



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

**San Francisco Department of Public Health  
Transgender Health Services**

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## **Transgender Health Services Criteria for Transgender Surgeries**

### **For all surgeries, these criteria must be met for a complete referral to Transgender Health Services:**

- Capacity to make a fully informed decision and capacity to consent for treatment
- Age 18 and over
- Engagement with a primary care provider
  - Quarterly visits with the same primary care provider or clinic within SFDPH affiliated clinics over past 1 year, unless quarterly visits are not clinically indicated.
- Patient Education Form (dated within past 1 year)
  - Surgery-specific forms are required, one per surgery.
- Medical Evaluation Form (dated within past 1 year)
  - Patient does not have medical conditions that would interfere with expected outcomes of proposed surgery. Any medical condition must be well controlled. If patient uses nicotine, a cessation plan prior to surgery must be outlined in the medical evaluation form.
- Mental Health Assessments (dated within past 1 year)
  - Two (2) comprehensive assessments must be done by qualified mental health professionals, only one (1) for chest surgeries.
  - The assessments can be documented via two letters, two forms (the Therapist Documentation Form for Evaluation for Transgender Surgery developed by THS), or one co-signed letter.
  - Assessments must be done by qualified mental health professionals. Qualified mental health professionals are licensed mental health providers with appropriate masters, doctorate, or MD degrees who have gender sensitivity and knowledge of transgender people in public health settings.
  - Guidelines for completion of these assessments have been developed by THS and are based on and consistent with the most recent version of World Professional Association for Transgender Health Standards of Care 7 (WPATH SOC7).
    - The THS guidelines are titled *SFDPH Mental Health Assessments for Sexual Reassignment Surgery or Gender Confirmation Surgery* and are available as a link on the Transgender Health Services website and from the Transgender Health Services e-Referral Policy Page.
  - Document that patient's psychiatric and social situation will not interfere with expected outcomes of proposed surgery. Any mental health condition must be well controlled.

### **For all genital surgeries, including hysterectomy and orchiectomy:**

- 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless the patient has a medical contraindication or is otherwise unable or unwilling to take hormones).

### **For vaginoplasty, metoidioplasty, and phalloplasty only:**

- 12 continuous months of living in a gender role that is congruent with the patient's gender identity
- Participation in Transgender Health Services Education and Preparation Program

**IMPORTANT UPDATE:** Due to recent changes in Medi-Cal insurance criteria for transgender surgeries (specifically by the San Francisco Health Plan), there has been confusion among providers regarding which criteria to follow for each different Medi-Cal plan. Please see following page for a matrix that helps to explain the differences; the key distinguishing factor is actually the type of surgery rather than the type of insurance.



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**Comparison of Transgender Surgery Criteria by Public Insurance Plan and Surgery Type**

	<b>For all chest/breast surgeries, orchiectomies, and hysterectomies, regardless of insurance type<sup>1</sup></b>	<b>For all vaginoplasties, metoidioplasties, and phalloplasties, regardless of insurance type<sup>2</sup></b>
<b>Criteria</b>	<sup>1</sup> These surgeries are grouped together and subject to one set of criteria because they are never reviewed by San Francisco Health Plan. Instead, THS reviews them according to our criteria listed on page 1.	<sup>2</sup> Effective 2/20/2015, follow these criteria for all vaginoplasties, metoidioplasties, and phalloplasties, regardless of insurance type because they are subject to SFHP's new criteria. Differences from the THS/HSF criteria are emphasized in bold.
<b>Age over 18</b>	Required	Required
<b>Engagement in care ≥ 1 year</b>	Required	Required
<b>eReferral to THS</b>	Required	Required
<b>Patient Education Form</b>	Required (dated within past 1 year)	Required (dated within past 1 year)
<b>Medical Evaluation</b>	Medical Evaluation form required (dated within past 1 year), AND additional information as requested by surgeon	Medical Evaluation form required (dated within past 1 year), <b>PLUS a history and physical with list of active meds list dated &lt;3 months</b>
<b>Mental Health Assessments</b>	Assessments can be documented via 2 letters, 2 forms, or 1 co-signed letter or 1 co-signed form (dated within past 1 year).	<b>Assessments must be documented via 2 forms AND 2 letters, OR 2 forms AND 1 co-signed letter (all dated within past 1 year). Cannot co-sign 1 form.</b>
<b>Prior Authorization (PA)</b>	No PA required	<p><b>For SFHP Medi-Cal patients:</b> PA required before surgeon consultation, to be valid for 1 year. After surgery consultation, surgeon must submit PA for procedure either within 3 months of anticipated surgery date OR resubmit every 3 months until surgery date. In either case, SFHP requires:</p> <ul style="list-style-type: none"> <li>• Updated history and physical</li> <li>• Proof of smoking cessation or a planned smoking cessation date between 2-6 weeks prior to and up to 6 months following surgery, depending on the surgery type</li> <li>• Evidence of a post-surgical psychological recovery plan</li> </ul> <p><b>For Anthem BC Medi-Cal patients:</b></p> <ul style="list-style-type: none"> <li>• One of the mental health assessments for genital surgeries must be performed by a doctoral level licensed provider</li> <li>• PA for surgery required, is submitted by surgeon office</li> </ul> <p><u>For Healthy SF patients: No PA required</u></p>