DATE: SEPTEMBER 25, 2013

ALL PLAN LETTER 13-011

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: ENSURING ACCESS TO TRANSGENDER SERVICES

PURPOSE:
The purpose of this All Plan Letter (APL) is to ensure the awareness of Medi-Cal managed care health plans (MCPs) and their network providers that transgender services are available to Medi-Cal beneficiaries. The term “transgender services” refers to the treatment of “gender identity disorder”, which may include psychotherapy,¹ continuous hormonal therapy, laboratory testing to monitor hormone therapy and gender reassignment surgery that is not cosmetic in nature. DHCS has learned that not all Medi-Cal providers and members of MCP provider networks have been aware of this requirement. Therefore, MCPs must communicate this requirement to their provider networks, including subcontractors.

DHCS published this requirement as item 21 of the Medi-Cal Provider Updates for March 2013.² MCPs must consider this requirement when they review prior authorization requests related to transgender services. This requirement does not change the types of procedures that require prior authorization or treatment authorization requests.

BACKGROUND:
Transgender services have been available to Medi-Cal beneficiaries since the California Superior Court issued a Writ of Mandate on this topic in 2001.³ The court held that the Department of Health Care Services (DHCS) must not categorically deny coverage for transgender people. Instead, Medi-Cal providers must determine the medical necessity of each claim on a case-by-case basis, in order to determine if the requested service is covered under Medi-Cal.

The State assures the health rights of transgendered persons through Health and Safety Code, Section 152, Multicultural Health. The State prohibits health insurers from

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¹ Basic psychotherapy (e.g., group counseling) is available through fee-for-service Medi-Cal and specialty psychotherapy is available through local mental health plans. MCPs will begin providing basic psychotherapy in January 2014.
² See http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm201303.asp#a21
discriminating against transgendered persons in Title 10, California Code of Regulations, Section 2561, et seq.

The criteria for the medical necessity of transgender services are based on 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 (WPATH).4 This paper includes a complete discussion of the clinical determinations physicians must make and the criteria they must follow as they respond to patients who may benefit from transgender services.

If you have questions concerning this APL, please contact your Contract Manager.

Sincerely,

Original Signed by Margaret Tatar

Margaret Tatar, Chief
Medi-Cal Managed Care Division

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4 See http://www.wpath.org/publications_standards.cfm.