MDHHS Michigan Department of Health & Human Services

Medical Services Administration

BULLETIN MSA

Bulletin Number: MSA 21-28

Distribution: All Providers

Issued: September 30, 2021

Subject: Coverage of Gender Affirmation Services

Effective: November 1, 2021

Programs Affected: Medicaid, Healthy Michigan Plan, MI Health Link

This bulletin clarifies program coverage of medically necessary gender affirmation services consistent with requirements of Section 1557 of the Affordable Care Act (ACA). Section 1557 and its corresponding regulations extend nondiscrimination protections to individuals participating in federally funded health care programs administered by the U.S. Department of Health and Human Services, including state Medicaid agencies.

The Medicaid program covers medically necessary gender affirmation/confirming medical, surgical, and pharmacologic treatments and procedures for beneficiaries clinically diagnosed with gender dysphoria. Treatment and procedures for the health management of individuals with gender dysphoria are not considered to be elective or cosmetic when determined to be medically necessary. Medical and mental health services, determination of medical necessity, as well as the relevant qualifications and clinical experience requirements of treating providers, must adhere to the most current clinical practice guidelines, including those established by the World Professional Association for Transgender Health (WPATH) and the Endocrine Society, as applicable.

For coverage of gender affirmation surgical procedures, the medical necessity determination must include a mental health evaluation indicating the individual meets diagnostic and readiness criteria in accordance with current WPATH standards of care. The mental health evaluation must be conducted by a fully licensed mental health professional who possesses, at a minimum, a master's degree or equivalent in a clinical behavioral science field and has experience in the treatment and assessment of gender dysphoria. The evaluation must be documented in the beneficiary's medical record and included in requests for coverage of surgical interventions that require prior authorization.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, National Provider Identifier (NPI) number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic version of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved

Kate Massey, Director
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