



TRANSGENDER SERVICES GUIDELINE

A. World Professional Association for Transgender Health (WPATH) Standards of Care

Gold Coast Health Plan (GCHP) will utilize the most up-to-date version of WPATH Standards of Care as its primary source for decision making when reviewing requested services from transgender beneficiaries.

B. Covered Services

1. Covered Medi-Cal benefits include:

- Psychotherapy
- Continuous hormonal therapy with laboratory testing to monitor this therapy
- Gender reassignment surgery that is not cosmetic in nature.

2. Reconstructive Surgery:

GCHP will provide reconstructive surgery to all Medi-Cal beneficiaries, including transgender beneficiaries. Reconstructive surgery is “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.

Gender reassignment surgery is covered when an individual with gender identity disorder (GID) is at least 18 years old, has the capacity for fully-informed consent, and the WPATH criteria for the surgery has been met. The following surgeries are a covered benefit:

- 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.

C. Non-Covered Services

1. Cosmetic surgery is not a covered benefit under GCHP. Cosmetic surgery is “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)).

The following are examples of surgeries that are considered cosmetic in nature and are not a covered benefit:

- Abdominoplasty
- Blepharoplasty
- Brow lift
- Calf implants
- Cheek/malar implants
- Chin/nose implants
- Collagen injections
- Construction of a clitoral hood
- Drugs for hair loss or growth
- Face lift, blepharoplasty
- Facial bone reconstruction
- Forehead lift
- Hair removal (e.g., electrolysis, laser hair removal)
- Hair transplantation
- Jaw reduction (jaw contouring)
- Lip reduction
- Liposuction
- Mastopexy
- Neck tightening



- Pectoral implants
- Reduction thyroid chondroplasty
- Removal of redundant skin
- Rhinoplasty
- Voice modification surgery
- Voice therapy/voice lessons.

References

Department of Health Care Services All Plan Letter 16-013 Ensuring Access to Medi-Cal Services for Transgender Beneficiaries. Available at: <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-013.pdf>. Accessed: September 12, 2017.

World Professional Association for Transgender Health (WPATH) Medical Necessity Statement. Available at: http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1352&pk_association_webpage=3947. Accessed: September 12, 2017.

World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7, International Journal of Transgenderism, 13:165–232, 2011. Available at: https://www.researchgate.net/publication/254366000_Standards_of_Care_for_the_Health_of_Transsexual_Transgender_and_Gender-Nonconforming_People_Version_7. Accessed September 12, 2017.

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
October 27, 2016			
	October 26, 2017		