

IMPORTANT: Use this form (REGS-1) to submit permanent regulations to the Legislative Regulation Review Committee. For *emergency regulations*, use form REGS-1-E instead. For *non-substantive technical amendments and repeals* proposed without prior notice or hearing as permitted by subsection (g) of CGS 4-168, as amended by PA 13-247 and PA 13-274, use form REGS-1-T instead.

Please read the additional instructions on the back of the last page (Certification Page) before completing this form. Failure to comply with the instructions may cause disapproval of proposed regulations.

State of Connecticut
REGULATION
of the

NAME OF AGENCY:

Department of Social Services

Concerning

SUBJECT MATTER OF REGULATION:

Coverage of Services for the Treatment of Gender Dysphoria

Section 1. Section 17b-262-342 of the Regulations of Connecticut State Agencies is amended to read as follows:

Sec. 17b-262-342. Goods and services not covered

The department shall not pay for the following goods or services or goods or services related to the following:

[(1) Transsexual surgery or for a procedure that is performed as part of the process of preparing an individual for transsexual surgery, such as hormone therapy and electrolysis;]

[(2) immunizations,] (1) Immunizations, biological products and other products available to providers free of charge;

[(3) examinations] (2) Examinations and laboratory tests for preventable diseases that are furnished free of charge;

[(4) information] (3) Information or services provided to a client by a provider electronically or over the telephone;

[(5) cosmetic surgery] (4) Cosmetic surgery;

[(6) an] (5) An office visit for the sole purpose of the client obtaining a prescription where the provider previously determined the need for the prescription;

[(7) cancelled] (6) Cancelled services and appointments not kept;

[(8) services] (7) Services provided in a general hospital if the department determines the admission does not, or retrospectively did not, comply with the department's utilization review requirements in section 17-134d-80 of the Regulations of Connecticut State Agencies;

[(9) infertility] (8) Infertility treatment;

[(10) sterilizations] (9) Sterilizations performed on mentally incompetent individuals or institutionalized individuals;

[(11) more] (10) More than one visit per day to the same provider by a client;

[(12) services] (11) Services to treat obesity other than those described in section 17b-262-341(9) of the Regulations of Connecticut State Agencies; and

[(13) any] (12) Any procedures or services of an unproven, educational, social, research, experimental or cosmetic nature; any diagnostic, therapeutic or treatment services in excess of those deemed medically necessary by the department to treat the client's condition; or services not directly related to the client's diagnosis, symptoms or medical history.

Sec. 2. Subsection (c) of section 17b-262-456 of the Regulations of Connecticut State Agencies is amended to read as follows:

The department shall not pay for the following psychiatric services:

- (1) [information] Information or services furnished by the provider to the client over the telephone;
- (2) [concurrent] Concurrent services for the same client involving the same services or procedure;
- (3) [office] Office visits to obtain a prescription, the need for which has already been ascertained; and
- (4) [procedures performed in the process of preparing an individual for transsexual surgery; and
- (5) cancelled] Cancelled office visits or appointments not kept.

Sec. 3. Section 17b-262-612 of the Regulations of Connecticut State Agencies is amended to read as follows:

Sec. 17b-262-612. Services Not Covered

The department shall not pay for the following:

(a) [any] Any procedures or services of an unproven, educational, social, research, experimental[,] or cosmetic nature; for any diagnostic, therapeutic[,] or treatment procedures in excess of those deemed medically necessary [and medically appropriate] by the department to treat the client's condition; or for services not directly related to the client's diagnosis, symptoms[,] or medical history;

(b) [any] Any examinations, laboratory tests, biological products, immunizations[,] or other products which are furnished free of charge;

- (c) [~~information~~] Information or services provided to a client by a provider over the telephone;
- (d) [~~an~~] An office visit for the sole purpose of the client obtaining a prescription where the need for the prescription has already been determined;
- (e) [~~cancelled~~] Cancelled office visits and appointments not kept;
- (f) [~~cosmetic~~] Cosmetic surgery;
- (g) [~~services~~] Services provided in an acute care hospital if the department determines the admission does not, or retrospectively did not, fit the department's utilization review requirements pursuant to section 17-134d-80 of the Regulations of Connecticut State Agencies;
- (h) [~~services~~] Services provided by the admitting provider in an acute care hospital shall not be made or may be recouped if it is determined by the department's utilization review, either prospectively or retrospectively, that the admission did not fulfill the accepted professional criteria for medical necessity, [~~medical appropriateness,~~] appropriateness of setting[,], or quality of care;
- (i) [~~a~~] A laboratory charge for laboratory services performed by a laboratory outside of the nurse practitioner's office. [~~--the~~] The laboratory shall bill the department for services rendered when a nurse practitioner refers a client to a private laboratory; and
- (j) [~~the~~] The following routine laboratory tests which shall be included in the fee for an office visit and shall not be billed on the same date of service: urinalysis without microscopy, hemoglobin determination[,], and urine glucose. [,] and
- (k) transsexual surgery or for a procedure which is performed as part of the process of preparing an individual for transsexual surgery, such as hormone treatment and electrolysis.]

Sec. 4. Section 150.1.E.II of the Department of Social Services' Medical Services Policy Manual (Inpatient Hospital) is amended to read as follows:

E. Services Covered and Limitations

II. Services Not Covered

- (a) Diagnostic, therapeutic or treatment procedures[,], and inpatient hospital stays for experimental, cosmetic, research, social or educational purposes;
- (b) Any services or items furnished for which the provider does not usually charge;
- (c) The day of discharge or transfer;
- (d) Leave of Absence (LOA) or Pass with Medical Permission;

- (e) Leave of Absence (LOA) or Pass with and without Medical permission when the Title XIX patient is out of the hospital at the time of the census count (12 midnight);
- (f) Emergency room services provided on the same day as inpatient admission;
- (g) Hospital inpatient stay is not covered when the following procedures or services are performed:
 - (1) Tuboplasty and sterilization reversal;
 - (2) Implantation of nuclear-powered pacemaker;
 - (3) Nuclear-powered pacemakers;
 - (4) Inpatient charges related to autopsy;
 - (5) All services or procedures of a plastic or cosmetic nature performed for reconstructive purposes, including but not limited to the following: lipectomy, hair transplant, rhinoplasty, dermabrasion[,] or chemabrasion.
 - [(6) Transsexual surgical procedures for gender change or reassignment or treatment preparatory to transsexual procedures (e.g., hormone therapy and electrolysis).]
 - [(7)] (6) The [Department] department will not pay for a hospital stay, medical services or procedures in the treatment of obesity, including gastric stapling. Although obesity is not itself an illness it may be caused by illnesses such as hypothyroidism, Cushing's disease and hypothalamic lesions. In addition, obesity can aggravate a number of cardiac and respiratory diseases as well as diabetes and hypertension. Services in connection with the treatment of obesity could be covered services when such services are an integral and necessary part of course of treatment for one of these illnesses.
- (h) With the exception of a CT Scan no Title XIX reimbursement will be made to a hospital for medical services provided to an inpatient outside of the per diem daily rate.
- (i) The [Department] department will not pay for drugs included in the Drug Efficiency Study Implementation (DESI) Program that the Food and Drug Administration has proposed to withdraw from the market in a notice of opportunity for hearing. The Drug Efficiency Study Implementation (DESI) Program prohibition against payment includes all generically equivalent drug products and drugs that are less than effective. The [Department] department will notify providers regarding which drugs will not be reimbursed as a result of the DESI program.
- (j) New services in hospitals and services previously unauthorized for payment, [must] shall obtain approval or they are a non-covered service. (Refer to F.III.e. for prior authorization instructions.)
- (k) Admissions and day(s)-of-care that do not meet established requirements for medically necessary acute care inpatient hospital services.
- (l) Claims involving non-covered services:
 - (1) Non-covered services only. If the hospital stay was for a

non-covered service only, then no charges will be paid by Medicaid.

- (2) Covered and non-covered services. If the hospital stay is a combination of services, some of which are covered and some which are not covered by Medicaid, the Department will pay for the covered services only. The non-covered services will not be paid.
- (m) Weekend admittances (Friday[~~/~~] or Saturday) or discharges (Sunday[~~/~~] or Monday) unless they are medically necessary. Admissions and discharges on these restricted days must have medical necessity recorded by the attending or performing physician in the patient's medical record.

Sec. 5. Section 171.4E.III of the Department of Social Services' Medical Services Policy Manual (Medical Clinics) is amended to read as follows:

III. Services Not Covered

- [a. Transsexual surgery or a procedure which is performed as part of the process of preparing an individual for transsexual surgery, such as hormone therapy and electrolysis]
- [b.] ~~(a)~~ Treatment of obesity;
- [c.] ~~(b)~~ Any immunizations, biological products and other products available to the clinic free of charge from the Connecticut State Department of Public Health;
- [d.] ~~(c)~~ Any examinations and laboratory tests for preventable diseases which are furnished free of charge by the Connecticut State Department of Public Health;
- [e.] ~~(d)~~ Information provided to a patient over the telephone;
- [f.] ~~(e)~~ Cosmetic surgery;
- [g.] ~~(f)~~ A visit for the sole purpose of a patient obtaining a prescription where the need for the prescription has already been determined;
- [h.] ~~(g)~~ Canceled visits or for appointments not kept; and
- [i.] ~~(h)~~ Services which are provided in a skilled nursing facility, intermediate care facility or intermediate care facility for the [mentally retarded] intellectually disabled which are deemed routine services for patients in such facilities are not covered. These services include, but are not limited to, occupational therapy services, physical therapy services, audiological services, speech services, respiratory therapy services[,] and primary care services.

Statement of Purpose

Pursuant to CGS Section 4-170(b)(3), "Each proposed regulation shall have a statement of its purpose following the final section of the regulation." Enter the statement here.

A. The problems, issues or circumstances that the regulation proposes to address.

This regulation repeals current language in the Department of Social Service's regulations and Medical Services Policy Manual that excludes coverage for sexual reassignment surgery and related services and procedures. These coverage exclusions were originally based upon the view that such surgeries and related procedures and services were experimental or unproven in nature. The medical community now recognizes a variety of surgeries and treatments for the diagnoses of "gender identity disorder" or "gender dysphoria".

B. The main provisions of the regulation include:

The regulation repeals coverage exclusions in the Medicaid payment regulations for physician services, nurse practitioner services and psychiatrist services. The regulation also repeals the coverage exclusion in the hospital and clinic medical services policy manuals. The regulation also makes a number of technical changes to the existing regulation, including punctuation corrections and changes to conform to current statutory wording.

C. The legal effects of the regulation, including all ways that the regulation would change existing regulations or laws.

No other laws or regulations will be affected.

Statement of Purpose

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