





Promise Health Plan

Policy Title: Coverage of Transgender Services		POLICY #: 10.2.28	
		Line of business: Medi-Cal	
Department Name: Utilization Management	Original Date 12/16	Effective Date 5/19	Revision Date 12/18, 8/21, 9/21, 3/22, 9/22
Department Head: Mirela Albertsen, UM Senior Director 			Date: 10/22
Medical Services/P&T Committee: (If Applicable) 			Date: 10/22

OVERVIEW:

The insurance gender nondiscrimination act (IGNA) prohibits Managed Care Plans (MCP's) from discriminating against individuals based on gender, including gender identity or gender expression (Health and Safety Code Section (§) 1365.5). The IGNA requires that MCPs provide transgender beneficiaries with the same level of health care benefits that are available to non-transgender beneficiaries. In addition, the Affordable Care Act (ACA) and the implementing regulations prohibit discrimination against transgender beneficiaries and require MCPs to treat beneficiaries consistent with their gender identity (Title 42 United States Code § 18116; 45 Code Of Federal Regulations (CFR) §§ 92.206, 92.207; see also 45 CFR § 156.125 (b)). Specifically, federal regulations prohibit MCPs from denying or limiting coverage of any health care services that are ordinarily or exclusively available to beneficiaries of one gender, to a transgender beneficiary based on the fact that a beneficiary's gender assigned at birth, gender identity, or gender otherwise recorded is different from the one to which such services are ordinarily or exclusively available (45 CFR §§ 92.206, 92.207(b)(3)). Federal regulations further prohibit MCPs from categorically excluding or limiting coverage for health care services related to gender transition (45 CFR §92.207(b)(4)).

PURPOSE

To ensure that Blue Shield of California Promise (Blue Shield Promise) provides medically necessary covered services to all beneficiaries, including transgender beneficiaries.

- For individuals 21 years of age or older, a service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
- For individuals under 21 years of age, service is "medically necessary" or a "medical necessity" if the service corrects or ameliorates defects and physical and mental illnesses and conditions.

Blue Shield Promise will also provide reconstructive surgery to all Medi-Cal beneficiaries, including transgender beneficiaries that meet criteria and are in accordance with the policies and procedures established by the Utilization Management Department. Service requests require two reviews, one based on medical necessity to treat gender dysphoria and the other to determine if statutory criteria is met for reconstructive surgery. The analysis of whether or not a

surgery is considered reconstructive surgery is separate and distinct from a medical necessity determination.

Reconstructive surgery is “surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, to do either of the following: improve function, or; to create a normal appearance to the extent possible” (Health and Safety Code § 1367.63(c)(1)(B)). In the case of transgender beneficiaries, gender dysphoria is to be treated as a “developmental abnormality” and “normal” appearance is to be determined by referencing the gender with which the beneficiary identifies.

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. All evidence/documentation provided to support the service request will be reviewed on a case-by-case basis.

Blue Shield Promise is not required to cover cosmetic surgery. Cosmetic surgery is “surgery that is performed to alter or reshape normal structures of the body in order to improve appearance” (Health and Safety Code § 1367.63(d)).

POLICY

Blue Shield Promise uses nationally recognized clinical guidelines in reviewing prior authorization requests for services from transgender beneficiaries and shall apply those standards consistently across the population. The primary source of clinical guidance for the treatment of gender dysphoria is found in the most current “Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People,” published by the World Professional Association for Transgender Health (WPATH). The WPATH SOC includes a comprehensive discussion of the clinical management and treatment of transgender individuals by physicians and health care professionals.

Blue Shield Promise may apply non-discriminatory limitations and exclusions, conduct medical necessity and reconstructive surgery determinations, and/or apply appropriate utilization management criteria that are non-discriminatory

COVERED SERVICES:

The following may be considered medically necessary treatment for Gender Dysphoria:

1. Psychotherapy for purposes of identifying individuals with Gender Dysphoria
2. Feminizing/masculinizing hormone therapy with clinical monitoring for efficacy and adverse events
3. Gender reassignment surgery that is not cosmetic in nature

Clinical Indications for Gender Reassignment:

Prior to Hormone Therapy:

1. The individual is 18 years of age or older and have capacity to give informed consent
2. If the individual is under 18
 - a. The adolescent must be at least 12
 - b. The adolescent and their parent(s) or guardian(s) consent and are involved in the supporting of the adolescent throughout the treatment process
 - c. The adolescent has experienced puberty to at least Tanner Stage 2

- d. The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or Gender Dysphoria
3. The individual must be diagnosed with Gender Dysphoria
4. The Gender Dysphoria is not a symptom of another mental illness
5. If a significant medical or mental health diagnosis is present, it must be reasonably well controlled with medical treatment, psychotropic medication, and/or psychotherapy, respectively
6. The individual must be evaluated by a mental health professional (A), who must endorse the individual's request for hormone therapy in writing

Prior to Mastectomy or Reduction Mammoplasty or Breast Augmentation:

1. The individual must be 18 years of age or older and have capacity to give informed consent
2. The individual must be diagnosed with Gender Dysphoria
3. The Gender Dysphoria is not a symptom of another mental illness
4. If a significant medical or mental diagnosis is present, it must be reasonably well controlled with medical treatment, psychotropic medication, and/or psychotherapy, respectively
5. The individual must be evaluated for this condition by a mental health professional (A), who must endorse the individual's request for mastectomy or reduction mammoplasty in writing
6. Hormone therapy is not a prerequisite

Prior to Genital Surgery:

1. The individual must be 18 years of age or older and have capacity to give informed consent
2. The individual must be diagnosed with Gender Dysphoria
3. The Gender Dysphoria is not a symptom of another mental illness
4. If a significant medical or mental health diagnosis is present, it must be reasonably well controlled with medical treatment, psychotropic medication, and/or psychotherapy, respectively
5. The individual must be evaluated for this condition by a mental health professional (A), who must endorse the individual's request for gender reassignment surgery in writing
6. The individual must be evaluated by a second mental health professional (A), who must also endorse the individual's request for gender reassignment surgery in writing
7. The individual must have been living full-time in the other gender role contiguous with their gender identity for at least 12 continuous months (i.e. real life experience)
8. The individual must have been taking continuous hormone therapy, unless not clinically indicated or contraindicated, for at least 12 months (This may be simultaneous with real life experience listed above)

Covered Gender Reassignment Surgery includes:

- Hysterectomy
- Mastectomy
- Breast Augmentation
- Salpingo-oophorectomy
- Orchiectomy
- Ovariectomy
- Penectomy
- Reduction Mammoplasty
- Vaginectomy
- Vulvectomy

Genital Reconstruction Surgery such as:

- Clitoroplasty
- Labiaplasty
- Metoidioplasty
- Phalloplasty
- Placement of an erectile and/or testicular prosthesis
- Scrotoplasty
- Urethroplasty
- Vaginoplasty
- Vulvoplasty

Due to the serial nature of surgery(ies) 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 COVERED SERVICES:

The following procedures need prior authorization and will be approved if supporting medical documentation from a medical provider consider these procedures as medically necessary to treat a member's gender dysphoria. Prior authorization can also be approved if supporting medical documentation demonstrates that the reconstructive surgery criteria has been met because the procedure(s) requested correct or repair abnormal structures of the body by bringing primary and/or secondary features into conformity with the gender with which the member identifies.

Abdominoplasty	Drugs for hair loss or hair growth
Blepharoplasty	Hair removal (at other than a surgical site)
Hair transplantation	Neck tightening
Brow lift	Pectoral or calf implants
Cheek/malar implants	Reduction thyroid chondroplasty (i.e. reduction of adam's apple)
Chin or nose implants	Removal of redundant skin
Collagen injections	Rhinoplasty
Facial bone reduction	Skin resurfacing
Face lift	Voice modification surgery (laryngoplasty or shortening of vocal cords)
Forehead lift	Voice therapy/voice lessons
Lip enhancement/reduction	
Liposuction	
Mastopexy (breast lift)	

Non-Covered Services

Additionally, fertility services, including but not limited to: cryopreservation of sperm, oocytes, or fertilized embryos prior to hormonal therapy or genital surgery, are not covered.

DEFINITIONS:

Gender Dysphoria – DSM-5 302.85 F64.9:

A noticeable incongruence between the gender the patient believes they are, and what society perceives them to be. This disparity should be ongoing for at least 6 months and should consist of 2 or more of the subsequent criteria (American Psychiatric Association, 2013):

- Noticeable incongruence between the gender that the patient sees themselves as, compared with their classified gender assignment

- An intense need to do away with his or her primary or secondary sex features (or, in the case of young teenagers, to avert the maturity of the likely secondary features)
- An intense desire to have the primary or secondary sex features of the other gender
- A deep desire to transform into another gender
- A profound need for society to treat them as another gender
- A powerful assurance of having the characteristic feelings and responses of the other gender
- The second necessity is that the condition should be connected with clinically important distress, or affects the individual significantly socially, at work, and in other important areas of life.

REFERENCES

- Centers for Medicare & Medicaid Services-Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N)-June 2016- Administrative File: CAG #00446N
- DHCS All Plan Letter 20-018
- Guidelines for Review of Requests for Sex Reassignment Surgery (SRS) - Supplement to CCHCS/DHCS Care Guide: Gender Dysphoria. May 24, 2016.
- "Policy Clarification: Gender Identity Disorder," General Medicine Medi-Cal Update, Bulletin 465. March 2013.
- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). May 2013. Washington, DC.
- Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, et al. Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline. Journal of Clinical Metabolism, 2009 94:3132-3154. Orig. published online June 9, 2009.
- World Professional Association for Transgender Health. WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People. Minneapolis, MN: World Professional Association for Transgender Health. 7th edition. Accessed at <http://www.wpath.org>. (accessed 2016 Nov 17).

Footnotes

(A) The mental health professional must have at a minimum a master's degree or its equivalent in a clinical behavioral science field by an accredited institution, an up-to-date clinical license, training, continuing education and experience working with the diagnosis and treatment of Gender Dysphoria.