



**UM CRITERIA FOR GENITAL GENDER CONFIRMATION SERVICES**

Examples of covered surgeries..... 1

Genital Surgery Consult..... 2

Genital Surgery Procedure..... 3

Penile Prosthesis..... 4

Surgical Revisions..... 4

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

**COVERED GENITAL GENDER CONFIRMATION SURGERY PROCEDURES**

Surgical procedures may include but not limited to the following:

**1. MALE TO FEMALE (MtF)**

- Clitoroplasty
- Orchiectomy
- Penectomy
- Vaginoplasty

**2. FEMALE TO MALE (FtM)**

- Hysterectomy/salpingo-oophorectomy
- Metoidioplasty
- Phalloplasty
- Scrotoplasty
- Urethroplasty
- Vaginectomy

## GENDER CONFIRMATION GENITAL SURGERY

### 1. SURGICAL CONSULTATION:

All types of genital surgery 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
  - a. Dated within 3 months of the initial request for consult
  - b. List of medical and psychiatric medications
  - c. Lived as preferred gender for 12 continuous months
  - d. Substance use well-controlled for at least 6 months prior to request date
  - e. Received 12 continuous months of hormonal therapy; **OR**
  - f. Viable medical contraindication to hormonal therapy
- Primary care provider states:
  - a. Available for coordination of care
  - b. Welcomes phone calls to establish care-coordination
  - c. Recommendation for surgery
- List of significant medical and/or behavioral health conditions:
  - a. Managed for at least 6 months preceding request for prior authorization
- Established care with Primary Care Provider and/or clinic for 12 months
- Completed "Medical Evaluation" form (available at sfhp.org)

#### Documentation of Behavioral Health Evaluation

- Two referrals for surgery by qualified behavioral health professionals:
  - a. Behavioral health professionals must perform independent assessments
  - b. Both dated within one year of prior authorization request
  - c. Each assessment must include a statement that:

1. Behavioral health professional is available for coordination of care
2. Welcomes phone calls to establish care-coordination

- Referrals must appear in one of the following forms:
  - 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 waiting times. SFHP requires updated medical and behavioral health documentation for surgical clearance prior to surgery.

## **2. SURGICAL PROCEDURE:**

All types of genital surgery require:

- Prior authorization from SFHP Utilization Management Department
- Completion of surgical consult
- Submission of request no sooner than 3 months prior to planned surgery date
- List of requested procedure(s)
- Updated medical and behavioral health clearance for surgery
- Statement from the surgeon recommending surgery

#### Updated Medical and Behavioral Health Clearance

- Updated H&P within 3 months of scheduled surgery date:
  - a. No medical contraindications to surgery
- Behavioral Health attestation dated within 3 months of scheduled surgery:
  - a. No behavioral contraindications to surgery
  - b. The following providers can provide this statement:
    1. Primary care provider
    2. Behavioral Health Professional
    3. Transgender Health Services (THS)

## **GENDER CONFIRMATION PENILE PROSTHESIS**

Medi-Cal does not cover penile prosthesis as a benefit; however, SFHP will review requests on a case-by-case basis consistent with Medi-Cal guidelines for medical necessity.

Penile prosthesis requests require:

- Completion of genital surgical consult
- Status of phalloplasty:
  - a. Approved request for phalloplasty surgical procedure: **OR**
  - b. Completion of phalloplasty surgical procedure
- Statement from either the primary care provider or performing surgeon:
  - a. Cannot achieve insertive coitus
  - b. Tried and failed external penile rigidity device (e.g. penile splint)
- Statement from the surgeon recommending surgery

## **REVISIONS OF 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

## **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  
**Approval Date:** April 10, 2014  
**Revision Date(s):** June 2013; January 31, 2014, March 2014, May 2014, February 2015, October 2015, February 2016, April 2016

## 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"