Gender Affirming Care and Services

PURPOSE

ND Medicaid covers medically necessary gender affirming care and services provided to members with a qualifying diagnosis.

APPLICABILITY

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled on the date of service with ND Medicaid. Servicing providers acting as a locum tenens provider must enroll in ND Medicaid and be listed on the claim form. Please refer to provider enrollment for additional details on enrollment eligibility and supporting documentation requirements.

Gender affirming care services can be provided by the following enrolled providers as allowed by their scope of their licensure:

- Physicians
- Nurse Practitioners (NPs)
- Physicians Assistants (PAs)
- Clinical Nurse Specialists (CNSs)
- Licensed Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Clinical Counselors (LPCCs)
- Licensed Professional Counselors (LPCs)
- Licensed Marriage and Family Therapists (LMFTs)

ELIGIBLE MEMBERS

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the ND Medicaid MMIS Portal or through the Automated Voice Response System by dialing 1.877.328.7098.
Refer to the Member Eligibility manual for additional information on eligibility, including details about limited coverage categories.

COVERED SERVICES AND LIMITS

GENERAL PROVIDER POLICIES

The General Provider Policies details basic coverage requirements for all services. Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

A prerequisite for gender affirming care and services is for contraindicated medical and behavioral health conditions to be addressed and well-controlled. Members must also have:

- A clinical diagnosis of gender dysphoria; and
- Provided informed consent* which indicates understanding of procedure/process, risks and outcomes expected.

*If a member is under 19 years of age, a parent or legal guardian must provide informed consent.

Hormone Therapy Services

Gonadotropin-Releasing Hormone (GnRH) Therapy delays the onset of puberty and/or continued pubertal development. GnRH therapy should be initiated at the first physical changes of puberty, confirmed by pubertal levels of estradiol or testosterone, but no earlier than Tanner stages 2-3. Prior to initiation of GnRH therapy adolescents must:

- Have a comprehensive mental health evaluation,
- Be evaluated by an endocrinologist, and
- Be referred to a licensed behavioral health provider for concurrent counseling.

GnRH therapy must be rendered under the direction of an endocrinologist and concurrent with behavioral health counseling. Medical assessments are to be performed at a frequency determined by the endocrinologist.

Cross-Sex Hormone Therapy

Cross Sex-Hormone Therapy is a course of hormone replacement therapy intended to induce or change secondary sex characteristics.

- Behavioral health counseling is required for the first twelve (12) months at a frequency determined to be clinically appropriate by the licensed behavioral health provider.

- Individual must receive medical assessments at a frequency determined to be clinically appropriate by the prescribing provider.

Surgical Procedures

Gender Confirmation Surgery (also known as gender affirmation surgery or sex reassignment surgery) means a surgery to change primary or secondary sex characteristics to affirm a person's gender identity. To be considered for gender confirmation surgery, a member must:

- Be at least 18 years of age;
- Have lived in the desired gender role for twelve (12) continuous months;
- Be evaluated by a licensed behavioral health provider within the past sixty (60) days; and
- Have completed twelve (12) continuous months of hormone therapy, unless medically contraindicated.

Medical records must be retained and include a signed statement from a licensed behavioral health provider with whom the member has an established and ongoing relationship.

Prior to surgery, a post-operative plan of care must be in place which includes behavioral health counseling, appropriate physical care, and hormone replacement therapy.

Covered Surgical Procedures

Clitoroplasty	Phalloplasty
Erectile prosthesis (One per lifetime)	Prostatectomy
Hysterectomy	Salpingo-oophorectomy
Labiaplasty	Scrotoplasty
Mammoplasty – after twenty-four (24) continuous months of hormone therapy.	Testicular prostheses
Mastectomy	Urethroplasty
Ochiectomy	Vaginectomy
Ovariectomy/oophorectomy	Vaginoplasty

Penectomy	Vulvectomy
Permanent hair removal to treat surgical tissue donor sites only	Vulvoplasty
Please use the Procedure Code Look-up Tool to identify covered codes.	

Revisions to surgeries for the treatment of gender dysphoria are only covered in cases where the revision is required to address complications of the surgery (wound dehiscence, fistula, chronic pain directly related to the surgery, etc.)

SERVICE AUTHORIZATION REQUIREMENTS

Surgical services for gender affirmation require prior authorization before services are rendered. For more information, please visit the Acentra website.

NON-COVERED SERVICES

GENERAL NON-COVERED SERVICES

The Noncovered Services Policy contains a general list of services that are not covered by North Dakota Medicaid.

Additional non-covered services include:

- Reversal of any surgical procedure listed in this policy.
- Revisions for cosmetic issues (e.g. laser hair removal from sites other than surgical grafting sites, chondrolaryngoplasty, and facial feminization, liposuction, gluteal implants, hydrogel and silicone injections.)
- Services to reverse effects of hormone induced changes.
- Maintenance of fertility, cryopreservation of ova or sperm, infertility treatment.

DOCUMENTATION REQUIREMENTS

GENERAL REQUIREMENTS

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the Provider Requirements Policy.

REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS

TIMELY FILING

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The Timely Filing Policy contains additional information.

THIRD-PARTY LIABILITY

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The Third Party Liability Policy contains additional information.

CLIENT SHARE (RECIPIENT LIABILITY)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The Client Share Policy contains additional information.

REIMBURSEMENT

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

CLAIM FORM

Professional Gender-Affirming Care services must be billed using the CMS-1500 claim form/ 837P electronic transaction. Facility Gender-Affirming Care services must be billed on a UB-04/837I transaction. Detailed claim instructions are available on the ND Medicaid Provider Guidelines, Policies & Manual webpage.

CLAIM REQUIREMENTS

The Federal Consent for Sterilization or the Physician Certification for Medically Necessary Hysterectomy and Member Acknowledgement of Sterility (SFN 614) must be attached to the claim or received within 14 days, or the claim will be denied. Charges related to a sterilization procedure during hospitalization must be entered in the Notes/Remarks section on the Web Portal or the billing notes section for EDI transactions.

Two forms can be used for submission of claims attachments: SFN 177 or the MMIS Web Portal confirmation page. One of these documents needs to accompany the claims attachments. Review our Claims Attachments policy for further information.

REFERENCES

- North Dakota Administrative Code
- North Dakota Century Code
- Code of Federal Regulations

RELATED POLICIES

Sterilization and Hysterectomy

CONTACT

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POLICY UPDATES

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Section	Summary
	Policy updated to new format