



Policy: GG.1517
Title: **Transgender Services**
Department: Medical Management
Section: Utilization Management

CEO Approval: /s/ Michael Hunn 05/23/2024

Effective Date: 11/01/2013

Revised Date: 05/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the provision of covered, Medically Necessary Transgender Services to Medi-Cal and OneCare Members.

II. POLICY

- A. CalOptima Health or a Health Network shall provide Medically Necessary Covered Services to all Medi-Cal and OneCare Members, including Transgender Members. CalOptima Health or a Health Network shall also provide reconstructive surgery to all Medi-Cal Members, including Transgender Members.
- B. CalOptima Health or a Health Network shall cover gender reassignment surgeries and hormone replacement therapy coverage determinations on a case-by-case basis for OneCare Members as long as the surgery is deemed Medically Necessary.
- C. The determination of whether a Covered Service requested by a Transgender Member is medically appropriate must be made by a Qualified and Licensed Mental Health Professional and the treating surgeon, in collaboration with the Member's Primary Care Provider (PCP).
- D. CalOptima Health or a Health Network shall make the determination of whether the requested service is Medically Necessary and/or constitutes Reconstructive Surgery. Medical Necessity and/or Reconstructive Surgery determinations must be made on a case-by-case basis.
- E. CalOptima Health or a Health Network will not discriminate based on gender, including gender identity or gender expression.
 - 1. CalOptima Health or a Health Network may not categorically exclude health care services related to gender transition on the basis that it excludes these services for all Members.
- F. CalOptima Health or a Health Network must analyze Prior Authorization requests for Transgender Services under both the applicable Medical Necessity criteria for service to treat Gender Dysphoria and under the statutory criteria for Reconstructive Surgery, and shall use nationally recognized medical/clinical guidelines in reviewing requested Covered Services for Transgender Members and shall apply those standards consistently across the population, such as:

1. MCG Guidelines;
 2. World Professional Association for Transgender Health (WPATH);
 3. University of California, San Francisco (UCSF) Center of Excellence for Transgender Health ;
and
 4. Current clinical guidance, national & specialty organizations, and literature on Transgender health care to ensure consistency with current medical practice.
- G. If CalOptima Health or the Health Network determines that the service is Medically Necessary to treat the Member's Gender Dysphoria, the requested service must be approved.
- H. If CalOptima Health or the Health Network determines the service is not Medically Necessary to treat Gender Dysphoria or if there is insufficient information to establish Medical Necessity, consideration shall be given as to whether the requested services meet the criteria for Reconstructive Surgery, taking into consideration the gender in which the Member identifies.
- I. CalOptima Health or a Health Network shall not limit a service or the frequency of services available to a Transgender Member and must provide all Medically Necessary services and/or Reconstructive Surgery that are otherwise available to non-Transgender Members, in a timely manner or as soon as the Member's health condition requires.
- J. For purposes of this policy, Reconstructive Surgery shall have the same meaning as described in Health and Safety Code section 1367.63(c)(1(B): 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 Transgender beneficiaries, normal appearance is to be determined by referencing the gender with which the Member identifies.
1. CalOptima Health or a Health Network is not required to cover Cosmetic Surgery. No request should be denied solely on the basis that the service or procedure is considered cosmetic. A particular service or procedure may be considered Reconstructive Surgery for a specific case and may be found to be cosmetic in another case, based on the supporting medical documentation. Therefore, Medical Necessity and/or Reconstructive Surgery determinations must be made on a case-by-case basis.
 2. Reconstructive Surgery to confer male or female characteristics does not involve Cosmetic Surgery to improve appearance.
- K. A Member shall be entitled to appeals and grievance procedures as prescribed in state and federal law and in accordance with CalOptima Health Policies GG.1510: Member Appeal Process and HH.1108: State Hearing Process and Procedures.

III. PROCEDURE

- A. A physician or surgeon providing surgical or hormonal Transgender Services shall submit Prior Authorization requests for Transgender Services in accordance with CalOptima Health Policies GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers and GG.1508: Authorization and Processing of Referrals.
1. The physician should be qualified and have experience in Transgender healthcare.

2. When considering the Prior Authorization requests for Transgender Services, CalOptima Health or a Health Network must consider the expertise of providers qualified to treat Gender Dysphoria.
- B. CalOptima Health shall review a written report from a Qualified and Licensed Mental Health Professional confirming the diagnosis of Gender Dysphoria and an opinion that the requested procedure is medically appropriate for alleviating the severe symptoms of Gender Dysphoria and once received with an authorization request from the Member's treating physician, CalOptima Health will begin the process of Medical Necessity determination for the requested Transgender Services, including surgery or hormonal therapy.
 - C. Prior to CalOptima Health or a Health Network's determination for Transgender Services, including surgery or hormonal therapy, an individual must have:
 1. A written report from a Qualified and Licensed Mental Health Professional, which:
 - a. Confirms diagnosis of Gender Dysphoria (F64.1);
 - b. Utilizes the collaboration with the treating physician and the Member's PCP;
 - c. Provides an opinion that the requested procedure is medically appropriate for alleviating the severe symptoms of Gender Dysphoria, and that other less invasive options would not or have not alleviated the severe symptoms; and
 - d. Describes the assessment and treatment of any co-existing mental health concerns. Such concerns should be addressed as part of the overall treatment plan.
 - D. Prior Authorization Requirements
 1. The Prior Authorization request for Transgender Services should be supported by evidence of either Medical Necessity or evidence supporting the criteria for Reconstructive Surgery.
 - a. Supporting documentation should be submitted, as appropriate, by the Member's PCP, Qualified and Licensed Mental Health Professional, and/or surgeon.
 2. Hormone Therapy
 - a. Feminizing/masculinizing Hormone Therapy may be requested by the treating provider to induce feminizing or masculinizing changes, and the criteria for this off-label use of hormones as follows:
 - i. A Member must have diagnosis of Gender Dysphoria; and
 - ii. A Member must have the capacity to make a fully informed decision and to be able to give consent for treatment(s); and if under eighteen (18) years of age, the parents or legal guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.
 - iii. If significant medical or mental health concerns are present, they must be reasonably well controlled.

- b. Puberty suppressing hormones for adolescents may be requested to suppress estrogen or testosterone production and consequently delay the physical changes of puberty, or alternative treatment options may be requested to decrease the effects of androgens or suppress menses, and the criteria for this off-label use of hormones is:
 - i. The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or Gender Dysphoria (whether suppressed or expressed); and
 - ii. Gender Dysphoria emerged or worsened with the onset of puberty; and
 - iii. Any co-existing psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment; and
 - iv. The adolescent has given informed consent and, the parents or legal guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.
- 3. Sex Reassignment Surgery
 - a. CalOptima Health may utilize MCG for guidelines to make Medical Necessity determinations and Health Networks will utilize evidence-based standardized criteria that has been approved by the Delegation Oversight Department in accordance with CalOptima Health Policy GG.1619: Delegation Oversight.
 - b. For all sex reassignment surgery:
 - i. A Member must have diagnosis of Gender Dysphoria; and
 - ii. A Member must have the capacity to make a fully informed decision and to be able to give consent for treatment(s); and if under eighteen (18) years of age, the parents or legal guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process; and
 - iii. If significant medical or mental health concerns are present, they must be reasonably well controlled; and
 - iv. Only the necessary Reconstructive Surgery is involved that does not involve Cosmetic Surgery to improve appearance; and
 - v. A Member must have lived for twelve (12) continuous months in a gender role that is congruent with their gender identity.
- E. CalOptima Health or a Health Network 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.
- F. If a request for Transgender Services is denied on the basis that the services are not Medically Necessary, not considered Reconstructive Surgery, or that the services do not meet CalOptima Health or a Health Network's utilization management criteria, CalOptima Health or a Health Network shall send a Notice of Action (NOA) pursuant to CalOptima Health Policy GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization.

1. An NOA related to the denial for a request for Transgender Services shall also include the clinical reasons for 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.”
2. The decision shall be subject to review in accordance with CalOptima Health Policies GG.1510: Member Appeal Process and HH.1108: State Hearing Process and Procedures.
3. CalOptima Health’s Health Networks, TPAs, and subcontractors, shall comply with the standards outlined in this policy. CalOptima Health’s Office of Compliance may issue Corrective Action Plan(s) and/or Sanctions, in accordance with CalOptima Health Policies HH.2005: Corrective Action Plan and HH.2002: Sanctions, if a Health Network, TPA, and/or subcontractor fails to adhere to this Policy.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. California Superior Court Case No. 00CS00954, Doe v. Bonta, January 29, 2001
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
- D. CalOptima Health Policy GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization
- E. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
- F. CalOptima Health Policy GG.1510: Member Appeal Process
- G. CalOptima Health Policy GG.1619: Delegation Oversight
- H. CalOptima Health Policy HH.1108: State Hearing Process and Procedures
- I. CalOptima Health Policy HH.2002: Sanctions
- J. CalOptima Health Policy HH.2005: Corrective Action Plan
- K. Centers for Medicare and Medicaid Coverage (CMS), National Coverage Determination (NCD) for Gender Dysphoria and Gender Reassignment Surgery (140.9)
- L. Department of Health Care Services (DHCS) All Plan Letter (APL) 20-018: Ensuring Access to Transgender Services (supersedes APL 16-013)
- M. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People, published by Center of Excellence for Transgender Health with University of California, San Francisco
- N. Health and Safety Code (HSC), §§1365.5, 1367.63(c)(1)(B) & 1367.63(d)
- O. MCG Behavioral Healthcare Current Edition, General Surgery or Procedure GRG SG-GS
- P. MCG Behavioral Healthcare Current Edition, Urologic Surgery or Procedure GRG SG-US
- Q. MCG Behavioral Healthcare Current Edition, Gynecologic Surgery or Procedure GRG SG-OBS
- R. MCG Behavioral Healthcare Current Edition, Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304
- S. Standards of Care for the Health of Transsexual, Transgender, and Gender- Nonconforming People, Version 7: World Professional Association for Transgender Health
- T. Title 22, California Code of Regulations (CCR), §§51301 & 51303
- U. Title 45, Code of Federal Regulations (CFR), §156.125(b)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
04/30/2021	Department of Health Care Services (DHCS)	Approved as Submitted
05/30/2022	Department of Health Care Services (DHCS)	Approved as Submitted - AIR
12/22/2023	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

Date	Meeting
08/01/2019	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	11/01/2013	GG.1517	Transgender Services	Medi-Cal
Revised	11/01/2015	GG.1517	Transgender Services	Medi-Cal
Revised	10/01/2016	GG.1517	Transgender Services	Medi-Cal
Revised	08/01/2017	GG.1517	Transgender Services	Medi-Cal
Revised	08/01/2019	GG.1517	Transgender Services	Medi-Cal
Revised	12/01/2020	GG.1517	Transgender Services	Medi-Cal
Revised	03/01/2022	GG.1517	Transgender Services	Medi-Cal
Revised	10/01/2022	GG.1517	Transgender Services	Medi-Cal
Revised	12/01/2023	GG.1517	Transgender Services	Medi-Cal
Revised	05/01/2024	GG.1517	Transgender Services	Medi-Cal

IX. GLOSSARY

Term	Definition
Authorized Representative	<p><u>Medi-Cal</u>: Any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member.</p> <p><u>OneCare</u>: An individual who is the legal representative or otherwise legally able to act on behalf of an enrollee, as the law of the State in which the beneficiary resides may allow, in order to execute an enrollment or disenrollment request; e.g., court appointed legal guardians, persons having durable power of attorney for health care decisions, or individuals authorized to make health care decisions under state surrogate consent laws, provided they have the authority to act for the beneficiary in this capacity (see §40.2.1). Form CMS-1696 may not be used to appoint an authorized representative for the purposes of enrollment and disenrollment. This form is solely for use in the claims adjudication or claim appeals process and does not provide broad legal authority to make another individual's healthcare decisions.</p>
Cosmetic Surgery	Surgery that is performed to alter or reshape normal structures of the body in order to improve appearance.
Covered Services	<p><u>Medi-Cal</u>: Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than

Term	Definition
	<p>twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services;</p> <ol style="list-style-type: none"> 2. California Children's Services (CCS) as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services,

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	<p>CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005;</p> <p>14. Childhood lead poisoning case management provided by county health departments;</p> <p>15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;</p> <p>16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and</p> <p>17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012.</p> <p><u>OneCare</u>: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract, or Care Coordination or Coordination of Care as defined in the State Medicaid Agency Contract.</p>
Gender Dysphoria	<p>Marked incongruence between a person's experienced or expressed gender and their assigned gender. To meet the Diagnostic and Statistics Manual of Mental Disorders (DSM 5) diagnostic criteria for Gender Dysphoria, there must be evidence of clinically significant distress associated with this incongruence.</p>
Health Network	<p>Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.</p>
Hormone Therapy	<p>For the purposes of this policy, refers to a form of hormone replacement therapy administered for the purposes of synchronizing an individual's secondary gender characteristics with their gender identity. Hormone therapy is used in the treatment of gender dysphoria.</p>
Medically Necessary or Medical Necessity	<p>For purposes of this policy;</p> <p><u>For individuals 21 years of age or older</u>: 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.</p> <p><u>For individuals under 21 years of age</u>: a service is "medically necessary" or a "medical necessity" if the service corrects or ameliorates defects and physical and mental illnesses and conditions.</p>
Member	<p>A beneficiary enrolled in a CalOptima Health program.</p>
Primary Care Provider (PCP)	<p>A person responsible for supervising, coordinating, and providing initial and Primary Care to Members; for initiating referrals; and for maintaining the continuity of patient care. A PCP may be a Primary Care Physician or Non-Physician Medical Practitioner.</p>

Term	Definition
Prior Authorization	<p><u>Medi-Cal</u>: A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.</p> <p><u>OneCare</u>: A process through which a physician or other health care provider is required to obtain advance approval, from CalOptima Health and/or a delegated entity, that payment will be made for a service or item furnished to a Member.</p>
Qualified and Licensed Mental Health Professional	For purposes of this policy, a licensed mental health professional that shares the ethical and legal responsibility for that decision with the physician who provides the service and has specific knowledge related to Gender Dysphoria. This is evidenced by experience in treating the LGBTQ population, gender dysphoria or evaluation of Members for transgender services.
Reconstructive Surgery	<p>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:</p> <ol style="list-style-type: none"> 1. To improve function; and 2. To create a normal appearance, to the extent possible. <p>In the case of transgender members, gender dysphoria 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.</p>
Standards of Care	A diagnostic and treatment process that a clinician should follow for a certain type of patient, illness, or clinical circumstance conforming to an established rule that is approved and monitored for compliance by an authoritative agency or professional.
Transgender	A person whose gender does not correspond to that person’s biological sex assigned at birth.
Transgender Services	The treatment of the gender identify disorder which may include, but is not limited to, psychotherapy, continuous hormonal therapy, laboratory testing to monitor hormone therapy, and gender reassignment surgery that is not cosmetic in nature.
World Professional Association for Transgender Health (WPATH)	A professional organization devoted to the understanding and treatment of gender identity disorders.