Transgender and Gender Diverse Services

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‹‹This section contains information about facilitating claim submission for recipients who receive services that do not match the gender assigned at birth. This may also differ from the gender identified on their Medi-Cal enrollment records.

Transgender and Gender Diverse Services

In all sections of the Medi-Cal and specialty programs provider manuals, regardless of the gender stated, the transgender and gender diverse benefits and policy in this section apply to recipients of all gender identities as long as the procedure/benefit is medically necessary and meets all other requirements.

Overriding Gender Differences

When the gender on the claim conflicts with the billed procedure code due to a variation of sexual development or gender dysphoria, the gender difference is overridden by either:››

- Attaching an approved *Treatment Authorization Request* (TAR) or Service Authorization Request (SAR)
- Adding modifier KX (requirements specified in the medical policy have been met) to the billed procedure code

Note: ‹‹The patient's medical record must support the medical necessity for the procedure, due to a medical condition that led to the gender difference.››

The claim does not require documentation. Use of KX modifier does not override other policy requirements for an approved TAR or SAR.

‹‹Gender Affirming Care

Gender affirming care refers to treatment provided to address incongruence between a person's gender assigned at birth and their gender identity. Gender affirming care is a covered Medi-Cal benefit when medically necessary. Requests for gender affirming care should be from specialists experienced in providing culturally competent care to transgender and gender diverse individuals and should use nationally recognized guidelines. One source of clinical guidance for the treatment of gender affirming care is found in the most current "Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People," published by the World Professional Association for Transgender Health (WPATH) on the WPATH website (*www.wpath.org*).››

Covered Benefits

‹‹Nationally recognized medical experts in the field of transgender health care have identified the following core services in providing gender affirming care:››

- Mental and behavioral health services
- Hormone therapy
- ‹‹A variety of surgical procedures that bring primary and secondary gender characteristics into conformity with the individual's identified gender, including ancillary services, such as hair removal, incident to those services››

Medically necessary covered services are those services that "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" (*California Code of Regulations* [CCR], Title 22, Section 51303). ‹‹Medical necessity is assessed and services shall be recommended by treating licensed mental health professionals and physicians and surgeons experienced in treating patients with incongruence between their gender identity and gender assigned at birth.

In the case of gender affirming care services, "normal appearance" is determined by referencing the gender with which the recipient identifies.›› Reconstructive surgery to create a normal appearance for transgender recipients is determined to be medically necessary for the treatment of gender dysphoria on a case-by-case basis.

‹‹A service or the frequency of services available to a transgender or gender diverse recipient cannot be categorically limited. All medically necessary services must be provided timely. Limitations and exclusions, medical necessity and reconstructive determinations and/or appropriate utilization management criteria that are non-discriminatory may be applied.››

Intersex surgery should not be requested or billed using CPT® code 55970 (intersex surgery; male to female) or CPT code 55980 (intersex surgery; female to male). Due to the serial nature of surgery for the gender transition, CPT coding should be specific for the procedures performed during each operation. A TAR is necessary only for procedures that currently require a TAR. The TAR must establish the need for the procedure as outlined above.

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‹‹Non-Benefits Coverable with a TAR Override

For benefits or services corresponding to CPT or HCPCS codes that are listed in the *TAR and Non-Benefit: Introduction to List* section of the provider manual, the Primary Surgeon/Provider may submit a TAR demonstrating medical necessity to obtain approval for coverage and reimbursement for an individual Medi-Cal member under this section.››

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.