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Northwest Region Utilization Review

UR 75: Gender-Affirming Facial Procedures Medical Necessity Criteria

Department: Non-Behavioral Health	Number: UR 75
Section: KPNW Region	Effective: 10/20
Applies to: KPNW Region	Reviewed: 09/20, 10/21
Subject Matter Expert: Stephanie Detlefsen, MD, Gender Pathways	Revised: 11/20, 11/21, 3/22, 5/22, 10/22

GENDER-AFFIRMING FACIAL PROCEDURES MEDICAL NECESSITY CRITERIA

Also see related criteria: UR 65 Gender-Affirming Procedures Medical Necessity Criteria and UR 78 Gender-Affirming Voice Modification Surgery Medical Necessity Criteria.

Gender-affirming facial procedures may be considered medically necessary when ALL of the following criteria are met:

1. With regard to the member:
    a. Member has persistent, well-documented gender dysphoria;
    b. Member is undergoing or has undergone other treatments to transition gender;
    c. Member has the capacity to make a fully informed decision and consent for treatment;
    d. Member is 18 years of age or older;
    e. Any significant medical or mental health concerns are reasonably well-controlled; AND
2. With regard to the requested procedure(s):
    a. For each requested procedure, documentation from the plastic surgeon that the member experiences dysphoria specifically associated with that facial element is required (e.g., documentation of dysphoria related to a stereotypically masculine nose for a requested rhinoplasty); AND
    b. The goal of each procedure is to alter or reshape the facial feature to an appearance that is within the range of normal for the member's identified gender, as determined by a board-certified Plastic Surgeon.

To be authorized for consultation / office visits with Plastic Surgery to discuss gender-affirming facial procedures, member needs to meet criteria 1a-e; to be authorized for gender-affirming facial procedures and pre-operative visits, member needs to meet criteria 1a-e and 2a-b. No WPATH letter is required.

Procedures for facial feminization may include (but are not limited to) mandible contouring, rhinoplasty, and forehead reduction, among others.

Procedures intended solely to reduce the appearance of aging and will not result in significant improvement of the condition being treated are considered not medically necessary.

Facial Hair Removal (by laser or electrolysis) is covered when requested by KP GPC provider and the following criteria are met: (see UR 65 for criteria addressing body hair removal)

1. 16+ years old with parental consent or 18+ years old
2. Treatment with antiandrogens for 2-3 years unless contraindicated OR most recent testosterone level < 100 OR history of an orchiectomy

Surgical Revisions:

Surgical revisions following gender-affirming facial surgery may be considered medically necessary if at least one of the following is true as determined by a physician board-certified in plastic surgery (or other specialty physician, as appropriate):

- Revision would result in improved function; OR
- Revision is likely to result in relief of pain associated with the gender affirming facial surgery; OR
- Revision is intended to change a physical appearance that is NOT within normal anatomic variation consistent with the member's gender identity.

Surgical revision of prior gender-affirming facial surgery will not be covered when intended only to correct changes in form or symmetry that are due to natural processes, such as aging or changes in weight.

Surgical Reversals

Surgery to reverse gender-affirming facial surgery is considered not medically necessary except in the case of a serious medical barrier to completing the surgery or the development of a serious medical condition necessitating reversal.

SPECIAL GROUP CONSIDERATIONS

Medicare	Covered per UR 75 criteria
OR Medicaid	See OHP Prioritized List, Guideline Note 127 for treatment of Gender Dysphoria and OAR 410-172-0745: Exception Criteria for Facial Gender Confirmation Surgery
WA Medicaid (Molina)	Redirect to Washington Health Care Authority to manage through the Fee-for-Service process
OR Commercial – KPIF, SBG, LBG	Covered per UR 75 criteria
WA Commercial – KPIF, SBG, LBG	Covered per UR 75 criteria
Self-Funded	Option not to cover
FEHB/SA FEHB	Covered per UR 75 criteria
Grandfathered	Covered per UR 75 criteria
Religious and/or Exempt Organizations	Covered per UR 75 criteria
Away from Home (AFH) members	Redirect to their home region for review/authorization

REFERENCES

- Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version. The World Professional Association for Transgender Health (WPATH).