



Utilization Review Guideline: Gender-Affirming Services: Johns Hopkins University

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**

Johns Hopkins University

Purpose The purpose of this document is to clarify what Wellfleet offers regarding gender-affirming treatment-related covered benefits and how gender-affirming treatment-related services are reviewed for Johns Hopkins University. Wellfleet has grouped these services relating to their Prior Authorization requirements, if any, and coverage under Johns Hopkins University's benefit plan.

Scope

- All Johns Hopkins University requests for gender-affirming treatment 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
- gender incongruence: a condition related to sexual health whereby the gender identity of a person does not align with the gender assigned at birth

Guidelines

- 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 or gender incongruence 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 anatomy (e.g., cancer screening [e.g., cervical, breast, prostate]; treatment of a prostate medical condition).
 - Speech therapy
- Outpatient tracheal shave procedure (chondrolaryngoplasty)
- Gender-affirming surgeries and procedures: precertification required.
- Requirements for "Top Surgery" (mastectomy, breast reduction or breast augmentation)
 - Single letter of referral or recommendation from a qualified health care provider with training and experience

UTILIZATION REVIEW GUIDELINE

Guideline No: UR-008

- in medical care for gender affirmation patients; *and*
- Persistent, well-documented gender dysphoria; *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.
- 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, phalloplasty, or metoidioplasty])
 - Single letter of referral or recommendation from a qualified health care provider (with minimum of Master's degree or equivalent) with training and experience in medical care for gender affirmation patients 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* for vaginoplasty, phalloplasty or metoidioplasty. This criterion is not applicable for hysterectomy and salpingo-oophorectomy, gonadectomy or orchiectomy.
 - 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,

UTILIZATION REVIEW GUIDELINE**Guideline No: UR-008**

- phalloplasty, scrotoplasty, 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
 - Electrolysis for skin grafting
 - Requirements for FGS (facial bone reconstruction)
 - Persistent, well-documented gender dysphoria or gender incongruence; *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
 - Requirements for “Ancillary Procedures”
 - Persistent, well-documented gender identity disorder; *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: The following procedures are covered benefits (a non-exclusive list):
 - Brow Lift
 - Buttock Implant
 - Calf Implants
 - Cheek/malar implants (included in standard FFS)
 - Chin/nose implants or genioplasty (included in standard FFS)
 - Colpocleisis - vaginal walls sewn together (included in bottom surgery)
 - Electrolysis
 - Hair Grafts
 - Forehead contouring (included in standard FFS)
 - Jaw implant (included in standard FFS)
 - Jaw reduction (jaw contouring) Jaw and/or Chin reshaping (included in standard FFS)
 - Lip Reduction/shortening
 - Lipofilling of hips, thighs, buttocks
 - Mastectomy with liposuction of the chest

UTILIZATION REVIEW GUIDELINE**Guideline No: UR-008**

- Mons lift/mons reduction - lifting and tightening and/or reduction of the mons pubis area (included in bottom surgery)
- Nipple/areola complex Reconstruction (both male to female and female to male) (included in top surgery)
- Perineoplasty - narrows vaginal opening (included in bottom surgery)
- Rhinoplasty
- Scalp (hairline) advancement
- Note: The following procedures are not covered benefits:
 - Blepharoplasty
 - Mastopexy - breast lift
- Note: Voice modification surgery is covered if voice therapy is unsuccessful
- Note: Please note, there are certain code-dependent services that fall under each of the above categories, which will require special review and precertification.
 - This includes procedures with unlisted/unspecified/other codes, custom preparation prostheses, investigational procedures, custom preparation prostheses, etc.
 - Each code will also fit under one of the above covered categories
 - Each code must meet the requirements for category
 - 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



Utilization Review Guideline: Gender-Affirming Services: JHU

UTILIZATION REVIEW GUIDELINE

Guideline No: UR-008

Related Resources

Wellfleet Unlisted Codes Payment Guideline

- <https://wellfleetstudent.com/providers/>

Wellfleet Investigational & Experimental Payment Guideline

- <https://wellfleetstudent.com/providers/>

Change History

Version	Effective Date	Changes
1.0	7/1/2022	
2.0	7/1/2024	No changes.