



**UM CRITERIA FOR NON-GENITAL GENDER CONFIRMATION SERVICES**

Mammoplasty.....	1
Mastectomy.....	1
Facial Reconstruction.....	3
Surgical Revisions.....	4
Surgical Site Hair Reduction.....	4
Facial Hair Reduction.....	5

**Note:** criteria pertains to adults members of SFHP and not those under the age of 18

**GENDER CONFIRMATION MAMMOPLASTY AND MASTECTOMY**

**1. SURGICAL CONSULTATION:**

Mammoplasty and Mastectomy with Male Chest reconstruction require:

- For San Francisco Community Health Network members:
  - a. Send consultation request and supporting documents to Transgender Health Services via eReferral
- Prior authorization from SFHP Utilization Management Department
- Documentation of Medical Evaluation
- Documentation of Behavioral Health Evaluation
- Documentation of Patient Education

Documentation of Medical Evaluation

- Comprehensive history and physical dated within 3 months of request date
- Gender confirmation mammoplasty and mastectomy both require:
  - a. Received 12 continuous months of hormonal therapy; **OR**
  - b. Viable medical contraindication to hormonal therapy
  - c. Lived as preferred gender for 12 continuous months
  - d. Substance use well-controlled for at least 6 months prior to request date

- e. No medical contraindications to surgery
- f. Completed “Medical Evaluation” form (available at sfhp.org)
- Gender Confirmation Mammoplasty additionally requires:
  - a. Documentation that 12 continuous months of estrogen therapy has failed to result in breast tissue growth of at least Tanner Stage 5 when hormonal therapy has no medical contraindication

#### Documentation of Behavioral Health Evaluation

- Referral for surgery from a qualified behavioral health professional who has assessed the member for mammoplasty/mastectomy
- Referral must include a statement that
  - a. Behavioral health professional is available for coordination of care
  - b. Welcomes phone calls to establish care-coordination
- Evaluation dated within one year of prior authorization request via **EITHER**:
  - a. Completed “Transgender Health Service Therapist Documentation” form (available at sfhp.org); **OR**
  - b. Narrative typewritten statement documenting responses to all items on the “Transgender Health Service Therapist Documentation Form”

#### Documentation of Patient Education

- “Transgender Health Patient Education” form (available at sfhp.org)
  - a. Signed by member
  - b. Surgery-specific

**Note:** gender confirmation surgery can have long wait times. SFHP requires updated medical and behavioral health documentation for surgical clearance prior to surgery.

## **2. SURGICAL PROCEDURE:**

Mammoplasty and Mastectomy with Male Chest reconstruction require:

- Prior authorization from SFHP Utilization Management Department
- Completion of surgical consult
- List of requested procedure(s)
- Statement from the surgeon recommending surgery

## **GENDER CONFIRMATION FACIAL RECONSTRUCTIVE PROCEDURES**

SFHP will review requests of this type when the medical referral and behavioral health evaluation support medical necessity.

### **1. SURGICAL CONSULTATION:**

Facial reconstruction requests require:

- For San Francisco Community Health Network members:
  - a. Send consultation request and supporting documents to Transgender Health Services via eReferral
- Prior authorization from SFHP Utilization Management Department
- Documentation of Medical Evaluation
- Documentation of Behavioral Health Evaluation

#### Documentation of Medical Evaluation

- Comprehensive history and physical dated within 3 months of request date
- 12 continuous months of hormonal therapy; **OR**
- Viable medical contraindication to hormonal therapy
- Member has lived as the preferred gender for 12 continuous months
- Substance use well-controlled for at least 6 months prior to request date
- No medical contraindications to surgery

#### Documentation of Behavioral Health Evaluation

- Referral for surgery from a qualified behavioral health professional who has assessed the member for facial reconstruction and includes:
  - a. Evaluation of facial feature(s) that cause persistent gender dysphoria
  - b. How the presence of stated feature(s) impair function in relation to activities of daily living
  - c. How the reconstruction of said features will improve quality of life and daily function
  - d. Must include statement that:

1. Behavioral health provider is available for coordination of care
  2. Welcomes phone calls to establish care-coordination
- Evaluation dated within one year of prior authorization request via **EITHER**:
    - a. Completed “Transgender Health Service Therapist Documentation Form” (available at sfhp.org); **OR**
    - b. Narrative typewritten statement documenting responses to all items on the “Transgender Health Service Therapist Documentation Form”

## **2. SURGICAL PROCEDURE:**

Facial reconstruction requests require:

- Prior authorization from SFHP Utilization Management Department
- Completion of surgical consult
- List of requested procedure(s)
- Statement from the surgeon recommending surgery as part of the treatment for gender dysphoria
- Documentation of signed Patient Education

## **REVISIONS OF NON-GENITAL GENDER CONFIRMATION SURGERY**

SFHP authorizes requests for surgical revisions on a case-by-case basis consistent with Medi-Cal guidelines for medical necessity. SFHP does not cover cosmetic surgery. Clinical documentation must support medical necessity.

Surgical revisions require:

- Medical and/or functional complications of prior gender confirmation procedure
- Measurements and/or photographs of deformity/asymmetry (if applicable)
- Statement from the performing surgeon recommending the procedure

## **HAIR REDUCTION PROCEDURES**

### **1. SURGICAL SITE HAIR REDUCTION**

SFHP will cover electrolysis or laser hair reduction prior to gender confirmation surgery in order to prepare the surgical site

Surgical hair reduction requests require:

- Prior authorization from SFHP Utilization Management Department
- Completion of surgical consult
- Surgeon indicates member as an appropriate surgical candidate
- Authorization requests must come from the office of the consulting surgeon

## **2. FACIAL HAIR REDUCTION**

SFHP will review requests of this type when the medical referral and behavioral health evaluation support medical necessity for MtF transgender individuals on a case-by-case basis.

Facial hair reduction requests require:

- Prior authorization from SFHP Utilization Management Department
- Documentation of Medical Evaluation
- Documentation of Behavioral Health Evaluation

### Documentation of Medical Evaluation

- 12 continuous months of hormonal therapy; **OR**
- Viable medical contraindication to hormonal therapy
- Member has lived as the preferred gender for 12 continuous months

### Documentation of Behavioral Health Evaluation

- Referral for procedure from a qualified behavioral health professional who has independently assessed the member and includes:
  - a. Evaluation of gender dysphoria related to the presence of facial hair
  - b. How the presence of facial hair impairs function in relation to activities of daily living
  - c. How the reduction of facial hair will improve quality of life and daily function
  - d. List of alternative methods of hair reduction and their results
  - e. Ability to give informed consent

## **DEFINITIONS**

### **MEDICAL NECESSITY**

Services reasonable and necessary to protect life; prevent significant illness and/or disability, or to alleviate severe pain through the diagnosis and treatment of disease, illness, or injury

### **GENDER DYSPHORIA**

Distress caused by conflict between a person's sex assigned at birth and the gender he/she/they currently identifies with

### **FEMALE TO MALE (FtM)**

A person assigned female sex at birth and later adopts the identity, appearance, and gender role of a male, especially after gender confirmation surgery

### **MALE TO FEMALE (MtF)**

A person assigned male at birth and later adopts the identity, appearance, and gender role of a female, especially after gender confirmation surgery

### **QUALIFIED MEDICAL PROFESSIONAL**

The medical professional must have appropriate training (MD, DO, NP, PA):

- Up-to-date clinical license in the State of California
- Training, continuing education, and experience working with the diagnosis and treatment of Gender Dysphoria

### **QUALIFIED BEHAVIORAL HEALTH PROFESSIONAL**

The behavioral health professional must have appropriate training:

- Master's degree or its equivalent in a clinical behavioral science field by an accredited institution
- Doctor of medicine or osteopathy, specializing in psychiatry and/or PhD in clinical behavioral science field by an accredited institution
- Licensed Psychiatrist
- Up-to-date clinical license
- Training, continuing education, and experience working with the diagnosis and treatment of Gender Dysphoria

## GENDER CONFIRMATION SURGERY

Surgical procedure that changes a person's physical appearance and function from his/her existing sex characteristics, including secondary sex characteristics, to resemble that of the opposite sex in order to affirm his/her gender identity. Gender confirmation surgery can meet medical necessity as an important part of treating gender dysphoria

## TRANSGENDER

Diverse group of individuals who cross or transcend culturally-defined categories of gender. Gender identity of transgender people differs to varying degrees from their sex or physical gender assigned at birth

## WORLD PROFESSIONAL ASSOCIATION OF TRANSGENDER HEALTH (WPATH)

Organization founded in 1979 and formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIIGDA). It devotes its resources to understanding the treatment of Gender Dysphoria and has developed internationally accepted Standards of Care (SOC)

## REVISION HISTORY

**Effective Date:** April 10, 2014  
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## REFERENCES

Criteria based on the following:

- 7th edition of the World Professional Association of Transgender Health, WPATH, Standards of Care
- Medi-Cal Provider Manual "Surgeries"