

## **GENDER AFFIRMING CARE AND SERVICES**

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ND Medicaid covers medically necessary gender affirming care and services provided to members:

- Who have a clinic diagnosis of gender dysphoria; and
- Who have 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.

### **COVERED SERVICES**

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

#### 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 see <a href="#">Codes Requiring Service Authorization</a> for complete listing of CPT® 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**

Surgical services for gender affirmation require service authorization **prior** to services being rendered. Please visit <https://nddhs.kepro.com/> for further information.

**NONCOVERED SERVICES**

Reversal of any surgical procedure listed in this policy.

Revisions are not 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.