

## Health Plan of San Mateo Policy & Procedure Manual

Procedure: UM.018		Title: Gender Affirmation Services and Surgery – Authorization Requirements	Effective Date: 07/26/2021
Revision: 3	Last Revised: 04/19/2024	Dept: Health Services	Page 1 of 13

Approval By: Utilization Management Committee		Date: 04/22/2024
Annual Review Date: April YYYY		
Authored by: Senior Medical Director		
<b>Pursuant To:</b> <input checked="" type="checkbox"/> DHCS Contract Provision <input type="checkbox"/> Health and Safety (H&S) Code <input type="checkbox"/> CFR <input checked="" type="checkbox"/> APL / DPL	<input type="checkbox"/> W & I Code <input type="checkbox"/> California Title # <input type="checkbox"/> Organization Need <input checked="" type="checkbox"/> Other : WPATH SOC8	
Departments Impacted: Health Services		

**PURPOSE:** This guideline describes (1) the conditions under which requests for transgender services and surgery are reviewed for medical necessity and authorized when fulfilling coverage criteria, and (2) the medical necessity and authorization of non-contracted providers to offer these services.

**SCOPE:** This procedure applies to:

<input type="checkbox"/> All LOBs/Entire Organization	<input checked="" type="checkbox"/> HealthWorx	<input checked="" type="checkbox"/> Medi-Cal Adults
<input type="checkbox"/> ACE	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Medi-Cal Children
<input checked="" type="checkbox"/> CA-CMC / MMP	<input checked="" type="checkbox"/> Medi-Cal Expansion	<input type="checkbox"/> Other (specify)
<input checked="" type="checkbox"/> CCS (between the ages of 18 and 21)		

(Note: Gender affirmation surgery is an excluded benefit for ACE participants.)

**RESPONSIBILITY and AUTHORITY:** The Utilization Review Manager, Prior Authorization Department, is responsible for overseeing appropriate Utilization Review Nurses analyses of prior authorization requests and recommendations. The Senior Medical Director is responsible for overseeing the physician reviews and determinations.

### DEFINITIONS

#### Gender Affirmation Surgery:

Surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity.

#### Gender Affirmation Care:

Being recognized or affirmed in a person's gender identity. It is usually conceptualized as having social, psychological, medical, and legal dimensions. Gender affirmation is used as a term in lieu of transition (as in medical gender-affirmation) or can be used as an adjective (as in gender-affirming care).

**Gender Incongruence per the International Classification of Diseases and Related Health Problems, 11th Version of the World Health Organization (ICD-11):**

## Health Plan of San Mateo Policy & Procedure Manual

Procedure: UM.018		Title: Gender Affirmation Services and Surgery – Authorization Requirements	Effective Date: 07/26/2021
Revision: 3	Last Revised: 04/19/2024	Dept: Health Services	Page 2 of 13

ICD-11 has redefined gender identity-related health, replacing outdated diagnostic categories like ICD-10's "transsexualism" and "gender identity disorder of children" with "gender incongruence of adolescence and adulthood" and "gender incongruence of childhood", respectively. Gender incongruence has been moved out of the "Mental and behavioral disorders" chapter and into the new "Conditions related to sexual health" chapter. This reflects current knowledge that trans-related and gender diverse identities are not conditions of mental ill-health, and that classifying them as such can cause enormous stigma. Inclusion of gender incongruence in the ICD-11 should ensure transgender people's access to gender-affirming health care, as well as adequate health insurance coverage for such services. Recognition in the ICD also acknowledges the links between gender identity, sexual behavior, exposure to violence and sexually transmitted infections.

### **Gender-Affirmative Health Care:**

Gender-affirmative health care can include any single or combination of a number of social, psychological, behavioral or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity.

### **DSM-5 Criteria for Gender Dysphoria:**

The criteria for diagnosis of gender dysphoria in individuals, as adopted from the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration.

### **World Professional Association for Transgender Health (WPATH):**

WPATH is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, public policy, and respect in transgender health. The overall goal of the World Professional Association for Transgender Health's (WPATH) Standards of Care—Eighth Edition (SOC-8) is to provide clinical guidance to health care professionals to assist transgender and gender diverse (TGD) people in accessing safe and effective pathways to achieving lasting personal comfort with their gendered selves with the aim of optimizing their overall physical health, psychological well-being, and self-fulfillment. This assistance may include but is not limited to hormonal and surgical treatments, voice and communication therapy, primary care, hair removal, reproductive and sexual health, and mental health care.

The SOC-8 represents a significant advancement from previous versions. Changes in this version are based upon a fundamentally different methodology, significant cultural shifts, advances in clinical knowledge, and appreciation of the many health care issues that can arise for TGD people beyond hormone therapy and surgery.

## Health Plan of San Mateo Policy & Procedure Manual

Procedure: UM.018		Title: Gender Affirmation Services and Surgery – Authorization Requirements	Effective Date: 07/26/2021
Revision: 3	Last Revised: 04/19/2024	Dept: Health Services	Page 3 of 13

### PROCEDURE

- 1.0 Medically necessary gender-affirmation surgery (GAS) refers to a constellation of procedures designed to align a person's body with their gender identity. Recognizing the diverse and heterogeneous community of individuals who identify as transgender and gender diverse (TGD), gender-affirming surgical interventions may be categorized along a spectrum of procedures for individuals assigned male at birth (AMAB) and assigned female at birth (AFAB). Representative surgical interventions include:
  - 1.1 AMAB: facial feminization surgery (including chondrolaryngoplasty/vocal cord surgery), gender-affirming breast surgery, body contouring procedures, orchiectomy, vagino/vulvoplasty (with/without depth), aesthetic procedures, and procedures designed to prepare individuals for surgery (i.e., hair removal).
  - 1.2 AFAB: facial masculinization surgery, gender-affirming chest surgery, hysterectomy/oophorectomy, metoidioplasty (including placement of testicular prosthesis), phalloplasty (including placement of testicular/penile prostheses), body contouring procedures, aesthetic procedures, and procedures designed to prepare individuals for surgery (i.e., hair removal).
- 2.0 When gender affirmation surgeries are requested for a HPSM member, prior authorization is required.
  - 2.1 Medical Director review is required for ANY gender affirmation surgery for a member less than age 18 on the date of service.
- 3.0 Utilization Review nurses will approve requests for the consultation with surgeons with an expertise in Gender Affirmation Surgery. A consultation is required prior to submitting a prior authorization request for the surgery. Out-of-network providers are allowable due to network deficiency. (See Desk Procedure UM Approval Allowances.)
- 4.0 Utilization Review nurses will approve requests for Gender Affirmation Surgery when the clinical indications for the procedure(s) meet coverage criteria based on the Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (WPATH), the DHCS All Plan Letter 20-018, the Medi-Cal publication Transgender and Gender Diverse Services publications. An approval decision may be rendered for out-of-network providers due to network deficiencies for gender affirmation surgery specialists.
- 5.0 References for Decision Making – Medi-Cal
  - 5.1 Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, published by the World Professional Association for Transgender Health (WPATH): Attachment A
    - 5.1.1 Refer to the following chapters for criteria details:
      - Chapter 5. Assessment of Adults

# Health Plan of San Mateo Policy & Procedure Manual

Procedure: UM.018		Title: Gender Affirmation Services and Surgery – Authorization Requirements	Effective Date: 07/26/2021
Revision: 3	Last Revised: 04/19/2024	Dept: Health Services	Page 4 of 13

- Chapter 6. Adolescents
- Chapter 7. Children
- Chapter 8. Nonbinary
- Chapter 9. Eunuchs
- Chapter 10. Intersex
- Chapter 11. Institutional Environments
- Chapter 12. Hormone Therapy
- Chapter 13. Surgery and Postoperative Care
- Chapter 14. Voice and Communication
- Chapter 15. Primary Care
- Chapter 16. Reproductive Health
- Chapter 17. Sexual Health
- Chapter 18. Mental Health

5.1.2 Surgery and Postoperative Care: Medically necessary gender-affirmation surgery (GAS) refers to a constellation of procedures designed to align a person’s body with their gender identity.

5.1.3 Representative surgical interventions:

5.1.3.1 AMAB: facial feminization surgery (including chondrolaryngoplasty/vocal cord surgery), gender-affirming breast surgery, body contouring procedures, orchiectomy, vagino/vulvoplasty (with/without depth), aesthetic procedures, and procedures designed to prepare individuals for surgery (i.e., hair removal).

5.1.3.2 AFAB: facial masculinization surgery, gender-affirming chest surgery, hysterectomy/ oophorectomy, metoidioplasty (including placement of testicular prosthesis), phalloplasty (including placement of testicular/penile prostheses), body contouring procedures, aesthetic procedures, and procedures designed to prepare individuals for surgery (i.e., hair removal).

5.1.4 Gender-Affirming Surgical Procedures

- Facial Surgery
  - Brow
    - Brow reduction
    - Brow augmentation
    - Brow lift
  - Hair line advancement and/or hair transplant
  - Facelift/mid-face lift (following alteration of the underlying skeletal structures)

# Health Plan of San Mateo Policy & Procedure Manual

Procedure: UM.018		Title: Gender Affirmation Services and Surgery – Authorization Requirements	Effective Date: 07/26/2021
Revision: 3	Last Revised: 04/19/2024	Dept: Health Services	Page 5 of 13

- Facelift/mid-face lift (following alteration of the underlying skeletal structures)
    - Platysmaplasty
  - Blepharoplasty
    - Lipofilling
  - Rhinoplasty (+/- fillers)
  - Cheek
    - Implant
    - Lipofilling
  - Lip
    - Upper lip shortening
    - Lip augmentation (includes autologous and non-autologous)
  - Lower jaw
    - Reduction of mandibular angle
    - Augmentation
  - Chin reshaping
    - Osteoplastic
    - Alloplastic (implant-based)
  - Chondrolaryngoplasty
    - Vocal cord surgery (see voice chapter)
- Breast/Chest Surgery
  - Mastectomy
    - Mastectomy with nipple-areola preservation/reconstruction as determined medically necessary for the specific patient
    - Mastectomy without nipple-areola preservation/reconstruction as determined medically necessary for the specific patient
  - Liposuction
  - Breast reconstruction (augmentation)
    - Implant and/or tissue expander
    - Autologous (includes flap-based and lipofilling)
- Genital Surgery
  - Phalloplasty (with/without scrotoplasty)
    - With/without urethral lengthening
    - With/without prosthesis (penile and/or testicular)
    - With/without colpectomy/colpocleisis
  - Metoidioplasty (with/without scrotoplasty)
    - With/without urethral lengthening
    - With/without prosthesis (penile and/or testicular)

## Health Plan of San Mateo Policy & Procedure Manual

Procedure: UM.018		Title: Gender Affirmation Services and Surgery – Authorization Requirements	Effective Date: 07/26/2021
Revision: 3	Last Revised: 04/19/2024	Dept: Health Services	Page 6 of 13

- With/without colpectomy/colpocleisis
  - Vaginoplasty (inversion, peritoneal, intestinal)
    - May include retention of penis and/or testicle
  - Vulvoplasty
    - May include procedures described as “flat front”
- Gonadectomy
  - Orchiectomy
  - Hysterectomy and/or salpingo-oophorectomy
- Body Contouring
  - Liposuction
  - Lipofilling
  - Implants
    - Pectoral, hip, gluteal, calf
  - Monsplasty/mons reduction
- Additional Procedures
  - Hair removal: Hair removal from the face, body, and genital areas for gender affirmation or as part of a preoperative preparation process.
    - Electrolysis
    - Laser epilation
  - Tattoo (i.e., nipple-areola)
  - Uterine transplantation
  - Penile transplantation

### 5.1.5 Hair Removal

5.1.5.1 Hair removal is necessary both for the elimination of facial hair well as in preparation for certain gender-affirming surgeries (GAS) such as vaginoplasty, phalloplasty, and metoidioplasty. Preoperative permanent hair removal is required for any skin area that will either be brought into contact with urine (e.g., used to construct a neourethra) or be moved to reside within a partially closed cavity within the body (e.g., used to line the neovagina).

5.1.5.2 Hair removal techniques used in gender-affirming care are electrolysis hair removal (EHR) and laser hair removal (LHR). EHR is currently the only US Food and Drug Administration–approved method of permanent hair removal, whereas LHR is approved for permanent hair reduction.

5.1.5.3 Hair Removal that may be considered non-reconstructive and may be considered cosmetic surgery and, therefore, not a covered benefit will be considered on a case-by-case basis.

5.1.5.4 Hair removal for extremities and buttocks are not covered benefits.

## Health Plan of San Mateo Policy & Procedure Manual

Procedure: UM.018		Title: Gender Affirmation Services and Surgery – Authorization Requirements	Effective Date: 07/26/2021
Revision: 3	Last Revised: 04/19/2024	Dept: Health Services	Page 7 of 13

### 5.2 DHCS All Plan Letter 20-018 Ensuring Access to Transgender Services (10/26/2020): Attachment B

- 5.2.1 MCPs are contractually obligated to provide medically necessary covered services to all members, including transgender members. State law defines “medically necessary” as follows:
  - 5.2.1.1 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.<sup>7</sup>
  - 5.2.1.2 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.
- 5.2.2 MCPs must also provide reconstructive surgery to all members, including transgender members. The analysis of whether or not a surgery is considered reconstructive surgery is separate and distinct from a medical necessity determination. 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.
- 5.2.3 MCPs must analyze transgender service requests under both the applicable medical necessity standard for services to treat gender dysphoria and under the statutory criteria for reconstructive surgery. A finding of either “medically necessary to treat gender dysphoria” or “meets the statutory criteria of reconstructive surgery” serves as a separate basis for approving the request.
- 5.2.4 If the MCP determines that the service is medically necessary to treat the member’s gender dysphoria, the MCP must approve the requested service. If the MCP determines the service is not medically necessary to treat gender dysphoria (or if there is insufficient information to establish medical necessity), the MCP must still consider whether the requested service meets the criteria for reconstructive surgery, taking into consideration the gender with which the member identifies.
- 5.2.5 The request for transgender services should be supported by evidence of either medical necessity or evidence supporting the criteria for reconstructive surgery. Supporting documentation should be submitted, as appropriate, by the member’s primary care provider, licensed mental health professional, and/or

## Health Plan of San Mateo Policy & Procedure Manual

Procedure: UM.018		Title: Gender Affirmation Services and Surgery – Authorization Requirements	Effective Date: 07/26/2021
Revision: 3	Last Revised: 04/19/2024	Dept: Health Services	Page 8 of 13

surgeon. These providers should be qualified and have experience in transgender health care.

- 5.2.6 When analyzing transgender service requests, MCPs must consider the knowledge and expertise of providers qualified to treat gender dysphoria (including the member’s providers) and must use nationally recognized medical/clinical guidelines. One source of clinical guidance for the treatment of gender dysphoria is found in the most current “Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People,” published by the World Professional Association for Transgender Health.
- 5.2.7 Nationally recognized medical experts in the field of transgender health care have identified the following core services in treating gender dysphoria: mental health services; psychotherapy; hormone therapy; and a variety of surgical procedures and treatments that bring primary and secondary gender characteristics into conformity with the individual’s identified gender. Surgical procedures and treatments that bring secondary gender characteristics into conformity with an individual’s identified gender may include, but are not limited to, sex reassignment surgery, facial gender confirmation surgery, body contouring, hair removal, and voice therapy and vocal surgery, if these services are determined to be medically necessary to treat a member’s gender dysphoria or if the services meet the statutory definition of reconstructive surgery.
- 5.2.8 MCPs must consider each requested service on a case-by-case basis and determine whether the requested service is either “medically necessary to treat the member’s gender dysphoria” or meets the statutory definition of “reconstructive surgery.”

### 5.3 Medi-Cal publication Transgender and Gender Diverse Services (updated May 2022): Attachment C

- 5.3.1 Nationally recognized medical experts in the field of transgender health care have identified the following core services in providing gender affirming care:
  - 5.3.1.1 Mental and behavioral health services
  - 5.3.1.2 Hormone therapy
  - 5.3.1.3 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
- 5.3.2 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



## Health Plan of San Mateo Policy & Procedure Manual

Procedure: UM.018		Title: Gender Affirmation Services and Surgery – Authorization Requirements	Effective Date: 07/26/2021
Revision: 3	Last Revised: 04/19/2024	Dept: Health Services	Page 9 of 13

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.

- 5.3.3 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.
- 5.3.4 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.
- 5.3.5 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.

### 6.0 References for Decision Making – CareAdvantage

- 6.1 Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, published by the World Professional Association for Transgender Health (WPATH): Attachment A (See Section 5.1)
- 6.2 National Coverage Determination (NCD): Gender Dysphoria and Gender Reassignment Surgery (140.9):
  - 6.2.1 The Centers for Medicare & Medicaid Coverage (CMS) conducted a National Coverage Analysis that focused on the topic of gender reassignment surgery. Effective August 30, 2016, after examining the medical evidence, CMS determined that no national coverage determination (NCD) is appropriate at this time for gender reassignment surgery for Medicare beneficiaries with gender dysphoria. In the absence of an NCD, coverage determinations for gender reassignment surgery, under section 1862(a)(1)(A) of the Social Security Act (the Act) and any other relevant statutory requirements, will continue to be made by the local Medicare Administrative Contractors (MACs) on a case-by-case basis.
- 6.3 Local Coverage Determination (LCD): Plastic Surgery (L35163)

## Health Plan of San Mateo Policy & Procedure Manual

Procedure: UM.018		Title: Gender Affirmation Services and Surgery – Authorization Requirements	Effective Date: 07/26/2021
Revision: 3	Last Revised: 04/19/2024	Dept: Health Services	Page 10 of 13

- 6.3.1 Transgender Surgery: This policy does not address coverage for procedures associated with transgender surgery. All coverage determinations for transgender surgery are currently handled by individual consideration on a case-by-case review with particular consideration of the World Professional Association for Transgender Health (WPATH) Standards of Care as interpreted through the various Medicare statutes, rules, regulations, and Manual instructions.

### 7.0 References for Decision Making – HealthWorx

- 7.1 Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, published by the World Professional Association for Transgender Health (WPATH): Attachment A (See Section 5.1)
- 7.2 If not addressed in the Standards of Care for the Health of Transgender and Gender Diverse People, use MCG: Gender-Affirming Surgery or Procedure GG-FMMF (ISC GRG) (28<sup>th</sup> Edition)

### GLOSSARY

CISGENDER refers to people whose current gender identity corresponds to the sex they were assigned at birth.

DETRANSITION is a term sometimes used to describe an individual's retransition to the gender stereotypically associated with their sex assigned at birth.

EUNUCH refers to an individual assigned male at birth whose testicles have been surgically removed or rendered non-functional and who identifies as a eunuch. This differs from the standard medical definition by excluding those who do not identify as eunuch.

EUNUCH-IDENTIFIED: An individual who feels their true self is best expressed by the term eunuch. Eunuch-identified individuals generally desire to have their reproductive organs surgically removed or rendered non-functional.

GENDER: Depending on the context, gender may reference gender identity, gender expression, and/or social gender role, including understandings and expectations culturally tied to people who were assigned male or female at birth. Gender identities other than those of men and women (who can be either cisgender or transgender) include transgender, nonbinary, genderqueer, gender neutral, agender, gender fluid, and "third" gender, among others; many other genders are recognized around the world.

GENDER-AFFIRMATION refers to being recognized or affirmed in a person's gender identity. It is usually conceptualized as having social, psychological, medical, and legal dimensions. Gender affirmation is used as a term in lieu of transition (as in medical gender-affirmation) or can be used as an adjective (as in gender-affirming care).

GENDER-AFFIRMATION SURGERY (GAS) is used to describe surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity.

GENDER BINARY refers to the idea there are two and only two genders, men and women; the

## Health Plan of San Mateo Policy & Procedure Manual

Procedure: UM.018		Title: Gender Affirmation Services and Surgery – Authorization Requirements	Effective Date: 07/26/2021
Revision: 3	Last Revised: 04/19/2024	Dept: Health Services	Page 11 of 13

expectation that everyone must be one or the other; and that all men are males, and all women are females.

GENDER DIVERSE is a term used to describe people with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth. This may include, among many other culturally diverse identities, people who identify as nonbinary, gender expansive, gender nonconforming, and others who do not identify as cisgender.

GENDER DYSPHORIA describes a state of distress or discomfort that may be experienced because a person's gender identity differs from that which is physically and/or socially attributed to their sex assigned at birth. Gender Dysphoria is also a diagnostic term in the DSM-5 denoting an incongruence between the sex assigned at birth and experienced gender accompanied by distress. Not all transgender and gender diverse people experience gender dysphoria.

GENDER EXPANSIVE is an adjective often used to describe people who identify or express themselves in ways that broaden the socially and culturally defined behaviors or beliefs associated with a particular sex. Gender creative is also sometimes used. The term gender variant was used in the past and is disappearing from professional usage because of negative connotations now associated with it.

GENDER EXPRESSION refers to how a person enacts or expresses their gender in everyday life and within the context of their culture and society. Expression of gender through physical appearance may include dress, hairstyle, accessories, cosmetics, hormonal and surgical interventions as well as mannerisms, speech, behavioral patterns, and names. A person's gender expression may or may not conform to a person's gender identity.

GENDER IDENTITY refers to a person's deeply felt, internal, intrinsic sense of their own gender.

GENDER INCONGRUENCE is a diagnostic term used in the ICD-11 that describes a person's marked and persistent experience of an incompatibility between that person's gender identity and the gender expected of them based on their birth-assigned sex.

INTERSEX refers to people born with sex or reproductive characteristics that do not fit binary definitions of female or male.

MISGENDER/MISGENDERING refers to when language is used that does not correctly reflect the gender with which a person identifies. This may be a pronoun (he/him/his, she/her/hers, they/them/theirs) or a form of address (sir, Mr.).

NONBINARY refers to those with gender identities outside the gender binary. People with nonbinary gender identities may identify as partially a man and partially a woman or identify as sometimes a man and sometimes a woman, or identify as a gender other than a man or a woman, or as not having a gender at all. Nonbinary people may use the pronouns they/them/theirs instead of he/him/his or she/her/hers. Some nonbinary people consider themselves to be transgender or trans; some do not because they consider transgender to be part of the gender binary. The shorthand NB or "enby" is sometimes used as a descriptor for nonbinary. Examples of nonbinary gender identities are genderqueer, gender diverse, genderfluid, demigender, bigender, and agender.

## Health Plan of San Mateo Policy & Procedure Manual

Procedure: UM.018		Title: Gender Affirmation Services and Surgery – Authorization Requirements	Effective Date: 07/26/2021
Revision: 3	Last Revised: 04/19/2024	Dept: Health Services	Page 12 of 13

RETRANSITION refers to second or subsequent gender transition whether by social, medical, or legal means. A retransition may be from one binary or nonbinary gender to another binary or nonbinary gender. People may retransition more than once. Retransition may occur for many reasons, including evolving gender identities, health concerns, family/societal concerns, and financial issues.

SEX ASSIGNED AT BIRTH refers to a person's status as male, female, or intersex based on physical characteristics. Sex is usually assigned at birth based on appearance of the external genitalia. AFAB is an abbreviation for "assigned female at birth." AMAB is an abbreviation for "assigned male at birth."

SEXUAL ORIENTATION refers to a person's sexual identity, attractions, and behaviors in relation to people on the basis of their gender(s) and or sex characteristics and those of their partners. Sexual orientation and gender identity are distinct terms.

TRANSGENDER or trans are umbrella terms used to describe people whose gender identities and/or gender expressions are not what is typically expected for the sex to which they were assigned at birth. These words should always be used as adjectives (as in "trans people") and never as nouns (as in "transgenders") and never as verbs (as in "transgendered").

TRANSGENDER MEN or TRANS MEN or MEN OF TRANS EXPERIENCE are people who have gender identities as men and who were assigned female at birth. They may or may not have undergone any transition. FTM or Female-to-Male are older terms that are falling out of use.

TRANSGENDER WOMEN or TRANS WOMEN or WOMEN OF TRANS EXPERIENCE are people who have gender identities as women and who were assigned male at birth. They may or may not have undergone any transition. MTF or Male-to-Female are older terms that are falling out of use.

TRANSITION refers to the process whereby people usually change from the gender expression associated with their assigned sex at birth to another gender expression that better matches their gender identity. People may transition socially by using methods such as changing their name, pronoun, clothing, hair styles, and/or the ways that they move and speak. Transitioning may or may not involve hormones and/or surgeries to alter the physical body. Transition can be used to describe the process of changing one's gender expression from any gender to a different gender. People may transition more than once in their lifetimes.

TRANSPHOBIA refers to negative attitudes, beliefs, and actions concerning transgender and gender diverse people as a group. Transphobia may be enacted in discriminatory policies and practices on a structural level or in very specific and personal ways. Transphobia can also be internalized, when transgender and gender diverse people accept and reflect such prejudice about themselves or other transgender and gender diverse people. While transphobia sometimes may be a result of unintentional ignorance rather than direct hostility, its effects are never benign. Some people use the term anti-transgender bias in place of transphobia.

### REFERENCES

- DHCS All Plan Letter 20-018 Ensuring Access to Transgender Services (10/26/2020)
- Medi-Cal publication Transgender and Gender Diverse Services (updated May 2022)

**Health Plan of San Mateo  
Policy & Procedure Manual**

<b>Procedure: UM.018</b>		<b>Title: Gender Affirmation Services and Surgery – Authorization Requirements</b>	<b>Effective Date: 07/26/2021</b>
<b>Revision: 3</b>	<b>Last Revised: 04/19/2024</b>	<b>Dept: Health Services</b>	<b>Page 13 of 13</b>

- The World Professional Association for Transgender Health. Standards of Care for the Health of Transgender and Gender Diverse People. 8th Version. 2022
- National Coverage Determination (NCD): Gender Dysphoria and Gender Reassignment Surgery (140.9)
- Local Coverage Determination (LCD): Plastic Surgery (L35163)
- MCG: Gender-Affirming Surgery or Procedure GG-FMMF (ISC GRG) (28th Edition)

<b>Log of Revisions</b>	
<b>Revision Number</b>	<b>Revision Date</b>
0	09/14/2021
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