

POLICY AND PROCEDURE	
Policy # and TITLE: Transgender Services	
Primary Policy owner: Utilization Management	POLICY #: UM79
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input type="checkbox"/> All Departments 2) <input checked="" type="checkbox"/> Behavioral Health & Social Services (BH/SS) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input checked="" type="checkbox"/> Care Management (CM) 5) <input checked="" type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Provider Networks (PRO) 18) <input checked="" type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input checked="" type="checkbox"/> Utilization Management (UM) 20) <input type="checkbox"/> Procurement (PRM) 21) <input type="checkbox"/> Administration (SAF/BC/EM) 22) <input checked="" type="checkbox"/> Medical Management (MM)
PRODUCT TYPE: <input checked="" type="checkbox"/> Medi-Cal	Supersedes Policy Number: N/A

I. PURPOSE

Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") provides services to transgender members without discrimination based on gender, gender identity, or gender expression. Health Plan provides transgender members with the same level of health care benefits that are available to non-transgender members.

II. POLICY

A. Affordable Care Act regulations prohibit discrimination against transgender members and requires Health Plan to treat beneficiaries

consistent with their gender identity.

1. Health Plan does not deny or limit coverage of any health care services that are ordinarily or exclusively available to a transgender member based on the member's gender at birth, gender identity, or gender otherwise recorded is different from the one to which such services are ordinarily or exclusively available.
2. Health Plan does not exclude or limit coverage for health care service related to gender transition.
3. 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.
4. 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.
5. Health Plan provides medically necessary reconstructive surgery to all Health Plan members.
 - a. The analysis of whether a surgery is considered reconstructive surgery is separate and distinct from a medical necessity determination.
 - b. 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." (per Health and Safety Code (HSC) 1367.63)
 - i. Gender dysphoria is treated as a "developmental abnormality" (per the Diagnostic and Statistical Manual of Mental Disorder (DSM-5))
 - ii. "Normal appearance" is determined by referencing the gender with which the member identifies (per

HSC 1367.63(c)(1)(B)).

- c. Cosmetic surgery is "surgery that is performed to alter or reshape normal structures of the body in order to improve appearance" (HSC § 1367.63(d)).
 - i. Cosmetic surgery is not a Medi-Cal benefit.
- 6. A request for transgender services must be supported by evidence of either medical necessity or supporting the criteria for reconstructive surgery.
 - a. Supporting documentation must be submitted by the member's primary care provider, licensed mental health professional, and/or surgeon.
 - b. When reviewing the transgender service requests Health Plan considers the knowledge and expertise of providers qualified to treat gender dysphoria including the member's providers.

III. PROCEDURE

- A. Health Plan uses nationally recognized medical/clinical guidelines in reviewing requested services for all members and shall apply those standards consistently across the population.
 - 1. Health Plan uses:
 - a. Milliman Care Guidelines (MCG)
 - b. The current "Standard of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People," published by the World Professional Association for Transgender Health (WPATH). The WPATH SOC includes a comprehensive discussion of the clinical management and treatment of transgender individuals by physician and health care professionals.
- B. Health Plan does not categorically limit a service or the frequency of services available to a transgender member. Rather, Health Plan timely provides all medically necessary services and/or reconstructive surgery that are otherwise available to non-transgender members.
- C. Medical necessity and/or reconstructive surgery determinations are

made on a case-by-case basis using nationally recognized criteria for medical necessity and nationally recognized criteria for reconstructive surgery.

- D. Health Plan applies non-discriminatory limitations and exclusions, conduct medical necessity and reconstructive surgery determinations, and applies appropriate utilization management criteria that are non-discriminatory.
- E. If Health Plan denies a member's request for services covered by Medi-Cal, including a transgender member's request, on the basis that the services are not medically necessary, not considered reconstructive surgery, or that the services do not meet nationally recognized criteria. Health Plan's decision is subject to review through Health Plan's Appeal and Grievance Process, the State Fair Hearing process, and the Department of Managed Health Care's Independent Medical Review Process.
- F. When Health Plan denies a requested service, Health Plan issues a notice of action (NOA) explaining "the reasons for the adverse benefit determination."
- G. The NOA must clearly state the reasons for the denial and must provide a detailed explanation of the specific reasons for the denial, a description of the criteria or guidelines used, and the clinical reasons for decisions regarding medical necessity to support 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."
- H. Health Plan is responsible for ensuring that subcontractors and network providers comply with all applicable state and federal laws and regulations and other contract requirements, as well as Department of Health Care Services' guidance, including applicable APLs and Dual Plan Letters.

IV. ATTACHMENT(S)

- A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- B. [Glossary of Terms Link](#)

C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

- A. Department of Health Care Services' (DHCS) All Plan Letter (APL) 20-018: Ensuring Access to Transgender Services
- B. Health and Safety Code Sections 1367.01 and 1363.5
- C. NCQA Standard UM 2, Clinical Criteria for UM Decisions
- D. NCQA Standard UM 4, Appropriate Professionals
- E. Welfare and Institutions Code Section 14087.41
- F. World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8

VI. REVISION HISTORY

**Version 001 as of 01/01/2023*

Version*	Revision Summary	Date
000	07/17, 11/19, 02/21, 07/21, 02/23	N/A
001	Revisions made to further clarify and expand on requirements outlined in DHCS APL 20-018; coverage limits, reconstructive surgery, and use of WPATH Standards of Care when reviewing for determination.	10/01/2024
002		
Initial Effective Date: 10/01/2016		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee		
<ul style="list-style-type: none"> Privacy & Security Oversight Committee (PSOC) 		
<ul style="list-style-type: none"> Program Integrity Committee 		
<ul style="list-style-type: none"> Audits & Oversight Committee 		
<ul style="list-style-type: none"> Policy Review 		

Quality Improvement Health Equity Committee (QIHEC)		
• Quality Operations Committee		
• Grievance		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)			
Department of Managed Care (DMHC)			

IX. *Approval signature**

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

**Signatures are on file, will not be on the published copy*