



THE TRANSGENDER SERVICES GUIDELINE

A. World Professional Association for Transgender Health (WPATH) Standards of Care

Gold Coast Health Plan (GCHP) will utilize the most up-to-date version of WPATH Standards of Care as its primary source for decision making when reviewing requested services from transgender beneficiaries.

B. Reconstructive Services

Reconstructive services are a benefit for all GCHP members, including transgender members. The determination of whether a surgery or procedure is considered reconstructive and gender affirming, or cosmetic in nature, is based on medical necessity. In the case of transgender members, gender dysphoria is treated as a medical condition for purposes of the reconstructive statute and gender acceptable appearance is to be determined by referencing the gender with which the member identifies.

C. Cosmetic Surgery

Cosmetic surgery is not a Medi-Cal covered benefit and thus not covered by GCHP.

D. Medical Necessity Review for Transgender Services Requests

1. If GCHP determines that the service is medically necessary based on the latest WPATH guidelines to treat the member's gender dysphoria, GCHP will approve the requested service.
2. If GCHP determines the service is not medically necessary to treat gender dysphoria based on the latest WPATH guidelines (or if there is insufficient information to establish medical necessity), GCHP will still consider whether the requested service meets the criteria for gender affirming reconstructive surgery, taking into consideration the gender with which the member identifies.
3. The request for transgender services should be supported by evidence of either medical necessity or evidence supporting the criteria for reconstructive surgery. Supporting documentation should be submitted, as appropriate, by the member's primary care provider, licensed mental health professional, and/or surgeon. These providers should be qualified and have experience in transgender health care.
4. When reviewing any transgender service requests, GCHP will consider the knowledge and expertise of providers qualified to treat gender dysphoria (including the member's providers) and will use the latest version of the WPATH guidelines.
5. GCHP will continuously monitor current guidance on transgender health care to ensure consistency with current medical practice through the Medical Advisory Committee (MAC).

E. Covered Services for Treating Gender Dysphoria

1. GCHP covers the following services, if these services are determined to be medically necessary based on WPATH guidelines to treat a member's gender dysphoria, or if the services meet the statutory definition of gender affirming reconstructive surgery:
 - a. Mental health services
 - b. Psychotherapy
 - c. Hormone therapy
 - d. Surgical procedures and treatments that bring primary and secondary gender characteristics into conformity with the individual's identified gender. Surgical procedures and treatments that bring secondary gender characteristics into conformity with an individual's identified gender may include, but are not limited to:
 - i. Sex reassignment surgery
 - ii. Facial gender confirmation surgery
 - iii. Body contouring
 - iv. Hair removal
 - v. Voice therapy
 - vi. Vocal cord surgery
 - e. GCHP conducts medical necessity and gender affirming reconstructive surgery determinations and applies appropriate utilization management criteria that is non-discriminatory.
 - f. GCHP does not categorically exclude health care services necessary for gender transition or gender affirmation, even if those services are non-covered benefits or not considered medically necessary for other members.
 - g. GCHP does not categorically limit a service or the frequency of services available to a transgender member. For example, classifying certain services, such as facial feminization surgery, as always "cosmetic" or "not medically necessary for any Medi-Cal member" is an impermissible "categorical exclusion" of the service.



- h. GCHP considers each requested service on a case-by-case basis and determines whether the requested service is either “medically necessary to treat the member’s gender dysphoria” or meets the statutory definition of “reconstructive surgery for the purposes of gender transition or gender affirmation.”

References

DHCS All Plan Letter APL 20-18 Ensuring Access to Transgender Services. Available at:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-018.pdf>. Accessed: December 11, 2024.

WPATH Medical Necessity Statement. Available at: <https://www.wpath.org/newsroom/medical-necessity-statement>. Accessed: December 18, 2023.

WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. Available at:

<https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>. Accessed: December 11, 2024.

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
October 27, 2016			
	October 26, 2017		
	October 25, 2018		
	October 24, 2019		
	October 22, 2020		
		January 21, 2021	
	January 20, 2022		
	January 19, 2023		
		January 18, 2024	
MAC Sunset on July 18, 2024			
CREDENTIALING PEER REVIEW COMMITTEE (C/PRC) GUIDELINE HISTORY			
Adopted By CPRC	Reapproved	Revised	Retired
		March 6, 2025	