



**Department
of Health**

Office of
Health Insurance
Programs

Transgender Related Care and Services: Proposed Regulations

February 2015

Status of Proposed Regulations

- Proposed regulations were published in the State Register on December 17, 2014.
- The public comment period has closed.
- Comments will be assessed.

Coverage

Current Services for People with Gender Dysphoria:

- Any mental and/or behavioral health services
- Non-transition related medical services

Proposed New Services:

- Cross-sex hormone therapy
- Surgical gender reassignment, including post-transition care

Proposed Parameters for Coverage: Hormone Therapy

- Patient must have a diagnosis of gender dysphoria.
- Patient must be at least 18 years of age to initiate hormone therapy.
- Only conjugated estrogens and testosterone cypionate are currently included in coverage.
 - Under the Medicaid program, reimbursement is only available for either FDA or federal compendia-approved drugs.
 - These are the only compendia-approved drugs for gender reassignment, and are limited to the adult population (age 18 and over).

Proposed Parameters for Coverage: Surgical Reassignment

- Gender dysphoria diagnosis
- Consistent with federal requirements for sterilization, at least 21 years old for surgeries that result in sterilization (otherwise, 18 years old)
- 12 months of hormone therapy, unless medically contraindicated
- 12 months “real life experience” with mental health therapy as deemed medically necessary
- Capacity to make fully informed decision and to consent to treatment
- Any other significant mental or physical health condition is reasonably well-controlled

Proposed Parameters for Coverage: Surgical Reassignment

- Two letters recommending surgery and establishing that the pre-requisites listed on previous slide have been met must be submitted to the surgeon performing reassignment.
- The letters must be written by NYS licensed health professionals, reflecting independent assessments and/or evaluations of the patient.
- Who should write the letter?
 - One letter must be from the individuals treating psychiatrist or psychologist
 - The other may be from a licensed psychiatrist, psychologist, physician, or licensed clinical social worker working within their scope of practice.

Proposed Non-Covered Services

- Any services related to fertility (e.g., cryopreservation, storage, and thawing of reproductive tissues)
- Reversal of genital and/or breast surgery
- Reversal of surgery to revise secondary sex characteristics
- Most cosmetic surgery, services, and procedures
- At this time, hormone therapy (i.e., cross-sex hormone or pubertal suppressants) and surgical reassignment are not available for patients under 18.

Draft Billing Guidance

- A Medicaid Update is currently under development.
- The update will contain specific guidance on codes and billing, and will be made available once regulations are finalized.

Questions?

Contact Information

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