



## TRANSGENDER SERVICES GUIDELINE

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

Gold Coast Health Plan (GCHP) will use 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 analysis of whether a surgery is considered reconstructive surgery is separate and distinct from a medical necessity determination. In the case of transgender members, gender dysphoria is treated as a “developmental abnormality” for purposes of the reconstructive statute and “normal” appearance is to be determined by referencing the gender with which the member identifies.

### **C. Cosmetic Surgery**

Cosmetic surgery is not a covered benefit under GCHP.

### **D. Medical Necessity Review for Transgender Services Requests**

1. If GCHP determines that the service is medically necessary 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 (or if there is insufficient information to establish medical necessity), GCHP will still consider whether the requested service meets the criteria for 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 (PCP), licensed mental health professional, and/or surgeon. These providers should be qualified and have experience in transgender health care.
4. When analyzing 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 nationally-recognized medical / clinical guidelines such as WPATH.
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 to treat a member’s gender dysphoria, or if the services meet the statutory definition of 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 reconstructive surgery determinations and applies appropriate utilization management criteria that is non-discriminatory.
  - f. GCHP does not categorically exclude health care services related to gender transition on the basis that it excludes these services for all 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.”

**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: January 20, 2021.

WPATH Medical Necessity Statement. Available at: <https://www.wpath.org/newsroom/medical-necessity-statement>. Accessed: January 20, 2021.

WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. Available at: <https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf? t=1605186324>. Accessed: January 20, 2021.

| 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 |                  |         |
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