or distress caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

Coverage and Limitations

A. Hormone Therapy

1. Hormone therapy is covered for treatment of GD based on medical necessity; refer to MSM Chapter 1200, Prescribed Drugs, for services and prior authorization requirements.

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

B. Genital Reconstruction Surgery

1. Genital reconstruction surgery (GRS) is covered for recipients that are sufficiently physically fit and meet eligibility criteria under Nevada and federal laws.
2. Prior authorization is required for all gender reconstruction surgery procedures.
3. To qualify for surgery, the recipient must be 18 years of age or older.

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

B. Genital Reconstruction Surgery, cont.

4. Male-to-Female (MTF) recipient, surgical procedures may include:
   a. breast/chest surgery; mammoplasty
   b. genital surgery; orchiectomy, penectomy, vaginoplasty, clitoroplasty, vulvoplasty, labiaplasty, urethroplasty, prostatectomy
5. Female-to-Male (FTM) recipient, surgical procedures may include:
   a. breast/chest surgery; mastectomy
   b. genital surgery; hysterectomy/salpingo-oophorectomy, phalloplasty, vaginectomy, vulvectomy, scrotoplasty, penile prosthesis

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

B. Genital Reconstruction Surgery, cont.

6. Augmentation mammoplasty for MTF recipients is a covered benefit only when 12 continuous months of hormonal (estrogen) therapy has failed to result in breast tissue growth of Tanner Stage 5 on the puberty scale, as determined by the provider, or the recipient has a medical contraindication to hormone therapy.

7. All legal and program requirements related to providing and claiming reimbursement for sterilization procedures must be followed when transgender care involves sterilization. Refer to MSM Chapter 600, Section 603.4B for information regarding sterilization services.

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

B. Genital Reconstruction Surgery, cont.

8. Refer to the Documentation Requirements section below for additional criteria.

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

C. Mental Health Services

1. Mental health services are covered for treatment of GD based on medical necessity; refer to MSM Chapter 400, Mental Health and Alcohol/Substance Abuse Services, for services and prior authorization requirements.

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

D. Non-Covered Services

1. Payment will not be made for the following services and procedures:
   a. cryopreservation, storage, and thawing of reproductive tissue, and all related services and costs;
   b. reversal of genital and/or breast surgery;
   c. reversal of surgery to revise secondary sex characteristics;
   d. reversal of any procedure resulting in sterilization;
   e. cosmetic surgery, and procedures including:

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

D. Non-Covered Services cont.

1. neck tightening or removal of redundant skin;
2. breast, brow, face, or forehead lifts;
3. Chondrolaryngoplasty (commonly known as tracheal shave);
4. electrolysis;
5. facial bone reconstruction, reduction, or sculpturing, including jaw shortening and rhinoplasty;
6. calf, cheek, chin, nose, or pectoral implants;
7. collagen injections;
8. drugs to promote hair growth or loss;

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

D. Non-Covered Services cont.

9. hair transplantation;
10. lip reduction or enhancement;
11. liposuction;
12. thyroid chondroplasty; and
13. voice therapy, voice lessons, or voice modification surgery.

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

E. Documentation Requirements

1. The recipient must have:
   a. persistent and well-documented case of GD.
   b. capacity to make a fully informed decision and give consent for treatment. According to the American Medical Association (AMA) Journal of Ethics, in health care, informed consent refers to the process whereby the patient and the health care practitioner engage in a dialogue about a proposed medical treatment's nature, consequences, harms, benefits, risks, and alternatives. Informed consent is a fundamental principle of health care.
   c. comprehensive mental health evaluation provided in accordance with Version 7 of the WPATH SOC; and

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

E. Documentation Requirements

d. prior to beginning stages of surgery, obtained authentic letters from two qualified health care professionals who have independently assessed the recipient and are referring the recipient for surgery. The two letters must be authenticated and signed by:

1. a licensed psychiatrist or psychologist that the recipient has an established and ongoing relationship; and
2. a licensed psychiatrist, psychologist, or physician, working within the scope of their license that has only had an evaluation role with the recipient.

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

E. Documentation Requirements, cont.

3. Together, the letters must establish the recipient have:

   a. a persistent and well-documented case of GD;

   b. received hormone therapy appropriate to the recipient's gender goals, which shall be for a minimum of 12 months in the case of a recipient seeking genital reconstruction surgery, unless such therapy is medically contraindicated or the recipient is otherwise unable to take hormones;

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

E. Documentation Requirements, cont.

c. lived for 12 months in a gender role congruent with the recipient's gender identity without reversion to the original gender, and has received mental health counseling, as deemed medically necessary during that time; and

d. significant medical or mental health concerns reasonable well-controlled; and capacity to make a fully informed decision and consent to the treatment.

607.1 COVERAGE AND LIMITATIONS
Gender Reassignment Services

E. Documentation Requirements, cont.

4. When a recipient has previously had one or more initial surgical procedures outlined in this chapter, the recipient is not required to provide referral letters to continue additional surgical procedures, at discretion of the surgeon. The surgeon must ensure this is clearly documented in the recipient's medical record.

2. Documentation supporting medical necessity for any of the above procedures must be clearly documented in the recipient's medical record and submitted when a prior authorization (PA) is required.

Questions or Comments?

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