

Medicare National Coverage Determination

Topic: Invalidation of National Coverage Determination 140.3 – Transsexual Surgery

Decision: The Department of Health and Human Services Departmental Appeals Board has invalidated NCD 140.3 “Transsexual Surgery” pursuant to section 1869(f)(1)(A)(iii) of the Social Security Act. As a consequence of this decision, NCD 140.3 is no longer valid.

What this means: Because NCD 140.3 is no longer valid as of the effective date, its provisions are no longer a basis for denying claims for Medicare coverage of “transsexual surgery.”

Rocky Mountain Health Plans (RMHP) will cover reasonable and necessary items and services obtained by Beneficiaries in regards to Transgender surgery as specified in Beneficiary’s Evidence of Coverage Chapter 3 Section 1.2, *“Basic rules for getting your medical care covered by the plan.”*

Effective date: June 29, 2014