

ForwardHealth **UPDATE**

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CLARIFICATION OF PRIOR AUTHORIZATION CRITERIA FOR TRANSGENDER SERVICES

This ForwardHealth Update provides additional prior authorization (PA) criteria to the August 2019 Update (2019-20) titled “[Transgender Surgery Policy](#)” in response to the permanent injunction 3:18-cv-00309-wmc by the United States District Court for the Western District of Wisconsin, signed October 31, 2019.

Providers may also refer to the Transgender Surgery topics ([#21317](#) and [#21318](#)) of the ForwardHealth Online Handbook.

Medical Necessity

ForwardHealth will review PA requests for transgender services, also known as gender confirming services, on a case-by-case basis and in accordance with federal regulations, including those found in Section 1557 of the Affordable Care Act. ForwardHealth will follow guidelines for “medical necessity” as defined in Wis. Admin. Code § [DHS 101.03\(96m\)](#) and best practices as established by World Professional Association for Transgender Health (WPATH).

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Advanced Practice Nurse Prescribers With Psychiatric Specialty, Ambulatory Surgery Centers, Community Health Centers, Hospital Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master’s-Level Psychotherapists, Nurse Practitioners, Outpatient Mental Health Clinics, Physician Assistants, Physician Clinics, Physicians, Psychologists, Qualified Treatment Trainees, Rural Health Clinics, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

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Covered Services

ForwardHealth has established the following coverage criteria for transgender services, including sex reassignment surgery:

- The member has a transgender-related diagnosis from a mental health professional with experience in treating gender dysphoria. Allowed diagnosis codes include the following, as defined by the International Classification of Diseases, 10th Revision, Clinical Modification:
 - Diagnoses that fall under the Gender Identity Disorder category, including current diagnosis codes within this group:
 - F64.0 (Transsexualism)
 - F64.1 (Dual role transvestism)
 - F64.2 (Gender identity disorder of childhood)
 - F64.8 (Other gender identity disorders)
 - F64.9 (Gender identity disorder, unspecified)
 - Additional transgender-related diagnosis codes, including:
 - F66 (Other sexual disorders)
 - Z41.8 (Encounter for other procedures for purposes other than remedying health state)
 - Z41.9 (Encounter for procedure for purposes other than remedying health state, unspecified)
 - Z87.890 (Personal history of sex reassignment)
- The level of dysphoria regarding the body parts to be surgically altered has resulted in clinically significant distress and/or impairment in social, occupational, or other important realms of function.
- The member's dysphoria regarding body parts or bodily function is not caused by another mental health disorder.
- The member has the capacity to make a fully informed decision and to consent to treatment.

Chest Surgery

Chest surgery may be approved if the following criteria are met:

- The member must have at least one referral for the requested surgery from an independent mental health professional with experience in treating gender dysphoria.
- The member must have taken at least one year of continuous hormone therapy intended to support their target gender identity. If the member has not received at least one year of continuous hormone therapy, the treating provider must submit documentation regarding medical contraindication to such therapy or other substantial barriers to accessing hormone therapy.

Breast augmentation may be considered if the above criteria are met **and** the member has documentation from a mental health professional with experience in treating gender dysphoria that the level of dysphoria regarding the body

RESOURCES

[World Professional Association
for Transgender Health
\(WPATH\)](#)

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parts to be surgically altered has resulted in clinically significant distress and/or impairment in social, occupational, or other important realms of function.

Genital Surgery

Genital surgery may be approved if the following criteria are met:

- The member must have at least two referrals for the requested surgery from two separate licensed mental health professionals with experience in treating gender dysphoria, who have independently assessed the member.
- The member must have taken at least one year of continuous hormone therapy intended to support their target gender identity. If the member has not received at least one year of continuous hormone therapy, the treating provider must submit documentation regarding medical contraindication to such therapy or other substantial barriers to accessing hormone therapy.
- The member and the provider must identify which procedures or combinations of procedures are appropriate for that member's individual needs and should consider each individual's surgical risk.
 - Confirmation surgeries for women include, but are not limited to, orchiectomy, penectomy, labioplasty, and vaginoplasty.
 - Confirmation surgeries for men include, but are not limited to, hysterectomy, oophorectomy, vaginectomy, metoidioplasty, and scrotoplasty.

Phalloplasty may be considered if the above criteria are met **and** the member has documentation from a mental health professional with experience in treating gender dysphoria that the level of dysphoria regarding the body parts to be surgically altered has resulted in clinically significant distress and/or impairment in social, occupational, or other important realms of function.

Additional Coverage Criteria for Members Under 18 Years of Age

ForwardHealth has established additional coverage criteria for members under 18 years of age. This criteria must be documented in the PA request.

- The member's psychological, family, and social issues have been extensively explored by a care team consisting of providers experienced in adolescent behavioral health and gender identity, and these issues have been actively considered in regard to the treatment recommendation.
- Recommended irreversible physical interventions must be addressed in the context of adolescent development.
- The adolescent's shift toward gender conformity is not occurring primarily to please the parent or guardian, nor for any other social reinforcement. Procedures must be documented and supported by long-term gender identification.
- For irreversible, surgical interventions, documentation must be submitted that the member has actively participated in a staged process through fully

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reversible and partially reversible interventions, as indicated by WPATH. Adequate time must have passed for the member and their parent or guardian to assimilate the member's gender identity and receive adequate support as a family.

Postoperative Complications

Procedures to remedy postoperative complications of sex reassignment surgery (for example, stenosis, scarring, chronic infection, or pain) are not considered a separate sex reassignment surgery. Providers are required to follow ForwardHealth policies regarding postoperative complications for all procedures.

Additional Considerations

Providers are advised of the following:

- ForwardHealth may cover permanent hair removal procedures as preoperative protocols for sex reassignment surgery when medically necessary.
- Reversal of prior sex reassignment surgery is considered a separate sex reassignment surgery. Coverage and PA approval criteria for sex reassignment surgery apply.

Noncovered Services

Services currently listed under Wis. Admin. Code §§ DHS [107.03](#) and [107.06\(5\)](#) remain noncovered services. Examples of these services include:

- Procedures for the enhancement of fertility
- Services that are experimental in nature
- Services that are cosmetic in nature
- Hair transplants

Limitations

ForwardHealth will continue to cover certain procedures with PA described in the [Restorative Plastic Surgery and Procedures](#) topic (#13817) when they are medically necessary. These procedures are considered necessary when due to a medical emergency such as a vehicular accident or medical trauma. Certain procedures are considered cosmetic when they are used to improve the appearance of an individual. These services include, but are not limited to:

- Blepharoplasty
- Facial implants
- Facial bone reconstruction or reduction
- Rhinoplasty
- Skin resurfacing
- Trachea shave or thyroid cartilage reduction

REMINDER

Providers may submit PA requests via the following:

- The Portal at www.forwardhealth.wi.gov
- Fax at 608-221-8616
- Mail at
ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

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Coverage for these services may be considered with PA if there is supporting documentation from a mental health professional with experience in treating gender dysphoria that the level of dysphoria regarding the body parts to be surgically altered has resulted in clinically significant distress and/or impairment in social, occupational, or other important realms of function.

Services With Established Policies

ForwardHealth covers certain procedures listed in the Online Handbook that may be applicable to transgender services. For voice therapy coverage, providers may refer to the Therapies: Physical, Occupational, and Speech and Language Pathology service area of the Online Handbook. For pharmacy coverage, providers may refer to the Pharmacy service area of the Online Handbook and the [Pharmacy Resources page](#). Providers are also required to follow coverage policy guidelines for physician services that have established PA guidelines including, but not limited to:

- [Panniculectomy and Lipectomy Surgeries](#) (#16477)
- [Reduction Mammoplasty](#) (#18277)
- [Penile Prosthesis and Vaginal Construction](#) (#1004)

PA Submission Requirements

The following documents must be submitted with PA requests for sex reassignment surgeries:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/2013)
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/2012)
- Clinical records from the member's treating mental health professional that indicate the following:
 - A transgender-related diagnosis
 - The member's current level of distress and impact on the member's employability and/or daily functioning over time, relating to the diagnosis
 - The anticipated impact of the requested surgery on the member's level of distress, employability, and/or daily functioning over time
 - The current status and stability of any coexisting mental health conditions
- Clinical documentation substantiating the requirements detailed in the coverage criteria for the requested procedure

Documentation that the provider requesting the surgery has comprehensively discussed the requested service with the member, and the member fully understands all relevant aspects of the requested treatment, including both

FORMS PAGE

Providers can find specific forms on the [Forms page](#) of the Portal by entering the form number into the Keyword field of the Search Criteria and clicking Search.

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possible benefits and risks, must be retained in the member's medical file. This documentation is not required to be submitted with the PA request.

Retention of Documentation Reminder

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Information about those requirements can be found in the following Online Handbook topics:

- [Financial Records](#) (#201)
- [Medical Records](#) (#202)
- [Preparation and Maintenance of Records](#) (#203)
- [Record Retention](#) (#204)
- [Availability of Records to Authorized Personnel](#) (#1640)

Providers are required to produce and/or submit documentation to ForwardHealth upon request. ForwardHealth may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in sanctions including, but not limited to, termination from Wisconsin's Medicaid program.

Information Regarding Managed Care Organizations

This Update contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.