

SAN FRANCISCO HEALTH PLAN
 CO-61 Gender Affirmation Services (GAFS)

APPROVAL/REVIEW/REVISION HISTORY			
Signature	Title	Date	Action
DocuSigned by: <i>Nina Maruyama</i> 9D4617B1400D431...	CCO	4/22/2025	Policy Update
Signed by: <i>Steve O'Brien</i> 60DFB20814944C4...	CMO	4/22/2025	



SFHP POLICY AND PROCEDURE

Gender Affirmation Services (GAFS)

Policy and Procedure Number:	CO-61
Department	Clinical Operations
Accountable Lead	Clinical Operations Analyst
Lines of Business and Coverage Programs Affected:	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare Advantage D-SNP <input checked="" type="checkbox"/> Healthy Workers HMO <input type="checkbox"/> Healthy SF <input type="checkbox"/> City Option <input type="checkbox"/> All lines of business and coverage programs as listed above

POLICY STATEMENT

San Francisco Health Plan (SFHP) Gender Affirmation (GA) Services policy applies to transgender and gender diverse (TGD) members who desire gender affirming services to align their physical characteristics with their gender.

In accordance with the Insurance Gender Nondiscrimination Act (IGNA) and Affordable Care Act (ACA), SFHP does not discriminate against individuals on the basis of race, color, national origin, disability, age, sex, sexual orientation or gender, including gender identity or gender expression. SFHP treats each member in a manner consistent with their gender identity and provides TGD members with the same level of health care benefits available to cisgender members. The common core set of benefits provided to all SFHP members are known as Essential Health Benefits (EHB).

SFHP does not deny or limit coverage of any health care services that are ordinarily or exclusively available to members of one gender to a TGD 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. Furthermore, SFHP does not categorically exclude or limit coverage for health care services related to gender transition, including categorically restricting the scope of services to a member “solely because of the diagnosis, type of illness, or condition.”

Reconstructive surgery is available to all members, including TGD members. The analysis of whether or not a surgery is considered reconstructive surgery is separate and distinct from a medical necessity determination. State law defines reconstructive surgery as “surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors,

or disease to create a normal appearance to the extent possible.” In the case of TGD members, gender dysphoria or gender incongruence is treated as a “developmental abnormality” for purposes of the reconstructive statute and “normal” appearance is to be determined by referencing the gender with which the member identifies.

SFHP does not provide cosmetic surgery. State law defines cosmetic surgery as “surgery that is performed to alter or reshape normal structures of the body in order to improve appearance”. Gender affirming services are not cosmetic.

Per DHCS All Plan Letter 20-018 *Ensuring Access to Transgender Services*, SFHP analyzes gender-affirming service requests under both the applicable medical necessity standard for services to treat gender dysphoria or gender incongruence and under the statutory criteria for reconstructive surgery. A finding of either “medically necessary to treat gender dysphoria or gender incongruence” or “meets the statutory criteria of reconstructive surgery” serves as a separate basis for approving the request.

If SFHP determines that the service is medically necessary to treat the member’s gender dysphoria or gender incongruence, SFHP will approve the requested service. If SFHP determines the service is not medically necessary to treat gender dysphoria or gender incongruence (or if there is insufficient information to establish medical necessity), SFHP will still consider whether the requested service meets the criteria for reconstructive surgery, taking into consideration the gender with which the member identifies.

The request for gender-affirming services must be supported by evidence of either medical necessity or evidence supporting the criteria for reconstructive surgery. Supporting documentation must be submitted, as appropriate, by the member’s provider, such as primary care provider, licensed mental health professional, and/or surgeon. These providers should be qualified and have experience in transgender health care. Supporting evidence for surgical service requests from the surgeon must be recent within 3 months of the authorization request. Standard recency for all other supporting documentation is within 1 year.

SFHP considers each requested service on a case-by-case basis and determines whether the requested service is either “medically necessary to treat the member’s gender dysphoria or gender incongruence” or meets the statutory definition of “reconstructive surgery.”

All medically necessary services are provided in a timely manner. Benefit exclusions, medical necessity determinations, and/or utilization management criteria may be applied. When analyzing gender-affirming service requests for TGD members, SFHP considers the knowledge and expertise of providers (including the member’s providers), and uses nationally recognized medical/clinical guidelines, including criteria based on the clinical guidance found in the most current “Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People,” published by the

World Professional Association for Transgender Health (WPATH). SFHP continuously monitors current guidance to ensure consistency with current medical practice.

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.

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).

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

PROCEDURE

- I. SFHP covers and facilitates GA services through a treatment plan model of care for all eligible members. The treatment model provides a holistic, whole-person, evidence-based approach to supporting a member in their transition.
- II. Treatment(s), or procedure(s) requiring prior authorization, are reviewed using the following criteria and guidance for determinations:
 - For medical necessity of surgical services, SFHP uses the criteria found in the most current *Standards of Care for the Health of Transgender and Gender Diverse People*, published by the World Professional Association for Transgender Health (WPATH).
 - For reconstructive surgery, SFHP uses the guidance in the DHCS *Transgender and Gender Diverse Services Manual*
 - For non-surgical services, SFHP uses the guidance in DHCS All Plan Letter 20-018 *Ensuring Access to Transgender Services*.
 - The purpose of non-surgical services is to affirm an individual's gender identity and reduce gender incongruence and dysphoria. Thus, they may be used along with surgical services.
 - For fertility preservation (Healthy Workers coverage only; Medi-Cal excluded service), SFHP uses guidance from California Health and Safety Code - HSC § 1374.551

- For benefit exclusions, SFHP uses the Member Handbook for Medi-Cal coverage and Evidence of Coverage (EOC) for Healthy Worker coverage.
 - 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).
- III. All TGD members, including adults, adolescents, and children, have full access to age appropriate and member specific GA services.
- A. All members seeking GA services should have established care with:
 - 1. A SFHP network Primary Care Provider, and
 - 2. A SFHP network Primary Care Clinic.
 - B. Any TGD member are provided with the following essential services while eligible with SFHP:
 - 1. Ongoing preventive and primary care.
 - 2. Ongoing behavioral health care.
 - 3. Medically necessary and/or reconstructive gender affirming treatments and procedures
 - 4. Postoperative care, including follow-up care.

Referral Considerations – By Age and Medical Group

- I. Referrals to out-of-network (OON) providers require prior authorization.
- II. Primary Care Providers (PCPs) are responsible for coordinating all specialty care referrals.
- III. Adolescents (Under 18)
 - A. It is recommended adolescents and children are referred to UCSF Child & Adolescent Gender Center (CAGC) or DPH Dimensions Clinic.
- IV. Adults (18 and Up)
 - A. SFN Medical Group: Members may be referred to Gender Health SF per the San Francisco Department of Public Health's internal referral process. Gender Health SF's resources include, but are not limited to, Peer Navigator support, educational and preparatory services.
 - 1. Non-SFN member support may be limited to group education and/or support groups for preparatory classes.
 - B. UCSF Medical Group: UCSF PCP's may refer to UCSF Transgender Care. UCSF Transgender Care supports care coordination, patient navigation, and specialty referrals. UCSF members also have the option of accessing Gender Health SF services for group education and general resource information.
 - C. CLN Medical Group and SFHP Direct Network (SDN): Members may access Gender Health SF for group education and general resource information.

MONITORING

- 1. Aggregate authorization and claim data are subject to retrospective analysis by SFHP's Clinical Operations Department in order to evaluate over- and underutilization of services.

2. SFHP's Clinical Operations Department monitors turnaround times of internal processing for compliance with standards.
3. Per CO-57 SFHP's Clinical Operations Department performs inter-rater reliability audits at least annually for both physician and nurse reviewers.
4. The Utilization Management Committee (UMC) reviews Appeals, IMRs, and State Fair Hearings resulting in authorization decision made by SFHP or one of its delegated medical groups. The UMC recommends corrective action and/or identifies where the Clinical Operations Department can revise the authorization process, if necessary, to improve the member experience, to address any barriers, and ensure the utilization management criteria are consistent with current industry and evidence-based practices. The Quality Improvement Committee reviews an Appeals Report (overturned and upheld appeals) every quarter regarding the activity of medical authorizations.
5. SFHP's Member Services and Health Services Departments evaluate member grievances and appeals, as well as SFHP's member and provider satisfaction survey responses, to identify patterns.
6. The SFHP Chief Medical Officer (CMO), Medical Director, physician designee, or any employee familiar with the request for gender affirming services identifies potential quality issues (PQI), including provider preventable conditions (PPCs), and follows the PQI process defined in QI-18 and the PPC process defined in QI-19.
7. Dashboards and other reports regarding SFHP's Clinical Operations Department's monitoring activities are reviewed at the Utilization Management Committee (UMC) and are presented to the Quality Improvement Committee (QIC) at least annually for evaluation and corrective actions as needed.
8. Medical groups delegated to perform utilization management are audited annually as outlined in DO-02 Oversight of Delegated Functions.

DEFINITIONS

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”.

Medically Necessary: State law defines “medically necessary” as follows:

- a) Medi-Cal: 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.
- b) Medi-Cal: 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.
- c) Healthy Workers HMO: A service or product addressing the specific needs of that patient, for the purpose of preventing, diagnosing, or treating an illness, injury, condition, or its symptoms, including minimizing the progression of that illness, injury, condition, or its symptoms, in a manner that is all of the following:
 - i. In accordance with the generally accepted standards of mental health care.
 - ii. Clinically appropriate in terms of type, frequency, extent, site, and duration.
 - iii. Not primarily for the economic benefit of the health care service plan and subscribers or for the convenience of the patient, treating physician, or other health care provider.

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.”

AFFECTED DEPARTMENTS/PARTIES

Compliance and Regulatory Affairs – Delegation Oversight
Delegated Groups
Health Services Programs

Network Providers
Quality Improvement Committee (QIC)
Utilization Management Committee (UMC)

**RELATED POLICIES & PROCEDURES, DESKTOP PROCESS and PROCESS
MAPS**

CO-22 Authorization Review
CO-57 Utilization Management Clinical Criteria

REVISION HISTORY

Original Date of Issue: September 23, 2021
Revision Date(s): November 17, 2022; December 19, 2024; April 17, 2025

REFERENCES

1. DHCS APL 20-018 ENSURING ACCESS TO TRANSGENDER SERVICES
2. Health and Safety Code (HSC) section 1365.5 Insurance Gender Nondiscrimination Act (IGNA)
3. Title 42 §18116. Nondiscrimination
4. WPATH: E. Coleman et al. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, *International Journal of Transgender Health*. <https://doi.org/10.1080/26895269.2022.2100644>
5. DMHC APL 21-002 – Implementation of Senate Bill 855, Mental Health and Substance Use Disorder Coverage
6. DMHC APL 24-007 – Implementation of Senate Bill 855 Regulation, Mental Health and Substance Use Disorder Coverage
7. SB-855 Health Coverage: Mental Health or Substance Use Disorders
8. SB-600 and California Health and Safety Code, 1374.551: Fertility Preservation