



# PROPOSED RULE MAKING

## CR-102 (December 2017) (Implements RCW 34.05.320)

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DATE: October 03, 2018

TIME: 8:35 AM

WSR 18-20-123

Agency: Health Care Authority

Original Notice

Supplemental Notice to WSR \_\_\_\_\_

Continuance of WSR \_\_\_\_\_

Preproposal Statement of Inquiry was filed as WSR 18-10-027 ; or

Expedited Rule Making--Proposed notice was filed as WSR \_\_\_\_\_; or

Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or

Proposal is exempt under RCW \_\_\_\_\_.

Title of rule and other identifying information: (describe subject) WAC 182-531-1675 Gender dysphoria treatment program

### Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
November 6, 2018	10:00 AM	Health Care Authority Cherry Street Plaza <b>Sue Crystal Conf Rm 106A &amp; B</b> 626 8 <sup>th</sup> Ave, Olympia WA 98504	Metered public parking is available street side around building. A map is available at: <a href="https://www.hca.wa.gov/assets/program/Driving-parking-checkin-instructions.pdf">https://www.hca.wa.gov/assets/program/Driving-parking-checkin-instructions.pdf</a> or directions can be obtained by calling: (360) 725-1000

Date of intended adoption: Not sooner than November 7, 2018 (Note: This is **NOT** the **effective** date)

### Submit written comments to:

Name: HCA Rules Coordinator

Address: PO Box 42716, Olympia WA 98504-2716

Email: [arc@hca.wa.gov](mailto:arc@hca.wa.gov)

Fax: (360) 586-9727

Other:

By (date) November 6, 2018

### Assistance for persons with disabilities:

Contact Amber Lougheed

Phone: (360) 725-1349

Fax: (360) 586-9727

TTY: Telecommunication Relay Services (TRS): 711

Email: [amber.lougheed@hca.wa.gov](mailto:amber.lougheed@hca.wa.gov)

Other:

By (date) November 2, 2018

### Purpose of the proposal and its anticipated effects, including any changes in existing rules:

The agency proposes the following revisions to WAC 182-531-1675:

- Remove the four component structure
- Add information about medical necessity
- Streamline the requirements for qualified health care providers
- Remove the requirement that each provider be recognized as an agency-designated Center of Excellence

- Remove the language regarding developing an individualized treatment plan
- Remove unnecessary administrative processes for the client and provider, including but not limited to multiple attestation forms
- Add facial masculinization procedures and surgeries related to detransitioning, including reversal of gender reassignment surgery to the list of noncovered services
- Add a requirement for a comprehensive psychosocial evaluation by a medical health provider specializing in adolescent care
- Add a requirement for prior authorization for clients age 17 and younger, and expedited prior authorization for clients age 18 and older
- Changed "breast reconstruction" to "augmentation mammoplasty."
- Changed "genital electrolysis" to "genital hair removal"

**Reasons supporting proposal:** See Purpose.

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160

**Statute being implemented:** RCW 41.05.021, 41.05.160

**Is rule necessary because of a:**

- |                         |                              |  |
|-------------------------|------------------------------|--|
| Federal Law?            | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Federal Court Decision? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| State Court Decision?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If yes, CITATION:

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:** N/A

**Name of proponent:** (person or organization) Health Care Authority

- Private  
 Public  
 Governmental

**Name of agency personnel responsible for:**

	Name	Office Location	Phone
Drafting:	Amy Emerson	PO Box 42716, Olympia WA 98504-2716	360-725-1348
Implementation:	Tonja Nichols	PO Box 45502, Olympia WA, 98504-5502	360-725-1658
Enforcement:	Tonja Nichols	PO Box 45502, Olympia WA, 98504-5502	360-725-1658

**Is a school district fiscal impact statement required under RCW 28A.305.135?**

- Yes  No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

- Name:
- Address:
- Phone:
- Fax:
- TTY:
- Email:
- Other:

**Is a cost-benefit analysis required under RCW 34.05.328?**

Yes: A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Other:

No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.

**Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement:**

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). Please check the box for any applicable exemption(s):

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.

This rule proposal, or portions of the proposal, is exempt under the provisions of RCW 15.65.570(2) because it was adopted by a referendum.

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.025(3). Check all that apply:

RCW 34.05.310 (4)(b)  
(Internal government operations)

RCW 34.05.310 (4)(e)  
(Dictated by statute)

RCW 34.05.310 (4)(c)  
(Incorporation by reference)

RCW 34.05.310 (4)(f)  
(Set or adjust fees)

RCW 34.05.310 (4)(d)  
(Correct or clarify language)

RCW 34.05.310 (4)(g)  
((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

This rule proposal, or portions of the proposal, is exempt under RCW \_\_\_\_\_.

Explanation of exemptions, if necessary:

**COMPLETE THIS SECTION ONLY IF NO EXEMPTION APPLIES**

If the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

No Briefly summarize the agency's analysis showing how costs were calculated. The updates to WAC 182-531-1675 do not impose additional compliance costs or requirements on providers

Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses, and a small business economic impact statement is required. Insert statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Other:

<b>Date:</b> October 3, 2018	<b>Signature:</b> 
<b>Name:</b> Wendy Barcus	
<b>Title:</b> HCA Rules Coordinator	

**WAC 182-531-1675 Washington apple health—Gender dysphoria treatment program. (1) Overview of the gender dysphoria treatment program.**

(a) The medicaid agency covers the following services, consistent with the program rules described in Title 182 WAC, to treat gender dysphoria:

(i) Medical services including, but not limited to:

(A) Presurgical and postsurgical hormone therapy;

(B) Prepuberty suppression therapy((†)).

(ii) Mental health services; and

(iii) Surgical services including, but not limited to:

(A) Anesthesia;

(B) Labs;

(C) Pathology;

(D) Radiology;

(E) Hospitalization;

(F) Physician services; and

(G) Hospitalizations and physician services required to treat postoperative complications of procedures performed under ((component four)) this section.

(b) ~~((The agency's gender dysphoria treatment program has four components. Prior authorization is required for services provided in component four only. Any medicaid provider can refer a client to component one. These components are not intended to be sequential and may run concurrently to meet the client's medical needs. The components are as follows:~~

~~(i) Component one - Initial assessment and diagnosis of gender dysphoria;~~

~~(ii) Component two - Mental health and medical treatment;~~

~~(iii) Component three - Presurgical requirements for prior authorization for component four; and~~

~~(iv) Component four - Gender reassignment surgery.~~

~~(c) All services under this program must be delivered by providers who meet the qualifications in subsection (2) of this section.~~

~~(d) The agency evaluates requests for clients under age twenty-one according to the early and periodic screening, diagnosis, and treatment (EPSDT) program described in chapter 182-534 WAC. Under the EPSDT program, a service may be covered if it is medically necessary, safe, effective, and not experimental.~~

~~(e)) Surgical services to treat gender dysphoria are covered for clients who have a diagnosis of gender dysphoria made by a provider who meets the qualifications outlined in chapter 182-502 WAC.~~

~~(c) Under this program, the agency pays only for medically necessary services. Medical necessity is defined in WAC 182-500-0070 and determined under WAC 182-501-0165 and 182-501-0169.~~

~~(d) The agency covers transportation services under the provisions of chapter 182-546 WAC.~~

~~((f)) (e) Any out-of-state care((, including a presurgical consultation,)) must be approved as an out-of-state service under WAC 182-501-0182.~~

(f) Clients enrolled with an agency-contracted managed care organization (MCO) plan are subject to the respective plan's policies and procedures for coverage of these services.

~~(2) ((**Qualified health care providers for gender dysphoria treatment.**~~

~~(a) Providers must meet the qualifications outlined in chapter 182-502 WAC.~~

~~(b) Each provider must be recognized as an agency-designated center of excellence (COE). COE is defined in WAC 182-531-0050. To be a COE, all providers must complete an agency form attesting that they:~~

~~(i) Possess knowledge about current community, advocacy, and public policy issues relevant to transgender people and their families (knowledge about sexuality, sexual health concerns, and the assessment and treatment of sexual disorders is preferred);~~

~~(ii) Endorse the *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7* as developed by the World Professional Association for Transgender Health (WPATH); and~~

~~(iii) Agree to provide services consistent with this section. The agency's forms are available online at <http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx>.~~

~~(c) Diagnosis in component one must be made or confirmed by a COE provider who is a board certified physician, a psychologist, a board certified psychiatrist, or a licensed advanced registered nurse practitioner (ARNP).~~

~~(d) Mental health professionals who provide component two mental health treatment described in subsection (4)(d) of this section, or who perform the psychosocial evaluation described in subsection (5)(a)(iii) of this section must:~~

~~(i) Meet the requirements described in WAC 182-531-1400;~~

~~(ii) Sign the agency's form (HCA 18-493) attesting that they:~~

~~(A) Are competent in using the *Diagnostic Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) and the *International Classification of Diseases* for diagnostic purposes;~~

~~(B) Are able to recognize and diagnose coexisting mental health conditions and to distinguish these from gender dysphoria;~~

~~(C) Have completed supervised training in psychotherapy or counseling;~~

~~(D) Are knowledgeable of gender-nonconforming identities and expressions, and the assessment and treatment of gender dysphoria; and~~

~~(E) Have completed continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria; and~~

~~(iii) Be a board certified psychiatrist, a psychologist, or a licensed:~~

~~(A) Psychiatric ARNP;~~

~~(B) Psychiatric mental health nurse practitioner;~~

~~(C) Mental health counselor;~~

~~(D) Independent clinical social worker;~~

~~(E) Advanced social worker; or~~

~~(F) Marriage and family therapist.~~

~~(e) Any surgeon who performs gender reassignment surgery must:~~

~~(i) Be a board certified or board qualified:~~

~~(A) Urologist;~~

- ~~(B) Gynecologist;~~
- ~~(C) Plastic surgeon;~~
- ~~(D) Cosmetic surgeon; or~~
- ~~(E) General surgeon;~~

~~(ii) Have a valid medical license in the state where the surgery is performed; and~~

~~(iii) Sign the agency's form (HCA 18-492) attesting to specialized abilities in genital reconstructive techniques and produce documentation showing that they have received supervised training with a more experienced surgeon.~~

~~(f) Any medical provider managing hormone therapy, androgen suppression, or puberty suppression for clients diagnosed with gender dysphoria must:~~

~~(i) Be either of the following:~~

~~(A) A licensed, board certified, or board qualified:~~

~~(I) Endocrinologist;~~

~~(II) Family practitioner;~~

~~(III) Internist;~~

~~(IV) Obstetrician/gynecologist;~~

~~(V) Pediatrician;~~

~~(VI) Naturopath; or~~

~~(B) A licensed ARNP or a licensed physician's assistant; and~~

~~(ii) Sign the agency's form (HCA 18-494) attesting to specialized abilities managing hormone therapy in treating gender dysphoria. The specialized abilities may be proved by producing documentation showing supervised training with a more experienced physician, and attesting attendance at relevant professional meetings, workshops, or seminars.~~

~~(3) **Component one - Initial assessment and diagnosis of gender dysphoria.** The purpose of component one is to assess and diagnose the client, and refer the client to other qualified providers as needed for additional medically necessary services. A health professional who meets the qualifications in subsection (2)(c) of this section must assess the client and:~~

~~(a) Confirm the diagnosis of gender dysphoria as defined by the *Diagnostic Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*;~~

~~(b) Determine the gender dysphoria is not the result of another mental or physical health condition, and refer the client to other specialists if other health conditions are indicated;~~

~~(c) Develop an individualized treatment plan for the client;~~

~~(d) Refer the client to qualified providers for the component two services described in subsection (4) of this section; and~~

~~(e) Assist and support the client in navigating component two and component three requirements, and provide services consistent with WPATH guidelines and WAC 182-531-1675.~~

~~(4) **Component two - Mental health and medical treatment.**~~

~~(a) Clients enrolled with an agency managed care organization (MCO) plan are subject to the respective plan's policies and procedures for coverage of these services.~~

~~(b) Mental health and medical treatment are covered after a health professional who meets the qualifications in subsection (2)(c) of this section has diagnosed, or confirmed the diagnosis of, gender dysphoria as defined by the DSM-5 criteria.~~

~~(c) Medical treatment in component two covers androgen suppression, puberty suppression, continuous hormone therapy, and laboratory testing to monitor the safety of hormone therapy. Some of these prescriptions may be subject to prior authorization as required by phar-~~

macy policy in chapter 182-530 WAC. Medical treatment must be prescribed by a COE provider who meets the requirements in subsection (2)(a), (b), and (f) of this section.

~~(d) The agency covers mental health treatment for the client and the client's spouse, parent, guardian, child, or person with whom the client has a child in common if the treatment is:~~

~~(i) Medically necessary;~~

~~(ii) Provided according to the provisions of WAC 182-531-1400;~~  
and

~~(iii) Provided by a health professional who meets the requirements in subsection (2)(a), (b), and (d) of this section.~~

~~(5) **Component three - Presurgical requirements.**~~

~~(a) To proceed to component four gender reassignment surgery, the client must:~~

~~(i) Be age eighteen or older, unless allowed under EPSDT as described in subsection (1)(d) of this section;~~

~~(ii) Be competent to give consent for treatment and have this competency documented in clinical records; and~~

~~(iii) Undergo a comprehensive psychosocial evaluation that must do all of the following:~~

~~(A) Be conducted by two mental health professionals for genital surgery and one mental health professional for chest surgery. These mental health professionals must meet the qualifications described in subsection (2)(d) of this section.~~

~~(B) Confirm the diagnosis of gender dysphoria, document that professionals performing the evaluation believe the client is a good candidate for gender reassignment surgery, and document that surgery is the next reasonable step in the client's care.~~

~~(C) Evaluate the client for the presence of coexisting behavioral health conditions (substance abuse problems, or mental health illnesses), which could prevent the client from participating in gender dysphoria treatment including, but not limited to, gender reassignment surgery and postsurgical care.~~

~~(D) Document that any coexisting behavioral health condition is adequately managed.~~

~~(b) The surgeon who will perform the gender reassignment surgery and who meets the qualifications outlined in subsection (2)(a), (b), and (c) of this section, must complete a presurgical consultation. When the presurgical consultation is completed, the surgeon must forward the report of the consultation to the other treatment team members.~~

~~(c) The client must have received continuous hormone therapy as required by the treatment plan to meet treatment objectives. For exceptions, see subsection (6)(b) of this section.~~

~~(d) The client must have lived in a gender role congruent with the client's gender identity immediately preceding surgery as required by the treatment plan to meet treatment objectives. For exceptions, see subsection (6)(b) of this section.~~

~~(e) The client's medical record must document that the client met the requirements in (a) through (d) of this subsection.~~

~~(f) A member of the treatment team must write a referral letter and submit it to the agency along with the prior authorization request for surgery. The contents of the referral letter or its attachments must include:~~

~~(i) Results of the client's psychosocial evaluation, as described in (a)(iii) of this subsection;~~



- ~~(ii) Documentation that any coexisting behavioral health condition is adequately managed;~~
  - ~~(iii) A description of the relationship between the mental health professionals and the client, including the duration of the professional relationship, and the type of evaluation and therapy or counseling to date;~~
  - ~~(iv) A brief description of the clinical justification supporting the client's request for surgery;~~
  - ~~(v) An assessment and attestation that the provider believes the client is able to comply with the postoperative requirements, has the capacity to maintain lifelong changes, and will comply with regular follow up;~~
  - ~~(vi) A statement about the client's adherence to the medical and mental health treatment plan;~~
  - ~~(vii) A description of the outcome of the client's hormone therapy;~~
  - ~~(viii) A copy of the client's signed informed consent according to the requirements under WAC 182-531-1550, or written acknowledgment of the permanent impact on male and female reproductive capacity if WAC 182-531-1550 is not applicable;~~
  - ~~(ix) A statement that all the members of the treatment team will be available to coordinate or provide postoperative care as needed;~~
  - ~~(x) A description of the surgical plan. See subsection (6) (d) and (e) of this section, covered and noncovered procedures. The description must:~~
    - ~~(A) List all planned surgical procedures, including any listed in subsection (6) (e) of this section, with clinical justification; and~~
    - ~~(B) Provide a timeline of surgical stages if clinically indicated; and~~
  - ~~(xi) Signatures from the following treatment team members:~~
    - ~~(A) The two mental health professionals for genital surgery and one mental health professional for chest surgery who completed the responsibilities described in subsection (4) (d) of this section and (a) (iii) of this subsection;~~
    - ~~(B) The medical provider who has managed the care;~~
    - ~~(C) Any surgeon performing the procedures; and~~
    - ~~(D) The client.~~
- ~~(6) **Component four – Gender reassignment surgery.**~~
- ~~(a) The agency requires prior authorization for component four. Subsection (5) of this section lists the documentation that is required to be submitted with the authorization requests. Surgeries are not required to be completed at the same time. Surgeries may be performed in progressive stages.~~
  - ~~(b) If the client fails to complete all of the requirements in subsection (5) of this section, the agency will not authorize gender reassignment surgery unless the clinical decision-making process is provided in the referral letter and attachments described in subsection (5) (f) of this section.~~
  - ~~(c) A client preparing for gender reassignment surgery must be cared for by a treatment team consisting of:~~
    - ~~(i) One of the mental health professionals described in subsection (2) (d) of this section, if mental health services are part of the treatment plan;~~
    - ~~(ii) The medical provider who managed the medical care in component two and component three; and~~
    - ~~(iii) Any surgeon performing the procedures.~~

~~(d) The agency covers the following procedures in component four with prior authorization:~~

- ~~(i) Abdominoplasty;~~
- ~~(ii) Belpharoplasty;~~
- ~~(iii) Breast reconstruction (male to female);~~
- ~~(iv) Bilateral mastectomy with or without chest reconstruction;~~
- ~~(v) Cliteroplasty;~~
- ~~(vi) Colovaginoplasty;~~
- ~~(vii) Colpectomy;~~
- ~~(viii) Genital surgery;~~
- ~~(ix) Genital electrolysis as required as part of the genital surgery;~~
- ~~(x) Hysterectomy;~~
- ~~(xi) Labiaplasty;~~
- ~~(xii) Laryngoplasty;~~
- ~~(xiii) Metoidioplasty;~~
- ~~(xiv) Orchiectomy;~~
- ~~(xv) Penectomy;~~
- ~~(xvi) Phalloplasty;~~
- ~~(xvii) Placement of testicular prosthesis;~~
- ~~(xviii) Rhinoplasty;~~
- ~~(xix) Salpingo-oophorectomy;~~
- ~~(xx) Scrotoplasty;~~
- ~~(xxi) Urethroplasty;~~
- ~~(xxii) Vaginectomy; and~~
- ~~(xxiii) Vaginoplasty.~~

~~(e) For the purposes of this section, the agency will review on a case-by-case basis and may pay for the following noncovered services under exception to rule:~~

~~(i) Cosmetic procedures and services)) **Authorization.**~~

~~(a) **Age seventeen and younger:**~~

~~(i) The agency requires prior authorization for all surgical services to treat gender dysphoria, including genital hair removal when medically necessary to prepare for surgery to treat gender dysphoria, for clients age seventeen and younger. The agency evaluates requests for these clients according to the early and periodic screening, diagnostic and treatment (EPSDT) program described in chapter 182-534 WAC. Under the EPSDT program, a service may be covered if it is medically necessary, safe, effective, and not experimental.~~

~~(ii) The following clinical criteria and documentation requirements must be submitted to the agency with the authorization request:~~

~~(A) Documentation of two separate comprehensive psychosocial evaluations performed by two separate licensed mental health providers within the twelve months preceding surgery. A mental health provider specializing in adolescent transgender care must perform one of the comprehensive psychosocial evaluations. For a bilateral mastectomy with or without chest reconstruction and laryngoplasty, the agency requires only one comprehensive psychosocial evaluation from a mental health provider specializing in adolescent transgender care. The comprehensive psychosocial evaluation(s) must include:~~

~~(I) Confirmation of the diagnosis of gender dysphoria;~~

~~(II) Documentation that the professionals performing each evaluation believe that the client is an appropriate candidate for gender reassignment surgery;~~

~~(III) Documentation that surgery is the next reasonable step in the client's care;~~

(IV) Identification of any coexisting behavioral health conditions (substance abuse problems, or mental health illnesses), which could prevent the client from participating in gender dysphoria treatment including, but not limited to, gender reassignment surgery and postsurgical care; and

(V) Documentation that any coexisting behavioral health conditions identified are adequately managed.

(B) Documentation from a primary care provider, or from the provider prescribing hormone therapy to the client if the client is receiving hormone therapy, of medical necessity for surgery and confirmation that the client is compliant with current gender dysphoria treatment; and

(C) Documentation from the surgeon detailing the medical history and physical examination(s) performed within the twelve months preceding surgery, and the surgical plan.

(b) **Age eighteen and older:**

(i) The agency allows a provider to use the expedited prior authorization (EPA) process for the following medically necessary procedures only when the clinical criteria and documentation requirements in this subsection are met:

(A) Bilateral mastectomy with or without chest reconstruction;

(B) Cliteroplasty;

(C) Colovaginoplasty;

(D) Colpectomy;

(E) Genital surgery;

(F) Hysterectomy;

(G) Labiaplasty;

(H) Laryngoplasty;

(I) Metoidioplasty;

(J) Orchiectomy;

(K) Penectomy;

(L) Phalloplasty;

(M) Placement of testicular prosthesis;

(N) Salpingo-oophorectomy;

(O) Scrotoplasty;

(P) Urethroplasty;

(Q) Vaginectomy; and

(R) Vaginoplasty.

(ii) When using the EPA process for the procedures in this subsection, the following clinical criteria and documentation requirements must be kept in the client's record and made available to the agency upon request:

(A) Documentation of two separate comprehensive psychosocial evaluations performed by two separate licensed mental health providers within the twelve months preceding surgery. For a bilateral mastectomy with or without chest reconstruction and laryngoplasty, the agency requires only one comprehensive psychosocial evaluation. The comprehensive psychosocial evaluation(s) must include:

(I) Confirmation of the diagnosis of gender dysphoria;

(II) Documentation that the professionals performing each evaluation believes that the client is an appropriate candidate for gender reassignment surgery;

(III) Documentation that surgery is the next reasonable step in the client's care;

(IV) Identification of any coexisting behavioral health conditions (substance abuse problems, or mental health illnesses), which could prevent the client from participating in gender dysphoria treat-

ment including, but not limited to, gender reassignment surgery and postsurgical care; and

(V) Documentation that any coexisting behavioral health conditions identified are adequately managed.

(B) Documentation from a primary care provider, or from the provider prescribing hormone therapy to the client if the client is receiving hormone therapy, of medical necessity for surgery and confirmation that the client is compliant with current gender dysphoria treatment;

(C) Documentation from the surgeon detailing the medical history and physical examination(s) performed within the twelve months preceding surgery, and the surgical plan; and

(D) The agency may recoup any payment made to a provider for procedures listed in this subsection if the provider does not follow the EPA process outlined in WAC 182-501-0163 or keep the required documentation in this subsection. If the required documentation and clinical criteria for EPA is not met, prior authorization is required.

(iii) The agency requires prior authorization for the following medically necessary procedures to treat gender dysphoria:

(A) Abdominoplasty;

(B) Blepharoplasty;

(C) Augmentation mammoplasty; and

(D) Rhinoplasty.

(iv) The following documentation must be submitted to the agency along with the request for prior authorization:

(A) A psychosocial evaluation performed by a licensed mental health provider within the previous twelve months that includes:

(I) Confirmation of the diagnosis of gender dysphoria;

(II) Documentation that the professionals performing each evaluation believes that the client is an appropriate candidate for gender reassignment surgery;

(III) Documentation that surgery is the next reasonable step in the client's care;

(IV) Identification of any coexisting behavioral health conditions (substance abuse problems, or mental health illnesses), which could prevent the client from participating in gender dysphoria treatment including, but not limited to, gender reassignment surgery and postsurgical care; and

(V) Documentation that any coexisting behavioral health conditions identified are adequately managed.

(B) Documentation from a primary care provider or the provider prescribing hormone therapy to the client if the client is receiving hormone therapy, of medical necessity for surgery and confirmation that the client is compliant with current treatment; and

(C) Documentation from the surgeon detailing medical history and physical performed within the twelve months preceding surgery, and the surgical plan.

(v) The agency covers genital hair removal when medically necessary to prepare for surgery. Prior authorization is required. The prior authorization request must include a statement from the provider that genital hair removal is to prepare for bottom surgery.

(3) The agency reviews on a case-by-case basis and may pay for the following noncovered services under WAC 182-501-0160 exception to rule. For clients under age eighteen, the agency evaluates the following services according to the EPSDT program described in chapter 182-534 WAC:

((A)) (a) Brow lift;

((B)) (b) Calf implants;  
((C)) (c) Cheek/malar implants;  
((D)) (d) Chin/nose implants;  
((E)) (e) Collagen injections;  
((F)) (f) Drugs for hair loss or growth;  
((G)) (g) Facial or trunk ~~((electrolysis, except for the limited electrolysis described in (d)(ix) of this subsection))~~ hair removal;

((H)) (h) Facial feminization and masculinization;  
((I)) (i) Face lift;  
((J)) (j) Forehead lift;  
((K)) (k) Hair transplantation;  
((L)) (l) Jaw shortening;  
((M)) (m) Lip reduction;  
((N)) (n) Liposuction;  
((O)) (o) Mastopexy;  
((P)) (p) Neck tightening;  
((Q)) (q) Pectoral implants;  
((R)) (r) Reduction thyroid chondroplasty;  
((S)) (s) Removal of redundant skin;  
((T)) (t) Procedures and surgeries related to detransitioning, including reversal of gender reassignment surgery;  
((U)) (u) Suction-assisted lipoplasty of the waist; ~~((and (U))~~  
((V)) (v) Trachea shave;  
((ii)) (w) Voice modification surgery; and  
((iii)) (x) Voice therapy.

((f)) (4) The agency evaluates a request for any noncovered service listed in ~~((e))~~ subsection (3) of this ~~((subsection))~~ section as an exception to rule under the provisions of WAC 182-501-0160. The justification included in the surgical plan for any of the procedures listed in ~~((e))~~ subsection (3) of this ~~((subsection))~~ section may be recognized by the agency as meeting the documentation requirements of WAC 182-501-0160.