

## Gender Affirming Procedures

### Policy:

Ventura County Health Care Plan (VCHCP) adopted the Standards of Care developed by the World Professional Association for Transgender Health (WPATH) as a guideline for coverage and guideline/criteria as available when making prior authorization determinations in accordance with SB-855 ([Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People](#))

WPATH shall be used as a guideline for coverage of all services for members diagnosed with Gender Dysphoria. This medical policy does not apply to any other procedures that are not related to gender affirmation services.

The Plan provides coverage for all, or part of the mental health (MH) and substance use disorder (SUD) services related to gender affirming and/or gender dysphoria through its delegated USBHPC (Optum). The Plan and its delegate, Optum, collectively coordinate to ensure members receive the applicable care or are referred to gender affirming treatment, services, and diagnosis.

The Plan shall not apply utilization review criteria other than those set forth in subdivision (c) of the California Code of Regulations, Rule 1300.74.721, unless the circumstances in California Health and Safety Code section 1374.721(c)(1) or (c)(2) apply. The Plan, with its' delegate, Optum, shall not conduct repeated utilization review of a case at intervals more frequent than those prescribed or recommended by the relevant nonprofit professional association criteria or guidelines.

### Prior Authorization Criteria:

#### Diagnosis of Gender Dysphoria

Gender Dysphoria is broadly defined as discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).

#### **A. Attachments: Standards of Care for the Health of Transsexual, Transgender, and Gender Non-Conforming People – The World Professional Association for Transgender Health (WPATH)**

Medical Policy:  
**Gender Affirming Procedures**  
 Effective Date: 8/12/21  
 Reviewed/Updated: 11/12/21; 2/17/22; 11/10/22  
 /Reviewed/No Updates: 2/2/23; 2/8/24, 8/8/24,  
 12/11/24, 1/9/25



Gender Affirming  
Procedures WPATH`

**B. Review History:**

Policy created by Howard Taekman, MD on 6/18/21  
 Reviewed/No Updates: Howard Taekman, MD  
 Committee Review: UM: August 12, 2021; QAC: August 24, 2021  
 Reviewed/Updated: Howard Taekman, MD  
 Committee Review: UM: November 12, 2021; QAC: November 23, 2021  
 Reviewed/ Updated: Howard Taekman, MD  
 Committee Review: UM: February 17, 2022; QAC: February 22, 2022  
 Reviewed/ Updated: Howard Taekman, MD  
 Committee Review: UM: November 10, 2022; QAC: November 22, 2022  
 Reviewed/ No Updates: Howard Taekman, MD  
 Committee Review: UM: February 2, 2023; QAC: February 7, 2023  
 Reviewed/ No Updates: Howard Taekman, MD  
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 Reviewed/ Updated: Howard Taekman, MD  
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 Reviewed/ Updated: Howard Taekman, MD  
 Committee Review: UM: February 20, 2025; QAC: February 25, 2025

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
8/12/21	No	Howard Taekman, MD; Robert Sterling, MD	NEW
11/12/21	Yes	Howard Taekman, MD; Robert Sterling, MD	Updated to adopt the Standards of Care developed by WPATH

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2/17/22	Yes	Howard Taekman, MD; Robert Sterling, MD	<p>Updated to meet DMHC SB855 requirement: WPATH shall be used as a guideline for coverage of all services for members diagnosed with Gender Dysphoria.</p> <p>For those services/procedures/surgeries for which WPATH provides guidelines/criteria, WPATH shall be used as a guideline/criterion by VCHCP when making prior authorization determinations.</p> <p>For those services/procedures/surgeries for which WPATH does NOT provide guidelines/criteria, VCHCP's Medical Policy for Gender Affirming Procedures shall be used as a guideline/criterion when making prior authorization determinations. The services/procedures/surgeries for which WPATH does NOT provide guideline/criteria include but not limited to the following: voice and communication therapy, reproductive health (sperm preservation, oocyte or embryo freezing), surgeries for assisting in body feminization (reduction</p>
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			thyroid chondroplasty, voice modification surgery, suction-assisted lipoplasty, facial bone reduction etc.), surgeries for assisting in body masculinization (liposuction, lipofilling, pectoral implants etc.).
11/10/22	Yes	Howard Taekman, MD; Robert Sterling, MD	Updated with WPATH Standards of Care for the Health of Transgender and Gender Diverse People, Version 8
2/2/23	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/8/24	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
8/8/24	Yes	Howard Taekman, MD; Robert Sterling, MD	Updated to elaborate on the Standards of Care developed by WPATH Version 8.
12/11/24	Yes	Howard Taekman, MD; Robert Sterling, MD	Updated to remove information elaborating the Standards of Care developed by WPATH Version 8, to ensure that the policy is clear that only WPATH guideline will be used to review gender dysphoria.
01/09/25	Yes	Frances Gutierrez	Updated to include additional descriptions and statements per DMHC & pursuant to Ca Code of Regulations 1300.74.721 et seq.