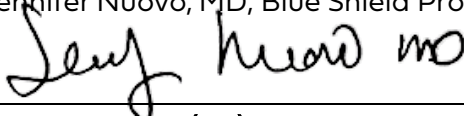
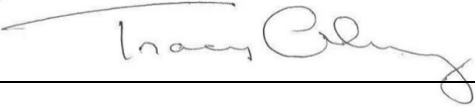




Promise Health Plan

<b>Policy Title:</b> Coverage of Transgender Services		<b>POLICY #:</b> 10.02.28	
		<b>Line of Business:</b> Medi-Cal	
<b>Department Name:</b> Utilization Management	<b>Original Date:</b> 12/16	<b>Effective Date:</b> 5/19	<b>Revision Date:</b> 9/24
<b>Governing Committee:</b> Medical Services Committee			
<b>Governing Committee Approval:</b> Jennifer Nuovo, MD, Blue Shield Promise Chief Medical Officer 		<b>Date:</b> 9/9/24	
<b>Vice President (VP) Approval:</b> Tracy Alvarez, VP, Medical Care Solutions 		<b>Date:</b> 9/9/24	

**A. PURPOSE**

To ensure that Blue Shield of California Promise Health Plan (Blue Shield Promise) provides medically necessary covered services to all members, including transgender members, in compliance with the Insurance Gender Nondiscrimination Act (IGNA), California Health and Safety Code, Affordable Care Act, the Department of Healthcare Services All Plan Letter (APL) 20-018, and the Code of Federal Regulations.

**B. DEFINITIONS**

1. "Cosmetic surgery": "surgery that is performed to alter or reshape normal structures of the body in order to improve appearance" (Health and Safety Code section (§) 1367.63(d)).
2. "Gender Dysphoria": 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:
  - 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 (American Psychiatric Association, 2013).

3. "Medical necessity":

- 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, a service is "medically necessary" or a "medical necessity" if the service corrects or ameliorates defects and physical and mental illnesses and conditions.

4. "Reconstructive surgery": "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)).

## C. POLICY

- I. Blue Shield Promise provides transgender members with the same level of health care benefits available to non-transgender members.
- II. Blue Shield Promise does not discriminate against transgender individuals and treats members in a manner consistent with the member's gender identity. Consistent with federal regulations, Blue Shield Promise does not deny or limit coverage of any health care services that are ordinarily or exclusively available to members of one gender to a transgender member based on the fact that a member'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.
- III. Blue Shield Promise does not categorically exclude or limit coverage for health care services related to gender transition.
- IV. Blue Shield Promise uses nationally recognized clinical guidelines in reviewing prior authorization requests for services from transgender members and applies 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 Transgender and Gender Diverse

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.

- V. Blue Shield Promise will provide coverage of reconstructive surgery for all Medical members, including transgender members, that meet criteria and are in accordance with the policies and procedures established by the Utilization Management (UM) Department. Service requests require two reviews: one based on medical necessity to treat gender dysphoria, and the other to determine if statutory criteria are met for reconstructive surgery. 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 to be treated as a “developmental abnormality” and “normal” appearance is to be determined by referencing the gender with which the member identifies.
- VI. 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.
- VII. Blue Shield Promise is not required to cover cosmetic surgery.

#### D. PROCEDURES

- I. Requests for transgender services (gender-affirming 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.
- II. The UM department will review all evidence/documentation provided to support the service request on a case-by-case basis.
- III. COVERED SERVICES:  
The following may be considered medically necessary treatment for Gender Dysphoria:
  - a. Psychotherapy for purposes of identifying individuals with Gender Dysphoria
  - b. Feminizing/masculinizing hormone therapy with clinical monitoring for efficacy and adverse events
  - c. Gender reassignment surgery that is not cosmetic in nature

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#### Clinical Indications for Gender Reassignment:

Prior to Hormone Therapy:

- a. The individual must be 18 years of age or older and have capacity to give informed consent
- b. If the individual is under 18
  - i. The adolescent must be at least 12 years of age
  - ii. The adolescent and their parent(s) or guardian(s) consent and are involved in the supporting of the adolescent throughout the treatment process
  - iii. The adolescent has experienced puberty to at least Tanner Stage 2
  - iv. The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or Gender Dysphoria
- c. The individual must be diagnosed with Gender Dysphoria
- d. The Gender Dysphoria is not a symptom of another mental illness
- e. 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
- f. The individual must be evaluated by a mental health professional, who must endorse the individual's request for hormone therapy in writing

Prior to Mastectomy or Reduction Mammoplasty or Breast Augmentation:

- a. The individual must be 18 years of age or older and have capacity to give informed consent
- b. The individual must be diagnosed with Gender Dysphoria
- c. The Gender Dysphoria is not a symptom of another mental illness
- d. If a significant medical or mental diagnosis is present, it must be reasonably well controlled with medical treatment, psychotropic medication, and/or psychotherapy, respectively
- e. The individual must be evaluated for this condition by a mental health professional<sup>1</sup>, who must endorse the individual's request for mastectomy or reduction mammoplasty in writing
- f. Hormone therapy is not a prerequisite

Prior to Genital Surgery:

- a. The individual must be 18 years of age or older and have capacity to give informed consent
- b. The individual must be diagnosed with Gender Dysphoria
- c. The Gender Dysphoria is not a symptom of another mental illness
- d. 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
- e. The individual must be evaluated for this condition by a mental health professional<sup>1</sup>, who must endorse the individual's request for gender reassignment surgery in writing
- f. The individual must be evaluated by a second mental health professional<sup>1</sup>, who must also endorse the individual's request for

- gender reassignment surgery in writing
- g. 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)
- h. 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:

- a. Hysterectomy
- b. Mastectomy
- c. Breast Augmentation
- d. Salpingo-oophorectomy
- e. Orchiectomy
- f. Ovariectomy
- g. Penectomy
- h. Reduction Mammoplasty
- i. Vaginectomy
- j. Vulvectomy

Genital Reconstruction Surgery may include:

- a. Clitoroplasty
- b. Labiaplasty
- c. Metoidioplasty
- d. Phalloplasty
- e. Placement of an erectile and/or testicular prosthesis
- f. Scrotoplasty
- g. Urethroplasty
- h. Vaginoplasty
- i. 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.

IV. ADDITIONAL COVERED SERVICES:

The following procedures require prior authorization and will be approved by the UM department if supporting medical documentation from a medical provider indicates these procedures are 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:

- a. Abdominoplasty

- b. Blepharoplasty
- c. Brow lift
- d. Cheek/malar implants
- e. Chin or nose implants
- f. Collagen injections
- g. Drugs for hair loss or hair growth
- h. Facial bone reduction
- i. Face lift
- j. Forehead lift
- k. Hair removal (at other than a surgical site)
- l. Hair transplantation
- m. Lip enhancement/reduction
- n. Liposuction
- o. Mastopexy (breast lift)
- p. Neck tightening
- q. Pectoral or calf implants
- r. Reduction thyroid chondroplasty (i.e., reduction of Adam's apple)
- s. Removal of redundant skin
- t. Rhinoplasty
- u. Skin resurfacing
- v. Voice modification surgery (laryngoplasty or shortening of vocal cords)
- w. Voice therapy/voice lessons

V. Non-Covered Services

- a. Blue Shield Promise is not required to cover cosmetic surgery.
- b. 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.

VI. When denying a requested service, the UM department will issue a notice of action (NOA) explaining the reasons for the adverse benefit determination. The NOA will clearly state the reasons for the denial and provide a detailed explanation of the specific reasons for the denial, a description of the criteria or guidelines used, and the clinical reasons for decisions regarding medical necessity to support the denial both on the basis of "not medically necessary to treat gender dysphoria" and "does not satisfy the criteria of the reconstructive surgery statute.

E. MONITORING:

N/A

F. REPORTING:

N/A

## G. ATTACHMENTS

N/A

## H. REFERENCES

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. May 2013. Washington, DC.
2. BSCPHP Medi-Cal Provider Manual section 7.8.6: Reconstructive Surgery
3. Coleman, E., Radix, A. E., Bouman, W.P., Brown, G.R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F.L., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health, 23*(S1), S1-S260. <https://www.wpath.org/soc8>
4. DHCS All Plan Letter 20-018: Ensuring Access to Transgender Services
5. Guidelines for Review of Requests for Sex Reassignment Surgery (SRS) - Supplement to CCHCS/DHCS Care Guide: Gender Dysphoria. May 24, 2016.
6. 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.
7. "Policy Clarification: Gender Identity Disorder," General Medicine Medi-Cal Update, Bulletin 465. March 2013.
8. HSC Section (§)1365.5
9. 42 United States Code § 18116
10. 45 CFR §§ 92.206, 92.207
11. 45 CFR § 156.125 (b)
12. HSC § 1367.63(c)(1)(B)
13. HSC § 1367.63(d)

## I. REVISION HISTORY:

Date	Modification (Reviewed and/or revised)	E-filing Number
9/24	2024 Annual Review <ul style="list-style-type: none"><li>• Review of regulatory requirements</li><li>• Formatting updates</li></ul>	
10/23	<ul style="list-style-type: none"><li>• Annual review of regulatory requirements (DHCS, DMHC, NCQA)</li><li>• Formatting updates</li></ul>	

### Footnotes

(1) 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.