Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2019-19**
www.ctdssmap.com **May 2019**

TO: Physicians, Advanced Practice Registered Nurses (APRNs), Certified Nurse Midwives (CNMs), Physician Assistants and Hospitals
RE: Treatment for Gender Dysphoria – Gender Affirmation Surgical Procedures

This bulletin provides updated guidance related to gender affirmation services and procedures to treat gender dysphoria under the Connecticut Medical Assistance Program (CMAP) for eligible HUSKY Health members (HUSKY A, B, C and D). This bulletin also provides guidance on coverage of laser hair removal services, effective for dates of service April 1, 2019 and forward. Please review this bulletin in entirety to ensure appropriate submission of prior authorization (PA) and claims.

This provider bulletin supersedes and replaces Provider Bulletin (PB) 16-66 Treatment for Gender Identity Disorder – Gender Reassignment Surgery and Procedures. However, this bulletin supplements the guidance provided in PB 17-17 Addition of Criteria for Facial Feminization Procedures to the Gender Reassignment Surgery Policy.

HUSKY Health Policy:
Coverage for gender affirmation surgical procedures and associated procedures that are deemed medically necessary to treat gender dysphoria became effective March 1, 2015 under CMAP. The HUSKY Health policy and procedure for gender affirmation surgery is posted on the provider section of the HUSKY Health Web site at www.huskyhealth.com and outlines clinical guidelines and procedures for requesting PA for gender affirmation surgery and associated procedures related to gender affirmation.

This policy lists the minimum required criteria that must be met prior to submitting a PA request for gender affirmation surgery and procedures. Please note that Gender Affirming services require PA – refer to the section titled Prior Authorization for more information.

Enrollment Requirement:
All providers (physicians, APRNs, CNMs, physician assistants and hospitals) must be enrolled and have a valid and active provider agreement on file with CMAP in order to receive reimbursement for gender affirmation procedures for HUSKY Health members. As part of the signed provider agreement, all providers must accept CMAP reimbursement as payment in full for the services covered and approved.

Prior Authorization for Gender Affirmation Services:
Providers must request PA for all gender affirmation services and procedures to determine medical necessity. As with any PA request, providers must submit all necessary supporting clinical documentation to substantiate the medical necessity for the service(s) requested.

Laser Hair Services for Gender Affirmation PA Requests:
PA requests for laser hair removal consultation and treatment services must be submitted with the appropriate procedure code 99243 or 17999. If the laser hair services span several dates of service, the PA will be granted for an approved period of time.

Professional Surgical Services for Gender Affirmation PA Requests:
For gender affirmation professional surgical services, the provider is responsible for obtaining PA prior to rendering the surgical

services in order for the professional claim to process appropriately.

- Providers must request the PA for gender affirmation surgical services under either procedure code 55970 (Intersex surgery; male to female) or 55980 (Intersex surgery; female to male) and must list the applicable procedure code(s) for each component to be performed as part of the overall gender affirmation surgery. Each individual service must be listed on the PA request with a fee, in addition to procedure code 55970 or procedure code 55980, in order for the authorization to be priced appropriately.
- If surgical treatment spans several dates of service, PAs will be granted for each individual surgical date of service.

PAs should be submitted to the medical administrative service organization, Community Health Network of Connecticut (CHNCT). The forms for outpatient PA requests and inpatient surgery/procedures are located on the provider section of the HUSKY Health Web site at www.huskyhealth.com. Providers should select "For Providers", then select "Provider Bulletins & Forms", and then select the appropriate form under the "Provider Forms" panel. Completed PA forms should be faxed to (203) 265-3994.

For questions on PA, please contact CHNCT at 1-800-440-5071 and select the prompt for medical authorizations.

Laser Hair Removal Services for Gender Affirmation Billing Guidance:

Effective April 1, 2019 and forward, the following procedure codes for laser hair removal services were added to Table 18 - Gender Affirmation Procedure and Surgery Pricing List.

Procedure Code	Description
99243	Office Consultation (for laser hair removal)
17999	Laser hair removal of facial hair face/forehead/pubic area/genitalia

Please note the following when billing for laser hair removal consultation and treatment services:

- PA must be obtained prior to rendering the consultation and laser hair removal services (Refer to the Prior Authorization section for more details);
- Only one unit of 99243 is reimbursable per member;
- The current National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE) limit for 17999 is one (1) unit per date of service. If more than one unit of 17999 is performed on the same date of service, all additional units must be billed on a separate detail line with the modifier GD (units in excess of the MUE limit) appended to each additional detail. *Providers can refer to provider bulletin, PB 17-61 National Correct Coding Initiative (NCCI) – Medically Unlikely Edits Review Process for additional guidance.*
- Claims for the consultation and laser hair removal services must be billed with ICD-10 diagnosis code **F64.0** "Transsexualism" as the primary diagnosis.
- Paper invoices for laser hair removal services will not be processed for payment for dates of service April 1, 2019 and forward. Eligible providers must submit claims for these services rendered through their CMAP provider Secure Web portal account.

Professional Surgical Services for Gender Affirmation Billing Guidance:

For dates of service November 1, 2016 and forward, PA requests for professional services related to gender affirmation surgery and related procedures are priced based on the rates listed on the Gender Affirmation Procedure and Surgery Pricing List located in the Fee Schedule Instructions on the CMAP Web site.

- The PA will be priced using multiple surgical procedure reduction guidelines. When multiple procedures are performed on the same date of service, by the same physician, the primary service (as determined by the Medicare relative value unit for the procedure code) will be reimbursed at 100% and the reimbursement for the secondary and subsequent procedure codes will be reduced by 50% each. Each individual component that will be performed as part of the overall gender affirmation surgery on a single date of service will be priced in order to determine the total allowed amount for the overall surgery.
- Although the PA will be submitted with procedure code 55970 or 55980 AND each individual procedure code that will be performed as part of the overall surgical procedure, claims should be submitted with **only** procedure code 55970 or 55980.
- Claims must also be submitted with the ICD-10 diagnosis code **F64.0 "Transsexualism"**. Providers are reminded to bill their usual and customary charges.

Inpatient Hospital Services for Gender Affirmation Billing Guidance:

Inpatient hospital reimbursement for medically necessary gender affirmation surgery is priced utilizing CMAP's current All Patient Refined - Diagnostic Related Group (APR-DRG) methodology. All CMAP enrolled hospitals can utilize the DRG calculator to determine the reimbursement for an inpatient stay for gender affirmation surgery. Out-of-state and border hospitals will also receive APR-DRG based reimbursement using the Connecticut statewide average. To access the DRG calculator and for more information on in-state, out-of-state and border hospital reimbursement, go to the CMAP Web site at www.ctdssmap.com and select "Hospital Modernization".

Outpatient Hospital Services for Gender Affirmation Billing Guidance:

Effective for dates of service July 1, 2016 and forward, outpatient hospital reimbursement for medically necessary gender affirmation procedures and surgeries is priced utilizing the Outpatient Prospective Payment System – Ambulatory Payment Classification. To determine which procedures are covered and how procedures are reimbursed, outpatient hospitals should review the CMAP addendum B located on the CMAP Web site at www.ctdssmap.com. To access this document, select "Hospital Modernization" and then scroll to "CMAP Addendum B (Excel)".

Table 18 - Gender Affirmation Procedure and Surgery Pricing List

To access the Gender Affirmation Procedure and Surgery Professional Service Pricing List from the www.ctdssmap.com Web site, go to "Provider" and then to "Provider Fee Schedule Download". Click "I Accept" at the end of the Connecticut Provider Fee Schedule End User License Agreements and then click on "Fee Schedule Instructions" in the red text at the top of the page. Scroll down to Table 18 - Gender Affirmation Procedure and Surgery Pricing List.