



IEHP UM Subcommittee Approved Authorization Guideline			
<b>Guideline</b>	Transgender Services	<b>Guideline #</b>	UM_SUR 04
		<b>Original Effective Date</b>	5/14/2014
<b>Section</b>	Surgery	<b>Revision Date</b>	11/1/2022

**COVERAGE POLICY**

- A. Gender dysphoria is a state of distress or discomfort experienced by an individual if they feel their gender identity differs from their sex assigned at birth. Requests for transgender services should be supported by evidence of medical necessity to treat gender dysphoria and, if applicable evidence supporting the statutory criteria for reconstructive surgery. Supporting documentation should be submitted, as appropriate, by the Member’s Primary Care Provider (PCP), licensed mental health professional, and/or surgeon. These providers should be qualified and have experience in transgender health care.
- B. IEHP provides medically necessary covered services to all Members. A “medically necessary” service is defined as:
  - 1. For individuals 21 years of age or older: a service which is reasonable and necessary to protect life, prevent significant illnesses or disability or to alleviate severe pain (CA Welfare and Institutions Code Section 14059.5).
  - 2. For individuals under 21 years of age: a service that corrects or ameliorates defects and physical and mental illnesses and conditions (Title 42, United States Code Section 1396d(r)(5)).
- C. IEHP considers the following treatment medically necessary for Members with gender dysphoria:
  - 1. Behavior health services, including psychotherapy;
  - 2. Feminizing/masculinizing hormone therapy and/or puberty suppression hormone therapy with clinical monitoring for efficacy and adverse events; and
  - 3. Gender-affirmation surgery that is not cosmetic in nature.
- D. IEHP also provides reconstructive surgery to all Members, including transgender Members. The analysis of whether a surgery is considered reconstructive is separate and distinct from a medical necessity determination. Additionally, each requested service must be considered on a case-by-case basis.
  - 1. Reconstructive surgery is performed to correct or repair abnormal structures of the body caused by congenital defects, development abnormalities, trauma, infection, tumors, or disease to create a normal appearance to the extent possible (CA Health and Safety Code Section 1367.63).
  - 2. In the case of transgender Members, gender dysphoria is treated as a “developmental abnormality” (DSM-5) for purposes of the reconstructive statute and “normal” appearance is to be determined by referencing the gender with which the Member identifies (CA Health and Safety Code Section 1367.63(c)(1)(B)).
- E. There must not be a categorical limitation of a service or frequency of services available
  - A. to a transgender Member. Additionally, all medically necessary services must be provided timely. Limitations and exclusions of transgender services, medical necessity

and reconstructive determinations and/or appropriate utilization management criteria that are non-discriminatory may be applied.

Qualification Process of Gender-Affirming Treatments and Procedures:

One source of clinical excellence for the treatment of gender affirming care is found in the most current version of “Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People,” published by the World Professional Association for Transgender Health (WPATH). SOC is a comprehensive resource authored by nationally recognized medical experts in the field of transgender health care. It should be utilized as a reference for case determinations and guide decision-making.

**Members 18 years of age or older:**

A. Hormone Therapy

Please refer to the current version of SOC for the Health of Transsexual, Transgender, and Gender Nonconforming People,’ published by the WPATH for guidance.

B. Gender-Affirming Surgery

Please refer to the current version of SOC for the Health of Transsexual, Transgender, and Gender Nonconforming People,’ published by the WPATH for guidance.

C. Penile Prosthesis Requests:

IEHP will review requests on a case-by-case basis consistent with Medi-Cal guidelines for medical necessity. Penile prosthesis requests require:

1. Status of phalloplasty:
  - a. Approved request for phalloplasty surgical procedure; OR
  - b. Completion of phalloplasty surgical procedure
2. Documentation of:
  - a. Inability to achieve insertive coitus; AND
  - b. Tried and failed external penile rigidity device (e.g. penile splint)

D. Vaginal Dilator Requests:

IEHP will review requests on a case-by-case basis consistent with Medi-Cal guidelines for medical necessity. Vaginal dilator requests require:

1. Completion of a vaginoplasty. As such, vaginal dilators are a medically necessary DME item in order to ensure an optimal post-operative course and are allowed one time per Member.

E. Revisions of Gender-Affirmation Surgery Requests:

IEHP authorizes requests for surgical revision on a case-by-case basis consistent with Medi-Cal guidelines for medical necessity to treat gender dysphoria and/or reconstructive surgery. IEHP does not cover cosmetic surgery.

Clinical documentation must support medical necessity to treat gender dysphoria or reconstructive surgery. Surgical revision requests require:

- a. Medical and/or functional complications of prior gender-affirming procedure.
- b. Measurements and/or photographs of deformity/asymmetry (if applicable).
- c. Endorsement of medical necessity or reconstructive purpose from the performing surgeon.

F. Reproductive Health

IEHP does not provide coverage for fertility preservation services, such as embryo, oocyte, sperm, ovarian or testicular tissue cryopreservation.

For Members under 18 years of age:<sup>1</sup>

A. Hormone Therapy

Please refer to the current version of SOC for the Health of Transsexual, Transgender, and Gender Nonconforming People,' published by the WPATH for guidance.

B. Gender-affirming surgical therapy for Members younger than 18 years:

- 1.Chest surgery is covered in transgender female to male Members. Please refer to the current version of SOC for the Health of Transsexual, Transgender, and Gender Nonconforming People,' published by the WPATH for guidance.
- 2.Genital surgery is not covered for Members younger than 18 years of age.

C. Reproductive Health:

IEHP does not provide coverage for fertility preservation services, such as embryo, oocyte, sperm, ovarian or testicular tissue cryopreservation.

**Additional Considerations:**

A. Social Health Assessment

Prior to any gender-affirming surgical procedures, it is strongly recommended that a social health assessment that screens the Member for social needs such as housing, food, transportation, and other basic needs be completed by the Provider prior to proceeding with all surgical interventions. IEHP's Social Health Survey (Transgender Pre-Operative Assessment) can be accessed at <https://ww3.iehp.org/en/providers/special-programs/iehp-gender-health/> and click on IEHP Social Health Survey.

B. Medically Necessary Durable Medical Equipment (DME) Items:

Chest binders are used by transgender men to alleviate disabling symptoms of gender dysphoria and improve activities of daily living. Chest binder use may obviate the need to proceed with gender-affirming surgery. As such, chest binders are a medically necessary DME item and will be allowed with a frequency limit of 3 (three) every 6 (six) months.

C. Hair Removal

Please refer to *UM Subcommittee Approved Guideline- Hair Removal* for hair reduction consultation and procedure authorization criteria.

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<sup>1</sup> Gender-affirming care for transgender youth is a young and rapidly evolving field. In the absence of solid evidence, Providers must rely on expert opinion. This guideline is largely based on expert opinion from the fields of adolescent medicine, pediatric endocrinology, family medicine, and advanced practice nursing who have many years of expertise in clinical care and research.

Covered Gender-Affirming Surgery:

1. Hysterectomy
2. Salpingo-oophorectomy
3. Urethroplasty
4. Metoidioplasty
5. Phalloplasty
6. Vaginectomy
7. Scrotoplasty
8. Penile Implant
9. Testicular Prosthesis
10. Penectomy
11. Orchiectomy
12. Vaginoplasty
13. Colovaginoplasty
14. Clitoroplasty
15. Vulvoplasty
16. Labiaplasty

Other Commonly Requested Surgeries (that would be reviewed on a case-by-case basis for medical necessity to treat gender dysphoria or to determine if the statutory criteria for reconstructive surgery is met):

1. Abdominoplasty
2. Augmentation Mammoplasty
3. Face lift, Blepharoplasty
4. Brow Lift
5. Calf Implants
6. Cheek/Malar Implants
7. Chin/Nose Implant
8. Collagen injections
9. Facial Bone Reconstruction
10. Forehead Lift
11. Hair Removal or Transplant
12. Liposuction
13. Lip Reduction
14. Mastopexy
15. Neck Tightening
16. Pectoral Implants
17. Reduction Thyroid Chondroplasty
18. Removal of Redundant Skin
19. Rhinoplasty
20. Voice Therapy/Voice Lessons
21. Voice Modification Surgery

**COVERAGE LIMITATIONS AND EXCLUSIONS**

Coding Issues- CPT Codes Not Covered:

1. 55970 Intersex surgery, male to female
2. 55980 Intersex surgery, female to male
3. Due to the serial nature of surgery for the gender transition, CPT-4 coding should be specific for the procedures performed during each operation. A Treatment

Authorization Request (TAR) is necessary only for procedures that currently require a TAR.

### **ADDITIONAL INFORMATION**

Health professionals can assist gender dysphoric individuals with affirming their gender identity, exploring different options for expression of that identity, and making decisions about medical treatment options for alleviating gender dysphoria. These include:

1. Psychotherapy for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; or promoting resilience.
2. Changes in gender expression and role.
3. Hormone therapy to feminize or masculinize the body or puberty suppression therapy.
4. Surgery to change primary and/or secondary sex characteristics.

### **CLINICAL/REGULATORY RESOURCE**

Centers for Medicare and Medicaid Coverage (CMS), National Coverage Determination (NCD) for Gender Dysphoria and Gender Reassignment Surgery (140.9)

CMS determined that no national coverage determination (NCD) is appropriate at this time for gender reassignment surgery for Medicare beneficiaries with gender dysphoria. Coverage determination will continue to be made by the local Medicare Administrative Contractor (MAC) on a case-by-case basis.

Medi-Cal Provider Manual- Transgender and Gender Diverse Services (2022):  
Gender affirming care is a covered Medi-Cal benefit when medically necessary.

Department of Health Care Services, All Plan Letter- Ensuring Access to Transgender Services 20-018 (2020):

The purpose of this All Plan Letter (APL) is to remind Medi-Cal managed care health plans (MCPs) Of their obligations to provide transgender services to members.

MCG (2022):

Obstetric and Gynecologic Surgery or Procedure GRG (SG-OBS)- specific OB/GYN surgical procedures appropriate in context of gender reassignment.

Urologic Surgery or Procedure GRG (SG-US)- specific urologic surgical procedures appropriate in context of gender reassignment.

General Surgery or Procedure GRG (SG-US)- specific general surgical procedures appropriate in context of gender reassignment.

Apollo (2022):

Gender Dysphoria, Gender Identity Disorder- Transsexual Surgery/ Gender Reassignment GS 127- general surgical perspective.

Gender Dysphoria (Gender Identity Disorder): Transsexual Surgery/Gender Reassignment BHRC2-110- behavioral health perspective.

World Professional Association for Transgender Health Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 8 - WPATH (2022): The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect in transsexual and transgender health.

## **DEFINITION OF TERMS**

Gender dysphoria: Discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth.

## **REFERENCES**

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#### **DISCLAIMER**

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