

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Transgender Services - CA	
Effective Date 10/27/2021	Date of Last Review 10/30/2024	Date of Last Revision 10/26/2023	Dept. Approval Date 10/30/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Anthem Blue Cross (Anthem) Medicaid performs pre-service review to determine medically necessary to treat gender dysphoria or meets the statutory criteria of reconstructive surgery for transgender services.

Transgender Services are available to Medi-Cal beneficiaries. Anthem Medicaid will apply state requirements when reviewing prior authorization requests related to transgender services. These requirements do not change the types of procedures that require prior authorization or treatment authorization requests. Transgender services requests cannot be categorically denied as services that are considered cosmetic or are cosmetic in nature; each transgender service requested must consider each on a case-by-case basis.

Denials for medically necessary to treat gender dysphoria or for not meeting the statutory criteria of reconstructive surgery can only be made by a Physician Peer Clinical Reviewer (PCR).

DEFINITIONS:

Authorization - the approval needed for members to receive certain types of specialty care and health services.

“Medically Necessary” Service - Procedures, treatments, supplies, devices, equipment, facilities or drugs (all services) that a medical practitioner, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

- In accordance with generally accepted standards of medical practice; and
- Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and

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- Not primarily for the convenience of the patient, physician or other health care provider; and
- Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, national physician specialty society recommendations and the views of medical practitioners practicing in relevant clinical areas and any other relevant factors.

- 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.
- 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.

Physician Peer Clinical Reviewer (PCR) - A physician who is employed by, or contracted with, Anthem Medicaid to carry out utilization review. PCR's must meet job description requirements that include education, training or professional experience in medical or clinical practice. The physician is board certified in his/her specialty, and has a valid unrestricted license to practice medicine in the State of California.

Pre-service or Authorization Request - A request for a service or procedure in advance of the date the requested service or procedure is to occur. If the member is admitted urgently, the request can happen concurrently with the admission.

Reconstructive - 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 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.

Transgender Services - 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. Medical Necessity for transgender services will be determined based on the medically necessary to treat gender dysphoria or meeting the statutory criteria of reconstructive surgery. The analysis of whether

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or not a surgery is considered reconstructive surgery is separate and distinct from a medical necessity determination.

PROCEDURE:

I. Request for Medical Services:

- A. The treating physician or provider initiates a pre-service request prior to rendering services to the member. Pre-service requests may be submitted by telephone or fax to the Anthem Medicaid’s Utilization Management (UM) Department. Providers may fax authorization requests during non-office hours. Faxed requests received after business hours are processed on the next business day. If a provider refuses to deliver services to a member based upon a personal or moral belief, the member may contact Anthem Medicaid’s Customer Care Center or Medical Management department for assistance with locating an alternate provider to render medically necessary services. Furthermore, Anthem Medicaid will arrange for the timely referral and coordination of covered services to which the member’s Primary Care Provider has religious or ethical objections to perform or otherwise support.
- B. Non-Clinical Associates provide eligibility determination, editing of referral form for completeness, interface with providers to obtain any needed non-medical information, screening services to determine if pre-service authorization is required. Authorization requests that do not require review of medical necessity are certified by Non-Clinical Associates. If the request requires a medical necessity review, it is then forwarded to a UM Nurse.
- C. Licensed Registered Nurses (a.k.a. – UM Nurse) provide the initial review for medical necessity requests using medical information, initial determination of benefit coverage, obtaining additional medical information, as needed from providers, and approval of medically necessary requests.
- D. Authorization requests are tracked and managed in the Anthem Medicaid’s Medical Management system – ACMP.

II. Review of Medical Necessity and Reconstructive Surgery:

- A. The UM Nurse reviews the relevant clinical information obtained from the provider including, but not limited to, current and historical medical diagnoses, medical treatment needs and social/environmental factors impacting the member’s medical care. For transgender reviews, the request requires two separate and distinct reviews; one based on if the service is medically necessary to treat gender dysphoria and the other on whether it meets the statutory criteria for

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reconstructive surgery. The UM Nurse can approve the requested services after establishing either medically necessary to treat gender dysphoria or meeting the statutory criteria of reconstructive surgery using Anthem Medicaid's approved guidelines. Appropriate documentation should include, but is not limited to:

- Office and hospital records
- A history of the presenting problem
- A clinical examination
- Diagnostic testing results
- Treatment plans and progress notes
- Patient psychosocial history
- Information on consultations with the treating practitioner
- Evaluations from other health care practitioners and providers
- Photographs
- Operative and pathological reports
- Rehabilitative evaluations
- A printed copy of criteria related to the request
- Benefits information for services or procedures
- Information regarding the local delivery system
- Information from responsible family member or care giver.

- B. If there is insufficient clinical information to determine either medically necessary to treat gender dysphoria or meeting the statutory criteria of reconstructive surgery, the request is deferred per policy CA_UMXX_117 "Decision and Notification Timeframes".
- C. When the Nurse is unable to approve the services because they do not meet either medically necessary to treat gender dysphoria or meet the statutory criteria of reconstructive surgery, the request is routed to a PCR with sufficient expertise to evaluate the specific clinical issues involved in the health care services requested by the provider.
- D. If the PCR determines the services are medically necessary or reconstructive, the PCR will notify the Anthem UM department, who will notify the provider of the decision. If the PCR determines the services are not medically necessary or reconstructive, based on using nationally recognized medical/clinical guidelines, the case will be sent to a secondary physician reviewer to determine if they agree with the initial decision.
- E. If both of the physician reviewer agree that the services are **not** medically necessary or reconstructive, the PCR notifies the Anthem UM Department, who in turn, notifies the requesting physician of the decision, the appeal process,

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how to reach the PCR responsible for the decision for a peer-to-peer discussion, and then completes the request. Anthem sends a Notice of Action: Denial letter to the member and provider. *(Refer to CA_UMXX_117 “Decision & Notification Timeframes”.)*

REFERENCES:

- CA_UMXX_013 “Non-authorization of Medical Services”
- CA_UMXX_117 “Decision and Notification Timeframes”
- CA Health & Safety Code, Section 1374.30
- CA Welfare & Institution Codes, 14131-14138, 14059.5
- Department of Health Care Services, All Plan Letter #20-018 “Ensuring Access to Transgender Services”
- Department of Health Care Services (DHCS) Contract
- LA Care Contract
- Medi-Cal Evidence of Coverage - Member Handbook Effective 2023
- National Committee for Quality Assurance (NCQA) UM 4, 5 and 6
- Provider Operations Manual June 2023

RESPONSIBLE DEPARTMENTS:

Primary Department: Utilization Management

Secondary Department(s): None

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
10/30/24	<ul style="list-style-type: none"> • Annual Review – no content changes • Updated Anthem reference to specify Health Plan to follow current guidance
10/26/23	<ul style="list-style-type: none"> • Annual Review • Updated References section • Replaced “N/A” with “None” under Secondary Department(s) to match GBD Template format
11/10/22	<ul style="list-style-type: none"> • Annual Review • Updated References section

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Review Date	Changes
11/02/21	<ul style="list-style-type: none">• Created New P&P