



COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

Questions & Answers: Gender-Affirming Services Expansion

This document summarizes questions and answers received during the [Gender-Affirming Services Expansion stakeholder meeting](#) on November 18, 2021. This policy expansion is still in development. The Department's responses below reflect the Department's position as of 05/01/2022.

Item 1

How does the Department plan to incorporate the new World Professional Association for Transgender Health Standards of Care 8 (WPATH SOC 8) that are anticipated to be released in 2022 into this policy?

The Department intends to review the WPATH SOC 8 when it is released and engage with the community of stakeholders at that time to determine whether policy changes are needed in order to align Department policy with best practices.

Item 2

Is there going to be a review of the requirement that members be evaluated by a medical provider and a behavioral health provider within the past 60 days at the time of a surgical consult? This continues to create barriers and challenges for patients.

This requirement is intended to ensure that surgeons have complete and up to date information when determining members' candidacy for gender-affirming surgery and to document that the surgical criteria in the Department rule (10 CCR 2505-10 8.735) are met, including that any contraindicated health conditions have been addressed and are well controlled, the member has met the hormone therapy and gender role requirements, and that a post-operative care plan is in place. The Department is open to discussing a different approach.

Item 3

Has there been any conversation around the 12 months of Hormone Replacement Therapy (HRT) requirement for gender affirming surgeries? Requiring 12 consecutive



months of HRT to access gender affirming surgery is a significant barrier to many, especially non-binary individuals. HRT is not part of every individual's transition, and is not a reasonable or respectful requirement to access gender affirming care, rather, it is a discriminatory practice that re-affirms the myth that there is a "right" way to transition.

Yes, the Department acknowledges that there are many different ways to transition. This issue has been raised in discussions with various stakeholders and is something that the Department is considering addressing in future policy.

Currently, Kepro sends requests not meeting the 12-month requirement found in rule to the Department's Clinical Team for additional review/approval. It should be noted that there is no HRT rule for chest masculinization in rule but there is a 24-month requirement for chest feminization in rule that is used for Kepro's 1st level determinations (nurse reviewer level). Kepro does pend back to the provider to clarify the HRT information, but reviews are not automatically denied for HRT length.

Item 4

The requirement to live in the preferred gender role for 12 continuous months before surgery can become dangerous for people whose gender is not perceived by others in a congruent way, especially for some transwomen pre-FFS.

This requirement is derived from the WPATH SOC 7. According to the WPATH:

The criterion noted above for some types of genital surgeries—i.e., that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity—is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery. As noted in section VII, the social aspects of changing one's gender role are usually challenging - often more so than the physical aspects. Changing gender role can have profound personal and social consequences, and the decision to do so should include an awareness of what the familial, interpersonal, educational, vocational, economic, and legal challenges are likely to be, so that people can function successfully in their gender role. Support from a qualified mental health professional and from peers can be invaluable in ensuring a successful gender role adaptation.

However, the Department will review this criterion to determine whether policy language should be updated to clarify when exceptions are allowed based on individual circumstances and recommendations from a member's care team.

Kepro currently sends requests not meeting the 12-month requirement found in rule to the Department's Clinical Team for review/approval. Kepro does pend back to the provider to



clarify the length of time spent in the preferred gender role information, but reviews are not automatically denied.

Item 5

Does the Department have any sense of how many surgeons there are in the state of Colorado who perform the procedures stipulated under the expansion proposal (gender-affirming facial surgeries) and accept Medicaid?

To date, two surgeons have submitted Prior Authorization requests for gender-affirming facial surgeries. There may be additional surgeons in Colorado who perform these surgeries who we are not aware of. Interested providers are encouraged to enroll in Medicaid. If assistance is needed, please see the Department's [provider enrollment page](#).

Item 6

Does the Department have a timeline for when changes to surgery criteria will be made?

The Department is currently reviewing requests for gender-affirming facial surgeries for medical necessity on a case-by-case basis, but intends to have a permanent policy in place as soon as possible. The Department will conduct additional stakeholder engagement and review updated WPATH guidance before finalizing this policy.

Other changes made to date include:

- Kepro was given guidance by the Department regarding the 60-day requirement to have been seen by a medical and behavioral health found in rule, thus loosening the documentation requirements.
- Kepro has also made changes to the review process for chest feminization, allowing more cases to be reviewed at 1st level (nurse reviewer) and these cases are reviewed by the Department's Clinical Team on a case-by-case basis if the approval cannot be made at the 1st level review.
- Kepro has engaged in provider outreach and education at the request of the Department. Kepro supervisors have worked closely with these surgical providers to streamline the review process and ensure providers understand documentation requirements, thus decreasing pends and increasing 1st level approvals.



Item 7

What is the rationale for having a requirement for a mental health evaluation in order to start hormone replacement therapy (HRT) in adults? This requirement is in direct conflict with an informed consent model and WPATH guidelines and forces people to be pathologized for their identity/medical needs, and to be unable to access care in a timely way.

At the time this policy was implemented, the WPATH SOC 7 was consulted in development of this criterion. The WPATH SOC 7 describes higher rates of depression, anxiety, and suicidality in transgender populations. Behavioral health professionals can be an invaluable source of support for members, as stated in the WPATH language included in Item 4. These professionals are well positioned to assess a member's need for psychosocial and practical support as well as to ensure contraindicated behavioral health conditions have been addressed and are well-controlled.

The Department requires a behavioral health assessment prior to receiving select other services as well, such as bariatric surgery (10 CCR 2505-10 8.300.3.C.4.c.iv.2), for similar reasons.

The Department understands that best practices have since evolved and will review updated guidance on the role of behavioral health professionals in gender-affirming care in the WPATH SOC 8. The Department looks forward to stakeholder discussions regarding the appropriateness of this requirement at that time.

Item 8

Does Medicaid have any plans to move toward use of ICD-11 criteria for Gender Incongruence as a medical diagnosis for gender affirming care?

The Department currently relies on the International Classification of Disease, Tenth Edition (ICD-10) criteria because providers must use the ICD-10 code series when entering a diagnosis on a claim form. The Department does not have plans to move to ICD-11 at this time. The Centers for Medicare and Medicaid Services (CMS) will provide direction when and if the Department moves to ICD-11.

Item 9

Can the wording of Department policy be changed so that including new technologies or newly FDA approved procedures are more easily incorporated into policy instead of listing specified gender affirming procedures?



The Department agrees that there are benefits to this approach and will take this recommendation into consideration when drafting language to update existing policy.

Item 10

Will the new Colorado Benchmark Plan’s requirement of coverage for all medically necessary gender affirming procedures affect the Department’s policy for coverage for electrolysis only at the surgery site?

No, the [Colorado Benchmark Plan](#) will not alter the Department’s policy on electrolysis.

For more information contact

Chris Lane

christopher.lane@state.co.us

