

line with WPATH standards of gender-affirming care?

- If yes, then proceed.
- If no, consider medical necessity denial.
- Is the requested procedure a Medi-Cal covered benefit?
 - If yes, approve
 - If no, is there an alternate procedure code that is both, a Medi-Cal Covered benefit, and provides the requested service?
 - Is the referring provider agreeable to revise?
 - If not, consider on case-by-case basis and according to WPATH SOC8

1. WPATH SOC *

CCHP follows WPATH SOC 8 for all lines of business.

DEFINITIONS

Gender Dysphoria: Distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics.)

Cosmetic Surgery: A "surgery that is performed to alter or reshape normal structures of the body in order to improve appearance." (Health and Safety Code, §1367.63(d))

Female-to-Male (FTM): Adjective to describe individuals assigned female at birth who are changing or have changed their body and/or gender role from birth-assigned female to a more masculine body or role.

Male-to-Female (MTF): Adjective to describe individuals assigned male at birth who are changing or have changed their body and/or gender role from birth-assigned male to a more feminine body or role.

Medically Necessary: Medically necessary covered services are those services "which are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis and treatment of disease, illness or injury." (22 CCR §51303)

Qualified Medical Professional: The medical professional must have the following:

1. Appropriate training and licensure in primary care (MD, DO, NP, PA)
2. Up-to-date clinical license in the State of California
3. Training, continuing education and experience working with the diagnosis and treatment of gender identity disorder

Qualified Mental Health Professional: The mental health professional must have the following:

1. Appropriate training:
 - a. For counseling only: a minimum master's degree or its equivalent in a clinical behavioral science field by an accredited institution
 - b. For pre-surgical evaluation: a minimum PhD in clinical behavioral science field by an accredited institution or a Doctor of medicine or osteopathy, specializing in psychiatry.
2. Up-to-date clinical license
3. Training, continuing education and experience working with the diagnosis and treatment of gender identity disorder.

Reconstructive Surgery: A “surgery performed to correct or repair abnormal structures of the body...to create a normal appearance to the extent possible.” (Health and Safety Code, §1367.63(c)(1)(B)). In the case of transgender beneficiaries, “normal appearance” is to be determined by referencing the gender with which the beneficiary identifies.

Sex Reassignment Surgery: Surgery to change primary and/or secondary sex characteristics to affirm a person’s gender identity. Sex reassignment surgery can be an important part of medically necessary treatment to alleviate gender dysphoria.

Transgender: Adjective to describe a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth.

World Professional Association of Transgender Health (WPATH): Founded in 1979 and formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIGDA) is devoted to understanding the treatment of Gender Dysphoria and has developed internationally accepted Standards of Care (SOC).

PEDIATRIC CONSIDERATIONS

With respect to gender-affirming health care for our pediatric members, the Plan abides by SB 107. SB 107 delineates guidelines pertaining to the release of medical information related to gender-affirming health care for these members.

Specifically:

- The Plan will not release medical information related to a person or entity allowing a child to receive gender-affirming health care or mental health care in response to any civil action, including a foreign subpoena, based on another state’s law that authorizes a person to bring a civil action against a person or entity that allows a child to receive gender-affirming health care or mental health care.
- The Plan will also not release medical information to persons or entities who have requested that information and who are authorized by law to receive that information pursuant to Civil Code 56.10 (c), if the information is related to a person or entity allowing a child to receive gender-affirming health care or mental health care, and the information is requested pursuant to another state’s law that authorizes a person to bring a civil action against a person or entity who allows a child to receive gender-affirming health care or mental health care.

REFERENCES

Criteria based on 8th edition of the World Professional Association of Transgender Health (WPATH), Standards of Care.

DHCS All Plan Letters: 13-011, 16-000, 20-018

DMHC APL 21-002, 22-031