



## **GENDER AFFIRMING SERVICES MEDICAL NECESSITY CRITERIA**

San Francisco Health Plan (SFHP) uses these criteria to guide medical necessity decisions for gender-affirming (GA) services for SFHP's transgender and gender diverse (TGD) members in the San Francisco Health Network, Community Clinic Network, SFHP Direct Network, and UCSF medical groups. Pharmacy-provided medications are reviewed separately through California's state Medi-Cal Rx pharmacy benefit (Medi-Cal line of business) or SFHP's pharmacy benefit (Healthy Workers line of business).

### **SURGICAL SERVICES**

Gender-affirming reconstructive surgeries and procedures include, but are NOT LIMITED to: facial and body contouring and implants; hairline advancement or scalp or facial hair restoration/transplantation; thyroid chondroplasty; voice modification surgeries; bottom surgeries like vaginoplasty, metoidioplasty, phalloplasty, glansplasty, urethroplasty, orchiectomy, hysterectomy, and vaginectomy; top surgeries like transmasculine and nonbinary chest reconstruction and transfeminine and nonbinary breast augmentation. All surgery requests are reviewed for medical necessity using criteria based on The World Professional Association for Transgender Health (WPATH) *Standards of Care, 8<sup>th</sup> Version (SOC-8)*. The DHCS reconstructive statue criteria will be applied to cases where WPATH SOC-8 criteria are not met. Please see those source documents for more in-depth information. Documentation showing/attesting these requirements are met must be recent within 3 months of the authorization request.

#### **WPATH SOC-8 Criteria for Surgery for Adults**

- a. Gender incongruence is marked and sustained;
- b. Meets diagnostic criteria for gender incongruence prior to gender-affirming surgical intervention in regions where a diagnosis is necessary to access health care;
- c. Demonstrates capacity to consent for the specific gender-affirming surgical intervention;
- d. Understands the effect of gender-affirming surgical intervention on reproduction and they have explored reproductive options;  
*Please note- fertility preservation is not a Medi-Cal benefit.*
- e. Other possible causes of apparent gender incongruence have been identified and excluded;
- f. Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed.

#### **WPATH SOC-8 Criteria for Surgery for Adolescents**

- a. Gender diversity/incongruence is marked and sustained over time;
- b. Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
- c. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
- d. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
- e. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;

*Please note- fertility preservation is not a Medi-Cal benefit.*



f. At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated.

### **DHCS Criteria for Reconstructive Surgery**

1. Surgery is being performed to repair structures of the body to 'normal' appearance, referencing the gender with which the member identifies.

## **NON-SURGICAL SERVICES**

Gender-affirming non-surgical services include\*, but are NOT LIMITED to: injectable natural and synthetic fillers, toxins, sculpting agents; laser and electrolysis hair removal/reduction for surgical site, face, and body; postsurgical micropigmentation, such as nipples or neophallus; prosthetics, padding, chest or genital binding/compression garments (not postsurgical); voice and communication therapies; physician administered drugs such as hormones and puberty blocking agents; and fertility preservation (for Healthy Worker members only). Criteria in this section mirrors the language and/or intent of The World Professional Association for Transgender Health (WPATH) *Standards of Care, 8<sup>th</sup> Version (SOC-8)* and the DHCS reconstructive statute. Please see these source documents for more in-depth information.

*\*Hyperbaric oxygen therapy and lymphatic massage are not medically indicated after fat grafting, thus excluded from these criteria.*

### **Criteria for Non-Surgical Services**

1. Purpose is to affirm an individual's gender identity and reduce gender incongruence and dysphoria.

### **Criteria for Fertility Preservation (for Healthy Worker plan members only)**

1. Member's planned gender affirming treatments can result in infertility.

### **WPATH SOC 8 Criteria for Physician Administered Puberty Blocking Agents and Hormones**

#### **a. For Adults**

- a. Gender incongruence is marked and sustained;
- b. Meets diagnostic criteria for gender incongruence prior to gender-affirming hormone treatment in regions where a diagnosis is necessary to access health care;
- c. Demonstrates capacity to consent for the specific gender-affirming hormone treatment;
- d. Other possible causes of apparent gender incongruence have been identified and excluded;
- e. Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed;
- f. Understands the effect of gender-affirming hormone treatment on reproduction and they have explored reproductive options.

*Please note- fertility preservation is not a Medi-Cal benefit.*

#### **b. For Adolescents**

- a. Gender diversity/incongruence is marked and sustained over time;
- b. Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
- c. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;



- d. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
- e. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;  
*Please note- fertility preservation is not a Medi-Cal benefit.*
- f. Reached Tanner stage 2.

### TERMINOLOGY

Gender-affirming medical and/or surgical treatments: “interventions to better align body with gender identity.”

Gender Dysphoria: “a state of distress or discomfort that may be experienced because a person’s gender identity differs from that which is physically and/or socially attributed to their sex assigned at birth. Gender Dysphoria is also a diagnostic term in the DSM-5 denoting an incongruence between the sex assigned at birth and experienced gender accompanied by distress.”

Gender Incongruence: diagnostic term used in the ICD-11 that describes a person’s “marked and persistent experience of an incompatibility between that person’s gender identity and the gender expected of them based on their birth-assigned sex”.

Qualified provider: WPATH recommends health care professionals assessing TGD members are licensed and hold a relevant master’s degree or have equivalent training from a nationally accredited institution, competent in using International Classification of Diseases (ICD) to diagnose patients, can identify and distinguish from gender diversity from co-existing mental health or other psychosocial concerns, can assess patient capacity to provide informed consent, are experienced assessing and obtain continuing education related to gender dysphoria, incongruence, and diversity.

Reconstructive Surgery: “surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or diseases to create a normal appearance to the extent possible.”

TGD: transgender and gender diverse; “gender identities or expressions that differ from the gender socially attributed to the sex assigned to them at birth.”

### REVISION AND REVIEW HISTORY

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**Revision Dates:** June 2013, January 2014, March 2014, May 2014, Feb 2015, Oct 2015, Feb 2016, April 2016, November 2021, April 2022, January 2022, January 2023

**Last approved:** March 2023

### REFERENCES

California Health and Safety Code, 1374.551

DHCS APL 20-018: “Ensuring Access to Transgender Services”

Medi-Cal Provider Manual: “Transgender Services”

SFHP Medi-Cal Member Handbook and Healthy Worker EOC

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