

# UCSHIP Gender Reassignment/Affirming Surgery

## Check List

**This checklist is for guidance only, and does not guarantee eligibility for the services requested. Federal and State law, as well as contract language including definitions and specific coverage provisions/exclusions, and Medical Policy take precedence over Clinical UM Guidelines and this checklist, and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Clinical UM Guidelines, which address medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and Anthem reserves the right to review and update Clinical UM Guidelines and/or this checklist periodically. Clinical UM Guidelines are used when the plan performs utilization review for the subject. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Anthem.**

**Plan year 2021-2022**

**Services require a referral or precertification as noted below.**

|   |   |  |
|---|---|--|
| 1 | Member Name   |  |
| 2 | Member ID   |  |
| 3 | Policy Terminating?<br>Anthem Primary: Yes/No If No, denial from prior carrier or other carrier has no coverage:  |  |
| 4 | Date of Birth and Age   |  |
| 5 | Procedure date planned  |  |
| 6 | CPT codes requested<br><br>Procedure Name?  |  |
| 7 | Surgeon Name:<br>Address:<br>Tax ID:<br>Participating with UC Family or Anthem PPO Network:<br>Contact Name and Phone:                                    |  |
| 8 | Facility Name:<br>Address:<br>Medicare or Tax ID:<br>Participating with UC Family or Anthem PPO Network:<br>Contact Name and Phone:                       |  |
| 9 | <b>UCSHIP</b><br>Verify there is a referral on file from Student Health Center<br><b>Yes/No</b><br><b>Referral Date Range:</b>                            |  |
|   | <b>Criteria for individuals undergoing gender affirming/reassignment surgery, consisting of any combination of the following; hysterectomy, salpingo-</b> |  |

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|   | <b>oophorectomy, ovariectomy, or orchiectomy.</b>   |  |
|   | <b>Requires Precertification</b>  |  |
| 1 | The individual is at least 18 years of age.   |  |
| 2 | The individual has capacity to make fully informed decisions and consent for treatment  |  |
| 3 | <p>The individual has been diagnosed with gender dysphoria, and exhibits all of the following:</p> <ol style="list-style-type: none"> <li>1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment;</li> <li>2. The transgender identity has been present persistently for at least two years;</li> <li>3. The disorder is not a symptom of another mental disorder;</li> <li>4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning;</li> </ol> |  |
| 4 | For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician   |  |
| 5 | If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated  |  |
| 6 | Two referrals from qualified mental health professionals* who have independently assessed the individual. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter(s) must have been signed within 12 months of the request submission.   |  |
| 7 | * At least one of the professionals submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field (for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family   |  |

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|  | Therapist [M.F.T.] and be capable of adequately evaluating co-morbid psychiatric conditions. One letter is sufficient if signed by two providers, one of whom has met the specifications set forth above. |  |
|  | Comments/Needed   |  |

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|   | <b>Criteria for individuals undergoing gender reassignment/affirming surgery, consisting of any combination of the following, metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty, or placement of testicular prostheses.</b>   |  |
|   | <b>Requires Precertification</b>  |  |
| 1 | The individual is at least 18 years of age.   |  |
| 2 | The individual has capacity to make fully informed decisions and consent for treatment  |  |
| 3 | <p>The individual has been diagnosed with gender dysphoria, and exhibits all of the following:</p> <ol style="list-style-type: none"> <li>1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment;</li> <li>2. The transgender identity has been present persistently for at least two years;</li> <li>3. The disorder is not a symptom of another mental disorder;</li> <li>4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning;</li> </ol> |  |
| 4 | For individuals without a medical contraindication, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician   |  |
| 5 | <p>Documentation** that the individual has completed a minimum of 12 months of successful continuous full time real-life experience in their new gender, across a wide range of life experiences and events that may occur throughout the year (for example, family events, holidays, vacations, season-specific work or school experiences). This includes coming out to partners, family, friends, and community members (for example, at school, work, and other settings).</p> <p>**The medical documentation should include the start date of living full time in the new gender. Verification via communication</p>   |  |

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|   | with individuals who have related to the individual in an identity-congruent gender role, or requesting documentation of a legal name change, may be reasonable in some cases.  |  |
| 6 | Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner   |  |
| 7 | If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated  |  |
| 8 | Two referrals from qualified mental health professionals* who have independently assessed the individual. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter(s) must have been signed within 12 months of the request submission.   |  |
| 9 | * At least one of the professionals submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field (for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating comorbid psychiatric conditions. One letter is sufficient if signed by two providers, one of whom has met the specifications set forth above.   |  |
|   | Comments/Needed   |  |
|   | <b>Criteria for individuals undergoing gender reassignment/affirming surgery and requesting HAIR REMOVAL PROCEDURES by electrolysis or laser treatment</b>  |  |
|   | <b>Only Requires a Referral</b>   |  |
| 1 | The use of hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure is considered medically necessary (documentation needed that one of the surgeries are planned and the donor site is being treated) (Precertification not required)<br>Process: <ul style="list-style-type: none"> <li>• Referral required</li> <li>• Providers who render services may or may not bill insurance. If provider does not bill, the student will pay for the services and submit a member claims form with receipts to Anthem for reimbursement. Member claim form is available at <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> (members logged in can obtain under Support &gt;Forms) If not</li> </ul> |  |

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|   | logged in click on >Individual & Family > Support (forms)<br>> Select Topic (claims) > Medical Claims Form  |  |
| 2 | <p>The use of hair removal procedures of the face and neck will be covered. <b>Precertification not required.</b></p> <p>Process:</p> <ul style="list-style-type: none"> <li>• Referral required with gender dysphoria diagnosis</li> <li>• Providers who render services may or may not bill insurance. If provider does not bill, the student will pay for the services and submit a member claim form with receipts to Anthem for reimbursement. Member claim form is available at <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> (members logged in can obtain under Support &gt;Forms) If not logged in click on &gt;Individual &amp; Family &gt; Support (forms) &gt; Select Topic (claims) &gt; Medical Claims Form</li> </ul> |  |
|   | <b>Criteria for individuals undergoing top gender reassignment/affirming surgery.</b>   |  |
|   | <b>Requires Precertification</b>  |  |
| 1 | <p>The individual is at least 18 years of age.</p> <p><b>Note:</b> For members under 18 years of age, a provider with experience treating adolescents with gender dysphoria may request further consideration of a bilateral mastectomy case in an individual under 18 years old when they meet all other bilateral mastectomy (including prior mental health evaluation)</p>   |  |
| 2 | The individual has capacity to make fully informed decisions and consent for treatment  |  |
| 3 | <p>The individual has been diagnosed with gender dysphoria, and exhibits all of the following:</p> <ol style="list-style-type: none"> <li>1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment;</li> <li>2. The transgender identity has been present persistently for at least two years;</li> <li>3. The disorder is not a symptom of another mental disorder;</li> <li>4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning;</li> </ol>   |  |
| 4 | If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar   |  |

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|   | disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated   |  |
| 5 | The individual is seeking surgical intervention to affirm their gender identity  |  |
| 6 | One referral from a qualified mental health professional* who has independently assessed the individual. The letter must have been signed within 12 months of the request submission.  |  |
| 7 | *The professional submitting a letter must have a doctoral degree (for example, Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) or a master's level degree in a clinical behavioral science field (for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating co-morbid psychiatric conditions.  |  |
|   | <b>Criteria for individuals undergoing tracheal shave</b>  |  |
|   | <b>Requires Precertification</b>   |  |
| 1 | The individual is at least 18 years of age.  |  |
| 2 | The individual has capacity to make fully informed decisions and consent for treatment.  |  |
| 3 | The individual has been diagnosed with gender dysphoria, and exhibits all of the following: <ol style="list-style-type: none"> <li>1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment;</li> <li>2. The transgender identity has been present persistently for at least two years;</li> <li>3. The disorder is not a symptom of another mental disorder;</li> <li>4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning;</li> </ol> |  |
| 4 | If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated   |  |
| 5 | The individual is transitioning gender.  |  |
| 6 | One referral from a qualified mental health professional* who has  |  |

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|  | independently assessed the individual. The letter must have been signed within 12 months of the request submission.  |  |
|  | <b>Criteria for individuals undergoing Facial Gender Conforming Surgery</b>  |  |
|  | <b>Requires Precertification</b>   |  |
|  | The individual is 18 years of age or older.  |  |
|  | <p>One letter from a qualified mental health professional/s* which confirm the following:</p> <ol style="list-style-type: none"> <li>1. The member has undergone a minimum of 12 months of hormonal therapy.</li> <li>2. Confirms the gender dysphoria diagnosis.</li> <li>3. Referral for specific services being requested.</li> <li>4. States individual has lived full time in new gender for a minimum of 12 months.</li> </ol> <p><b>And:</b></p> <p>One letter from the surgeon performing the procedure and must include:</p> <ol style="list-style-type: none"> <li>1. Assessment of the patient's candidacy for the procedure.</li> <li>2. Summary of the risks and benefits, along with any recommendations.</li> </ol> <p>Services covered:</p> <p>For male to female transitions:</p> <ul style="list-style-type: none"> <li>• Brow lift</li> <li>• Forehead contouring</li> <li>• Malar (cheek) Implants</li> <li>• Jaw and/or chin re-shaping</li> <li>• Lip Shortening</li> <li>• Scalp (hairline) advancement</li> <li>• Rhinoplasty</li> </ul> <p>For female to male transitions:</p> <ul style="list-style-type: none"> <li>• Augmentation thyroid chondroplasty</li> <li>• Chin implant and/or genioplasty</li> <li>• Jaw implant</li> </ul> |  |

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|  | <b>Vocal training</b><br><br><b>Only Requires a Referral</b>   |  |
|  | Process: <ul style="list-style-type: none"><li>• Referral is required for the services.</li><li>• Services are rendered by a speech therapist. (For assistance locating a contracted provider, please contact your Account Manager/Student Service Representative at Anthem.</li></ul>   |  |
|  | <b>Fertility Preservation when medically necessary for iatrogenic infertility or gender affirming surgery.</b>   |  |
|  | <b>Requires Precertification</b><br><br>Process: <ul style="list-style-type: none"><li>• Student will be responsible for payment and for submitting member claim form with receipt to Anthem quarterly for reimbursement. Member claim form is available at <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> (members logged in can obtain under Support &gt;Forms) If not logged in click on &gt;Individual &amp; Family &gt; Support (forms) &gt; Select Topic (claims) &gt; Medical Claims Form</li><li>• Limited to fertility preservation services only.</li><li>• The Plan's maximum will not exceed \$20,000 while covered under UC SHIP.</li></ul> |  |



# UCSHIP Gender Reassignment/Affirming Surgery

## Check List

**NOTE:** The below list does not need to be completed if the procedure is **COSMETIC** and is **NOT** a covered benefit. The following surgeries are considered **cosmetic per clinical guideline Subject: Gender Reassignment Surgery Guideline #: CG-SURG-27** when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo gender reassignment surgery. Please check clinical guideline on Anthem.com for updates during the year and annually.

The following procedures are considered cosmetic when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo gender reassignment surgery, including, but not limited to, the following:

- Abdominoplasty
- Blepharoplasty
- Calf implants
- Face-lift
- Gluteal augmentation
- Lip enhancement
- Lipofilling/collagen injections
- Liposuction
- Nose implants
- Pectoral implants
- Voice modification surgery

## Contacts

|   |   |
|---|---|
| <b>Precertification Requests</b>  |   |
| UM Intake   | 800-274-7767 (phone)<br>800-734-8302 (fax)                    |
| UM Transgender Team (general questions)                                     | 855-484-4930 (phone)  |
| <b>General Benefit Questions or Need Assistance with Locating Providers</b> | Contact your Account Manager & Student Service Representative |