

# Medicare & Transgender Older Adults

## WHAT TRANSGENDER PEOPLE NEED TO KNOW

Transgender older adults have unique health care needs. Here's what Medicare is doing to address them.



It has been almost ten years since the Department of Health and Human Services (HHS) changed longstanding policy and began coverage of medically necessary gender-affirming surgeries. In that time there has been significant clarification of Medicare policies for many services to transgender adults. Here are some basics.

### Gender Identification

Your gender does not appear on your Medicare card. Your Medicare records, however, include a gender marker based on your Social Security record. If you have changed your gender identifier with the Social Security Administration, that change will also be reflected in your Medicare records.

### Surgeries

Medicare approves coverage of medically necessary gender affirming surgeries to address gender dysphoria on a case-by-case basis. The medical necessity standard is the same whether you get your Medicare coverage through Original fee-for-service Medicare or through a Medicare Advantage plan. Although determinations are on a case-by-case basis, Medicare looks to the guidelines contained in the World Professional



Association for Transgender Health (WPATH) Standards of Care. **When supporting your request for Medicare coverage, your provider should address how your case meets WPATH standards.**

You must use doctors who take Medicare. If you are in a Medicare Advantage plan, you usually need to use doctors who are in your plan's network or get permission to go outside of the network.

### Transition-Related Drugs

Medically necessary hormones to address gender dysphoria are generally covered under Medicare Part D. You usually need prior authorization before coverage will be approved.

### Sex-Specific Procedures

Medicare will not deny coverage for procedures that are sex-specific just because the gender identifier in your Medicare record reflects a different gender identity. An identifier showing you as male, for example, cannot be the basis for denying coverage of a pelvic examination if it is medically appropriate for you. Medicare has created a special billing code, condition code 45, for such procedures. If your provider uses this code in connection with these procedures, it can help avoid improper denials of coverage.



### POLICY WATCH

HHS recently proposed rules to strengthen protections against discrimination and expand the range of providers subject to its regulations. The proposed regulations are very specific in addressing the health needs of transgender people.

They would prohibit limits on health services based on gender assigned at birth or gender identity; denials of services for gender transitions or gender affirming care that would be provided to individuals for other purposes; and any policies or practices that would separate or treat individuals differently on the basis of sex in a way that is not consistent with the individual's gender identity.

In addition, the proposed rule clarifies that sex discrimination includes discrimination based not only on sexual orientation and gender identity, but also on the basis of sex stereotypes and sex characteristics, including intersex traits. Final rules are expected sometime in 2023.

If you are denied coverage for any surgery, procedures or drugs and believe the denial was incorrect, you can file an appeal. How to file will depend on whether you belong to a Medicare Advantage plan or are in Original Medicare. Directions on filing will be in your denial letter. **Getting the cooperation and support of your medical provider is important to a successful appeal.** It can also be helpful to consult with your local legal services program or a private attorney.

### Discrimination in Health Care

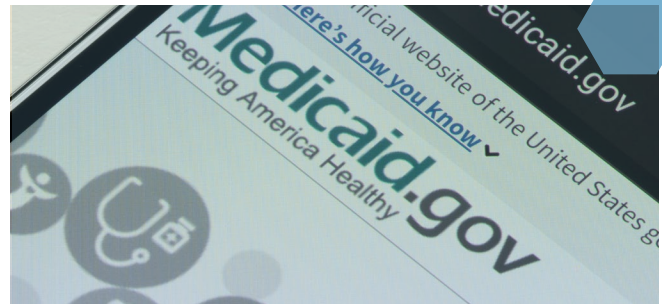
Federal law protects you from discrimination based on sex—including sexual orientation and gender identity—by health entities or care providers who receive federal funds, either directly or indirectly. If you have experienced discrimination, you can file a complaint with the Office of Civil Rights at the Department of Health and Human Services (HHS), [www.hhs.gov/civil-rights](http://www.hhs.gov/civil-rights). If you receive Medicare through a Medicare Advantage plan, you can also file a grievance.

## Choosing the Best Medicare Coverage

With the unique needs in transgender health, it is particularly important for transgender people to carefully choose among their Medicare coverage options. How you get your Medicare will determine whether you have access to the providers you need and trust. Affordability of prescription drugs also depends on your choices. Contact your local State Health Insurance Assistance Program (SHIP). SHIP provides unbiased help to Medicare beneficiaries, their families, and caregivers.

Local SHIP counselors can help you decide what coverage will best ensure access to the health care providers and the prescription medications you need, at no cost to you. The national SHIP website includes a locator for a SHIP in your area. The national SHIP website is [www.shiphelp.org](http://www.shiphelp.org). You can also call 877-839-2675 or email [info@shiphelp.org](mailto:info@shiphelp.org).

If you would like to learn how to prevent, detect, and report Medicare fraud, errors, or abuse contact your local Senior Medicare Patrol (SMP), [www.smpresource.org](http://www.smpresource.org), or call 1-877-808-2468.



## MEDICAID: A COMPLICATED PICTURE

Currently over [half of state Medicaid programs](#) explicitly cover transgender care. The policies of most other states are silent, with a few explicitly banning coverage. Your state's Medicaid policies do not affect your right to any coverage under Medicare. Also, if you are enrolled in Medicaid, federal law protects you against discrimination by nursing homes, home health and other Medicaid services. You can file a complaint with the [HHS Office of Civil Rights](#) if you experience discrimination.

## RESOURCES

The information in this fact sheet is current as of August 22, 2022. For more or updated information, visit:

GLBTQ Legal Advocates and Defenders  
[www.glad.org](http://www.glad.org)

Justice in Aging  
[www.justiceinaging.org](http://www.justiceinaging.org)

Lambda Legal  
[www.lambdalegal.org](http://www.lambdalegal.org)

National Center for Lesbian Rights  
[www.nclrights.org](http://www.nclrights.org)

National Center for Transgender Equality  
[www.transequality.org](http://www.transequality.org)

National Resource Center on LGBTQ+ Aging  
[www.lgbtagingcenter.org](http://www.lgbtagingcenter.org)

SAGE  
[www.sageusa.org](http://www.sageusa.org)

SAGE's Talk Before You Walk  
[www.sageusa.org/talkbeforeyouwalk](http://www.sageusa.org/talkbeforeyouwalk)

Transgender Law Center  
[www.transgenderlawcenter.org](http://www.transgenderlawcenter.org)



The National Resource Center on LGBTQ+ Aging is supported, in part, by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$373,636.85 with 72% percentage funded by ACL/HHS and \$104,878.85 amount and 28% percentage funded by non-governmental source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor are an endorsement, by ACL/HHS, or the U.S. Government. All Rights Reserved.