



## Utilization Review Guideline: Transgender Services

---

**Read First**

**IMPORTANT INFORMATION CONCERNING  
WELLFLEET UTILIZATION REVIEW GUIDELINES**

This Utilization Review Guideline serves as notice to health care members and providers of Wellfleet’s Prior Authorization practices. Health providers and members are advised to consult the member’s specific benefit coverage document for determining specific Plan benefits and coverage.

Wellfleet may use reasonable discretion in applying these Utilization Review Guidelines to health care services provided to its enrollees. This Utilization Review Guideline does not address all the issues related to coverage and medical necessity for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Utilization Review Guideline. These factors may include, but are not limited to, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member’s benefit coverage document.

Wellfleet may modify this Utilization Review Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this Utilization Review Guideline. Should this Utilization Review Guideline be revised, Wellfleet shall publish a new version of this Utilization Review Guideline. Wellfleet encourages members and providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Utilization Review Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

---

**Applicable  
Plans**

- Student Health Insurance (for policies issued or renewing after May 2019)
  - Fully Insured
    - Excluding policies issued in the following states: N/A
    - Excluding ISO
  - Self-Funded
    - Excluding policies issued by the following schools: N/A
- Student Sports
  - Fully Insured; for policies issued by the following carriers:



UTILIZATION REVIEW GUIDELINE

Guideline No: UR-001

- AIG
- Axis
- Commercial Casualty Insurance Company/Wellfleet Insurance
- Self-Funded
  - Excluding policies issued by the following schools: N/A
- Fully Insured Student Accident; for policies issued by the following carriers:
  - AIG
  - Axis
  - Commercial Casualty Insurance Company/Wellfleet Insurance
- Self-Funded Employer Insurance
  - Excluding policies issued by the following employers: N/A

**Purpose**

The purpose of this document is to clarify what Wellfleet offers regarding transition-related covered benefits and how transition-related services are reviewed. Wellfleet has grouped these services relating to their Prior Authorization requirements, if any, and coverage under Wellfleet’s benefit plan.

**Scope**

- All transition-related requests for services
- If any service with a given request falls under a conflicting State regulation, the State regulation would override this guideline for that service

**Definitions**

- transgender: denoting or relating to a person whose sense of personal identity and gender does not correspond with their assigned sex at birth
- cisgender: denoting or relating to a person whose sense of personal identity and gender corresponds with their assigned sex at birth
- gender dysphoria: discomfort or distress that is caused by a discrepancy between a person’s gender identity and the person’s assigned sex at birth

**Guidelines**

1. Coverage for treatment of gender dysphoria varies across plans.
  - Refer to the customer’s benefit plan document for coverage details.

- Coverage for treatment of gender dysphoria, including gender reassignment surgery and related services may be governed by state and/or federal mandates.
  - Coverage of drugs for hormonal therapy, as well as whether the drug is covered as a medical or a pharmacy benefit, varies across plans.
2. There are two transgender -related services options available for each Wellfleet Plan as described below.
  3. Medically necessary services listed under Option 1 are the standard transgender-specific covered benefits under a Wellfleet benefit Plan (unless either otherwise specified in the benefit plan or State regulations require otherwise).
  4. Schools/groups have the option of requesting to add the additional transgender-specific services listed under Option 2 to their Wellfleet benefit plan.
    - Options 2 is available at the time of policy renewal.
    - You may contact your Account Executive or Account Manager for details.
  5. Option 1: standard transgender-specific covered benefits under a Wellfleet benefit Plan. Includes both non-precertified and precertified services below:
    - Non-procedural outpatient services: no precertification required.
      - Includes but is not limited to medical and behavioral health outpatient office visits, hormonal treatments, laboratory testing, age-related, gender-specific services, including but not limited to preventive health, as appropriate to the individual's biological anatomy, and speech therapy
      - Includes tracheal shave
    - Gender reassignment and related surgeries and procedures: precertification required.
      - This includes top & bottom surgeries, including associated supportive procedures.
      - See Attachments 1 and 2 for associated Prior Authorization requirements
  6. Option 2: available additional transgender-specific services.
    - Facial feminization surgeries (FFS): precertification required.
    - See Attachments 1 and 2 for associated Prior Authorization requirements
  7. Note: Please note, there are certain code-dependent services that fall under each Option, which will require special review and precertification.

- This includes procedures with unlisted/unspecified/other codes, custom preparation prostheses, investigational procedures, etc.
  - These are generally not covered a benefit under any Wellfleet Plan. However, Wellfleet understands that due to the nature of transgender services, providers occasionally need to use these codes/services for transgender procedures.
  - Wellfleet will review any of these codes under their appropriate Options, and according to their respective Payment Guideline requirements, if that Option has been chosen by your Plan.
  - See Attachments 1 and 2 for associated Prior Authorization requirements.

**Attachments**

1. Prior Authorization Requirements for Transgender Procedures
2. Prior Authorization Requirements for Transgender Procedures for California Plans

**Related  
Resources**

1. Wellfleet Unlisted Codes Payment Guideline
  - 1) <https://wellfleetstudent.com/providers/>
  - 2) <https://wellfleetworkplace.com/providers/>
2. Wellfleet Investigational & Experimental Payment Guideline
  - 1) <https://wellfleetstudent.com/providers/>
  - 2) <https://wellfleetworkplace.com/providers/>

**Change  
History**

<b>Version</b>	<b>Effective Date</b>	<b>Next Review Date</b>
1.0	10/01/2020	7/01/2021
2.0	5/25/21	6/25/21
3.0	12/1/21	12/1/22

---

**Attachment 1: Prior Authorization Requirements for Transgender Procedures**

- **Option 1:** Includes both non-precertified and precertified services below:
  - Non-procedural outpatient services and tracheal shave: no precertification required.
    - Includes but is not limited to the following:
      - Behavioral health services, including but not limited to counseling for gender dysphoria and related psychiatric conditions (e.g., anxiety, depression)
      - Hormonal therapy, including but not limited to androgens, anti-androgens, GnRH analogues\*, estrogens, and progestins (\*Prior authorization requirements may apply).
      - Laboratory testing to monitor prescribed hormonal therapy
      - Age-related, gender-specific services, including but not limited to preventive health, as appropriate to the individual’s biological anatomy (e.g., cancer screening [e.g., cervical, breast, prostate]; treatment of a prostate medical condition).
      - Speech therapy
      - Outpatient tracheal shave procedure
  - Gender reassignment and related surgeries and procedures: precertification required.
    - Requirements for “Top Surgery” (mastectomy, breast reduction or breast augmentation)
      - Single letter of referral or recommendation from a qualified, licensed mental health professional; *and*
      - Persistent, well-documented gender dysphoria; *and*
      - Documentation of 12 months of living in a gender role that is congruent with their gender identity (real life experience); *and*
      - Capacity to make a fully informed decision and to consent for treatment; *and*
      - Age of majority (18 years of age or older); *and*
      - If significant medical or mental health concerns are present, they must be
    - Top surgery may require associated procedures, each of which should be listed for Prior Authorization separately. These include but are not limited to:
      - Nipple-areola reconstruction
      - Pectoral implants
      - Skin grafts
      - Note: Cosmetic issues due to approved and performed top surgery are part of the risks of this surgery and are considered Healthcare Acquired Conditions (HAC’s). As such, modification procedures to correct cosmetic issues due to previously approved and performed top surgery is not a covered benefit.
    - Requirements for “Bottom Surgery” (hysterectomy and salpingo-oophorectomy, gonadectomy or orchiectomy, and genital reconstructive surgery [vaginoplasty or female-to-male genital reconstructive surgery])

- Single letter of referral or recommendation from a qualified, licensed mental health professional (with minimum of Master's degree or equivalent) with written documentation submitted to the physician performing the surgery; *and*
- Persistent, well-documented gender identity disorder; *and*
- Documentation of at least 12 months of continuous hormone therapy as appropriate to the member's gender goals (unless the member has a medical or other contraindication); *and*
- Documentation of 12 months of living in a gender role that is congruent with their gender identity (real life experience) *and*
- Capacity to make a fully informed decision and to consent for treatment; *and*
- Age of majority (18 years of age or older); *and*
- If significant medical or mental health concerns are present, they must be reasonably well controlled
- Bottom surgery may require associated procedures, each of which should be listed for Prior Authorization separately. These include but are not limited to:
  - Hysterectomy, salpingo-oophorectomy, orchiectomy
  - Vaginectomy/colpectomy, vulvectomy, metoidioplasty, phalloplasty, crotoplasty, urethroplasty /urethromeatoplasty, insertion of testicular prosthesis
  - Vaginoplasty, electrolysis of donor site tissue to be used to line the vaginal canal or male urethra, penectomy, vulvoplasty, repair of introitus, coloproctostomy
- **Option 2: Facial feminization surgeries: precertification required**
  - Requirements for FFS (facial bone reconstruction)
    - Single letter of referral or recommendation from a qualified, licensed mental health professional (with minimum of Master's degree or equivalent) with written documentation submitted to the physician performing the surgery; *and*
    - Persistent, well-documented gender identity disorder; *and*
    - Documentation of 12 months of living in a gender role that is congruent with their gender identity (real life experience) *and*
    - Capacity to make a fully informed decision and to consent for treatment; *and*
    - Age of majority (18 years of age or older); *and*
    - If significant medical or mental health concerns are present, they must be reasonably well controlled
  - Ancillary procedures and services beyond major facial bone reconstruction:
    - Services include but not limited to:
      - Hair transplant
      - Wrinkle removal
      - Nose procedures
      - Dermabrasion
      - Chemical peel
      - Eyelid lifts

- Note: Body Feminization Surgery (BFS) is not a covered benefit
- Requirements for “Ancillary Procedures”
  - Two letters of referral or recommendation from qualified, licensed mental health professionals (with minimum of Master’s degree or equivalent) with written documentation submitted to the physician performing the surgery. The second referral should be from someone who only has an evaluative role of the individual. Two separate letters, or one letter signed by both, such as when practicing in same clinic. Letters must clearly state the medical necessity for the procedures; *and*
  - Persistent, well-documented gender identity disorder; *and*
  - Documentation of 12 months of living in a gender role that is congruent with their gender identity (real life experience) *and*
  - Capacity to make a fully informed decision and to consent for treatment; *and*
  - Age of majority (18 years of age or older); *and*
  - If significant medical or mental health concerns are present, they must be reasonably well controlled
- **Note for** code-dependent services requiring special review and precertification
  - Codes include but are not limited to unlisted/unspecified/other codes, investigational procedures, custom preparation prostheses, etc.
  - Each code will also fit under Option 1 or 2.
    - To be considered, the code must be within an Option chosen by the school/group.
  - Each code must meet the requirements for its corresponding Option (1 or 2).
  - In addition, the following information needs to be submitted for each code:
    - If it is an unlisted/unspecified/other code the following is required:
      - An accurate, detailed description of the item, service or procedure performed, as identified by an Unlisted Code
      - Documentation supporting the use of the Unlisted Code vs. other available CPT or HCPCS, if appropriate
    - All codes, including unlisted/unspecified/other code, require the following:
      - Medical necessity for service, procedure or item.
      - Supporting clinical documentation that is pertinent to the item, service or procedure performed, such as:
        - Imaging report
        - Invoice
        - Laboratory/pathology report
        - Operative/office notes
        - Procedure notes/reports

**Attachment 2: Prior Authorization Requirements for Transgender Procedures for California Plans**

- **Option 1:** Includes both non-precertified and precertified services below:
  - Non-procedural outpatient services and tracheal shave: no precertification required.
    - Includes but is not limited to the following:
      - Behavioral health services, including but not limited to counseling for gender dysphoria and related psychiatric conditions (e.g., anxiety, depression)
      - Hormonal therapy, including but not limited to androgens, anti-androgens, GnRH analogues\*, estrogens, and progestins (\*Prior authorization requirements may apply).
      - Laboratory testing to monitor prescribed hormonal therapy
      - Age-related, gender-specific services, including but not limited to preventive health, as appropriate to the individual’s biological anatomy (e.g., cancer screening [e.g., cervical, breast, prostate]; treatment of a prostate medical condition).
      - Speech therapy
      - Outpatient tracheal shave procedure
  - Gender reassignment and related surgeries and procedures: precertification required.
    - Requirements for “Top Surgery” (mastectomy, breast reduction or breast augmentation)
      - Single letter of referral or recommendation from a qualified, licensed mental health professional; *and*
      - Persistent, well-documented gender identity disorder; *and*
      - Capacity to make a fully informed decision and to consent for treatment; *and*
      - If significant medical or mental health concerns are present, they must be reasonably well controlled
    - Top surgery may require associated procedures, each of which should be listed for Prior Authorization separately. These include but are not limited to:
      - Nipple-areola reconstruction
      - Pectoral implants
      - Skin grafts
      - Note: Cosmetic issues due to approved and performed top surgery are part of the risks of this surgery and are considered Healthcare Acquired Conditions (HAC’s). As such, modification procedures to correct cosmetic issues due to previously approved and performed top surgery is not a covered benefit.
    - Requirements for “Bottom Surgery” (hysterectomy and salpingo-oophorectomy, gonadectomy or orchiectomy, and genital reconstructive surgery [vaginoplasty or female-to-male genital reconstructive surgery])
      - Single letter of referral or recommendation from a qualified, licensed mental health professional (with minimum of Master’s degree or



- equivalent) with written documentation submitted to the physician performing the surgery; *and*
  - Persistent, well-documented gender identity disorder; *and*
  - Documentation of at least 12 months of continuous hormone therapy unless the patient’s healthcare provider determines that it is not appropriate or necessary; *and*
  - Documentation of 12 months of living in a gender role that is congruent with their gender identity (real life experience) *and*
  - Capacity to make a fully informed decision and to consent for treatment; *and*
  - If significant medical or mental health concerns are present, they must be reasonably well controlled
- Bottom surgery may require associated procedures, each of which should be listed for Prior Authorization separately. These include but are not limited to:
    - Hysterectomy, salpingo-oophorectomy, orchiectomy
    - Vaginectomy/colpectomy, vulvectomy, metoidioplasty, phalloplasty, crotoplasty, urethroplasty /urethromeatoplasty, insertion of testicular prosthesis
    - Vaginoplasty, electrolysis of donor site tissue to be used to line the vaginal canal or male urethra, penectomy, vulvoplasty, repair of introitus, coloproctostomy
- **Option 2: Basic facial feminization surgeries: precertification required**
    - Requirements for Basic FFS (facial bone reconstruction)
      - Single letter of referral or recommendation from a qualified, licensed mental health professional (with minimum of Master’s degree or equivalent) with written documentation submitted to the physician performing the surgery; *and*
      - Persistent, well-documented gender identity disorder; *and*
      - Documentation of 12 months of living in a gender role that is congruent with their gender identity (real life experience) *and*
      - Capacity to make a fully informed decision and to consent for treatment; *and*
      - If significant medical or mental health concerns are present, they must be reasonably well controlled
    - Ancillary procedures and services beyond major facial bone reconstruction:
      - Services include but not limited to:
        - Hair transplant
        - Wrinkle removal
        - Nose procedures
        - Dermabrasion
        - Chemical peel
        - Eyelid lifts
      - Requirements for “Ancillary Procedures”
        - Two letters of referral or recommendation from qualified, licensed mental health professionals (with minimum of Master’s degree or equivalent) with written documentation submitted to the physician performing the surgery. The second referral should be from someone who only has an

- evaluative role of the individual. Two separate letters, or one letter signed by both, such as when practicing in same clinic. Letters must clearly state the medical necessity for the procedures; *and*
- Persistent, well-documented gender identity disorder; *and*
  - Documentation of 12 months of living in a gender role that is congruent with their gender identity (real life experience) *and*
  - Capacity to make a fully informed decision and to consent for treatment; *and*
  - If significant medical or mental health concerns are present, they must be reasonably well controlled
- **Note for** code-dependent services requiring special review and precertification
    - Codes include but are not limited to unlisted/unspecified/other codes, investigational procedures, custom preparation prostheses, etc.
    - Each code will also fit under Option 1 or 2.
      - To be considered, the code must be within an Option chosen by the school/group.
    - Each code must meet the requirements for its corresponding Option (1 or 2).
    - In addition, the following information needs to be submitted for each code:
      - If it is an unlisted/unspecified/other code the following is required:
        - An accurate, detailed description of the item, service or procedure performed, as identified by an Unlisted Code
        - Documentation supporting the use of the Unlisted Code vs. other available CPT or HCPCS, if appropriate
      - All codes, including unlisted/unspecified/other code, require the following:
        - Medical necessity for service, procedure or item.
        - Supporting clinical documentation that is pertinent to the item, service or procedure performed, such as:
          - Imaging report
          - Invoice
          - Laboratory/pathology report
          - Operative/office notes
          - Procedure notes/reports