




KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Transgender Services				POLICY #: 3.67-P	
DEPARTMENT: Utilization Management					
Effective Date:	Review/Revised Date:	DMHC		PAC	
11-11-2014	11/11/2014	DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	



 Douglas A. Hayward
 Chief Executive Officer

Date 11/11/14



 Chief Medical Officer

Date 11/7/14



 Chief Operating Officer

Date 11/5/14



 Director of Health Services

Date 10/14/14

POLICY:

Kern Health Systems (KHS) covers benefits in accordance with the following legislative, regulatory, and contractual requirements:

- ❖ DHCS Contract No.03-76165 §6.7.1.1
- ❖ The Knox-Keen Act
- ❖ DHCS All Plan Letter 13-011
- ❖ Medi-Cal Provider Update March 2013ⁱ

DEFINITIONS:

Treatment for Gender Identity Disorder (GID) is a covered Medi-Cal benefit when medical necessity has been demonstrated. Treatment should follow the latest version of the World Professional Association for Transgender Health (WPATH) document, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*.

The term “transgender services” refers to the treatment of “gender identity disorder”, which may include psychotherapy, continuous hormonal therapy, laboratory testing to monitor hormone therapy and gender reassignment surgery that is not cosmetic in nature.

Prior authorization is required for all transgender services and will be contingent on member eligibility and services requested.

PROCEDURES:

1.0 Covered benefits for Gender Identity Disorder

Covered Medi-Cal benefits include:

- Psychotherapy
- Continuous hormonal therapy
- Laboratory testing to monitor hormone therapy, and
- Gender reassignment surgery that is not cosmetic in nature

Gender reassignment surgery is covered when the individual with GID is at least 18 years of age, has the capacity for fully-informed consent, and the WPATH criteria for the surgery have been met.

Covered benefits include mastectomy, orchiectomy, hysterectomy, salpingo-oophorectomy, ovariectomy and genital surgery, including placement of testicular prostheses when indicated. Augmentation mammoplasty for male-to-female individuals (MtF) is a covered benefit only when an appropriate trial of hormone therapy has not resulted in breast enlargement.

Intersex surgery should not be requested or billed using CPT-4 code 55970 (intersex surgery; male to female) or CPT-4 code 55980 (intersex surgery; female to male). Due to the serial nature of surgery for the gender transition, CPT-4 coding should be specific for the procedures performed during each operation. A *Treatment Authorization Request* (TAR) is necessary only for procedures that currently require a TAR.

2.0 Non covered benefits for Gender Identity Disorder

The following surgeries are considered cosmetic in nature and are not covered Medi-Cal benefits:

- Reduction thyroid chondroplasty,
- Rhinoplasty
- Facial bone reconstruction
- Face lift, blepharoplasty
- Voice modification surgery
- Hair removal or transplant, and
- Liposuction

Augmentation mammoplasty is not a covered benefit for MtF individuals except as noted above.

REFERENCE:

Revision 2014-11: Policy developed by Director of Health Services to comply with DHCS All Plan Letter 13-011 Ensuring Access to Transgender Services.

ⁱ <http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm201303.asp#a21>