

Gender-Affirming Care Covered by Health First Colorado

What is Health First Colorado?

Health First Colorado, Colorado’s Medicaid program, is an income-based public health insurance program for eligible Coloradans. Medicaid was expanded in 2017 to include coverage for transgender services

Eligibility Information:

In order to qualify for Health First Colorado, you must satisfy one of the following criteria:

- Children ages 0-18 with household income under 260% Federal Poverty Level
- Pregnant women, over the age of 19, whose household income is under 260% Federal Poverty Level
- Parents and Caretaker Relatives whose household income does not exceed 133% Federal Poverty Level
- Adults without dependent children whose household income does not exceed 133% Federal Poverty Level

The Colorado Department of Health Care Policy & Financing (HCPF) released the following [chart](#) to calculate eligibility, effective April 1, 2018.

Family Size	Parents & Caretaker Relatives 68% Poverty Level	Adults (Ages 19-65) 133% Poverty Level	Children (Ages 0-18) 142% Poverty Level	Pregnant Women 195% Poverty Level
1	688	1,346	1,437	1,973
2	933	1,825	1,948	2,675
3	1,178	2,304	2,459	3,377
4	1,423	2,782	2,971	4,079
5	1,668	3,261	3,482	4,781
6	1,912	3,740	3,993	5,483
7	2,157	4,219	4,504	6,185
8	2,402	4,698	5,015	6,887
9	2,647	5,176	5,527	7,589
10	2,892	5,655	6,038	8,291

¹ Co-payments may apply; no co-pays for American Indians, Alaska Natives, or for a pregnant woman and her household.

The transgender services benefit has four criteria that must be satisfied.

1. An individual must have a clinical diagnosis of gender dysphoria, formerly known as gender identity disorder, which can be diagnosed by a behavioral health provider. The American Psychiatric Association (APA) offers information on gender dysphoria [here](#).

2. The service desired to be performed must be determined to be “medically necessary.” This means that the service must be needed to treat symptoms of an illness. Transition-related services [treat symptoms of gender dysphoria](#). To receive coverage, a provider *must* designate the service as medically necessary, so it is important to talk with your provider about the *necessity* of the services.
3. Any conflicting medical and behavioral health conditions must have been addressed and well-controlled by the time the transgender services are started. For example, if an individual has depression, that must be managed through medication and/or therapy.
4. Patients must have informed consent. This usually looks like a conversation with your provider on the nature of the procedure, the risks and benefits involved, and a time course for masculinizing or feminizing, as well as realistic expectations for those changes. Informed consent is an alternative to international guidelines regarding transition-related care, and providers may differ in which standards they follow. Informed consent is an accepted standard of care². More information about requirements for informed consent can be found in [The Medical Care of Transgender Persons](#), published by [Fenway Health](#).

Summary of Coverage

You can find a complete list of gender-affirming services covered [here](#). Some sample benefits include:

- Behavioral health: Individual counseling and therapy, alcohol and/or drug services, safety assessment including suicidal ideation, inpatient hospital stays.
- Hormone therapy: GnRH therapy to delay puberty and the psychosocial stress associated with developing undesired secondary sex characteristics - breasts or a deepened voice, for example - and gender-affirming hormones, legally known as cross-sex hormone therapy.
- Surgical procedures: For a listing of top and bottom surgeries, please refer to the table toward the end of this document. Surgeries have several criteria that must be satisfied for coverage. You must be 18 years of age or over, have lived in your current gender for twelve continuous months, have completed twelve continuous months of hormone therapy, have been evaluated by both a medical and behavioral health provider within the past sixty (60) days, and have a post-operative care plan in place with a medical and behavioral health provider. A non-covered service is reversal of the surgeries. For comprehensive resources on these therapies, please visit the Center of Excellence for Transgender Health at their website⁴.

Accessing Care

In order to find a provider, you can use the Colorado Health Care Policy and Finance [directory](#). Additionally, the [Gay and Lesbian Medical Association \(GLMA\) directory](#) lists LGBTQ-competent providers in Colorado. Though these two search engines may be useful in finding inclusive care, One Colorado does not endorse any provider listed.

Surgeries

Procedure	Definition
Bottom Surgeries	
Ovariectomy/oophorectomy	Removal of one or both ovaries
Salpingo-oophorectomy	Removal of the ovaries and fallopian tubes
Hysterectomy	Removal of the uterus and possible the cervix, ovaries, fallopian tubes, and other surrounding structures
Vaginectomy	Removal of all or parts of the vagina
Vulvectomy	Removal of the vulva
Metoidioplasty (meta)	Broadly, an FTM procedure that frees the clitoris after hormonal enlargement to serve a function similar to a penis
Phalloplasty	Construction or reconstruction of a penis
Erectile prosthesis	Penile implant
Scrotoplasty	Plastic surgery of the scrotum
Testicular prostheses	Testicular implants
Urethroplasty	Urethral lengthening
Orchiectomy	Removal of one or both testicles
Penectomy	Removal of the penis
Clitoroplasty	Creation of a clitoris
Vaginoplasty	Creation of a vagina
Vulvoplasty	Creation of a vulva
Labioplasty	Creation of labia
Top Surgeries	
Mastectomy	Removal of one or both breasts
Mammoplasty	Augmentation of the breasts