MEDICAL POLICY

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MEDICAL POLICY DETAILS	
Medical Policy Title	**Behavioral Health Treatment for Gender Dysphoria**
Policy Number	**3.01.15**
Category	**Contract Clarification**
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Product Disclaimer	• *Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.*

POLICY STATEMENT

Based upon our criteria and assessment of the peer-reviewed literature, behavioral health services for gender dysphoria have been medically proven to be effective and, therefore, are considered **medically appropriate** as set forth below:

I. The diagnosis of gender dysphoria must meet the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) criteria (*see the Codes section for specific ICD-10 diagnosis codes*).

II. Prior authorization is not required for coverage of behavioral health services for gender dysphoria (e.g., psychotherapy, medication consultation).

III. If there is a significant comorbidity or behavioral manifestation that would require a higher level of care (e.g., gender dysphoria with suicidal ideation and intent), higher levels of care will be covered per the appropriate InterQual guideline and/or Corporate Medical Policy.

IV. If the behavioral manifestation of gender dysphoria is a substance use disorder, treatment is deemed **medically appropriate** utilizing the appropriate New York State (NYS) Office of Addiction Services and Supports (OASAS) Level of Care Determination (LOCADTR) tool and American Society of Addiction Medicine (ASAM) criteria.

V. As part of treatment, the member may choose to take steps toward gender reassignment.

Refer to Corporate Medical Policy #7.01.84 Gender Affirming Surgery and Treatments for Commercial and Medicare Advantage Members

Refer to Corporate Medical Policy #7.01.105 Gender Reassignment / Gender Affirming Surgery and Treatments for Medicaid Managed Care Plan (MMCP) and Health and Recovery Plan (HARP) Members

Refer to Corporate Medical Policy #11.01.26 Medical Services for Transgender Individuals

POLICY GUIDELINES

Guidance issued by the New York State Department of Financial Services prohibits the Health Plan from denying benefits for medically necessary treatment that is otherwise covered by a health insurance contract, solely on the basis that the treatment is for gender dysphoria. Furthermore, the New York Insurance Law requires that Health Plan contracts providing coverage for inpatient hospital care and/or physician services must also provide coverage for the diagnosis and treatment of mental, nervous, or emotional disorders or ailments. The current edition of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) classifies gender dysphoria as a mental health disorder (APA, 2022).

DESCRIPTION

Gender dysphoria is a diagnosis that was introduced in the DSM-5 (APA, 2013) and was unchanged in the 5th Edition Text Revision (APA, 2022). The DSM-5 diagnosis definition replaced the DSM-IV diagnosis of gender identity disorder (GID). Like GID, gender dysphoria is a condition in which an individual's internal experience of their gender is inconsistent with the individual's biological gender.

For most children, biological gender is not genetically tested or otherwise confirmed, but is "assigned" at the time of birth or beforehand, based on anatomical characteristics. While the development of gender identity is a complicated process that remains incompletely understood, it is believed to develop as the result of a dynamic biopsychosocial interplay involving individuals, their families, and the society. In many individuals, gender identity development begins in early childhood, is consistent with the gender assigned at the individual's birth and is fully established by mid-adolescence.

Unlike GID, gender dysphoria, as defined in the DSM-5 and DSM-5TR, is diagnosed only if the individual's gender experience causes clinically significant distress that impairs functioning. Therefore, gender dysphoria is not equivalent to gender non-conformity, gender expansiveness, or to the term transgender. Not all transgender individuals experience gender dysphoria. Gender dysphoria occurs when the individual feels significant discomfort and a desire to change their gender socially and/or physically.

A diagnosis of gender dysphoria is based on the DSM-5-TR criteria, which provides for one overarching diagnosis of gender dysphoria with separate developmentally appropriate criteria for children and for adolescents and adults.

Gender Dysphoria Diagnosis in Children

In children, a gender dysphoria diagnosis involves a difference between one's experienced/expressed gender and assigned gender, as well as significant distress or problems functioning. It lasts at least six months and is shown by at least two of the following (one of which must be Criterion 1):

I. A strong desire to be of the preferred gender or an insistence that one is the preferred gender (or some alternative gender different from one's assigned gender).
II. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
III. A strong preference for cross-gender roles in make-believe play or fantasy play.
IV. A strong preference for the toys, games, or activities stereotypically used or engaged in by the preferred gender.
V. A strong preference for playmates of the preferred gender.
VI. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
VII. A strong dislike of one's sexual anatomy.
VIII. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

Gender Dysphoria Diagnosis in Adolescents and Adults

In adolescents and adults, a gender dysphoria diagnosis involves a difference between one's experienced/expressed gender and assigned gender, as well as significant distress or problems functioning. It lasts at least six months and is

shown by at least two of the following:

I. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics);
II. A strong desire to be rid of one's primary and/or secondary sex characteristics (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics);
III. A strong desire for the primary and/or secondary sex characteristics of the preferred gender;
IV. A strong desire to be of the preferred gender (or some alternative gender different from one's assigned gender;
V. A strong desire to be treated as the preferred gender (or some alternative gender different from one's assigned gender); or
VI. A strong conviction that one has the typical feelings and reactions of the preferred gender (or some alternative gender different from one's assigned gender).

Psychological techniques that attempt to treat gender dysphoria via attempts to alter the individual's gender identity or expression to one considered appropriate for the person's assigned gender (conversion treatments) are not accepted by most health care providers as effective or appropriate. Gender transition (which may include social, psychological, hormonal, and/or surgically affirming therapies) alleviates gender dysphoria in many transgender individuals. Notably, individuals with untreated gender dysphoria have higher rates of depression, anxiety, substance abuse problems, and suicide.

The literature related to gender-affirming treatments has numerous limitations (e.g., lack of controlled studies, lack of prospectively collected evidence, and large numbers of patients lost to follow-up). However, considerable research suggests that gender-affirming treatment and transition result in improved outcomes and quality of life for transgender individuals.

The social aspects of changing one's gender role are challenging. Changing gender role may have profound personal and social consequences, and the decision to do so involves a variety of familial, interpersonal, educational, vocational, economic, and legal considerations. Support from a qualified mental health professional (for both the individual and the family) may be invaluable during the process of gender role adaptation.

While gender dysphoria is a general descriptive term that refers to an individual's affective/cognitive discontent with the assigned gender, it is more specifically defined when used as a diagnostic category. The DSM-5-TR identifies four diagnoses related to gender dysphoria:

I. Gender dysphoria in children;
II. Gender dysphoria in adolescents and adults;
III. Other specified gender dysphoria; and
IV. Unspecified gender dysphoria.

RATIONALE

The World Professional Association for Transgender Health (WPATH) (formerly known as the Harry Benjamin International Gender Dysphoria Association) is an international interdisciplinary professional organization with a mission to promote evidence-based care, education, research, public policy, and respect in transgender health. WPATH promotes the highest standards of health care for transgender and gender diverse (TGD) people through Standards of Care (SOC).

Updated in September 2022, WPATH's Standard of Care for the Health of Transgender and Gender Diverse People, Version 8 (SOC-8) contains guideline recommendations for health care professionals who provide care and treatment for TGD people and are based on the best available science and expert professional consensus in transgender health (Coleman et al.).

Byne et al. (2018) summarized the delivery of clinically competent care by adult psychiatrists for individuals who meet criteria for gender dysphoria, as defined by the DSM-5. The authors stated that gender dysphoria does not automatically apply to persons who identify as transgender; rather, it is given only to those exhibiting clinically significant distress or impairment associated with a perceived incongruence between their expressed/experienced gender and their assigned gender, or to those who, after transition, no longer meet full criteria but require ongoing care (e.g., hormonal replacement

therapy). Psychotherapy for gender dysphoria is primarily used to assist in clarifying desire for, and commitment to, changes in gender expression and/or as somatic treatments to minimize discordance with their experienced gender, as well as to ensure awareness of alternatives. Suicidality should always be assessed, as should protective factors (e.g., family, and social supports), as the rates of suicidal ideation and completed suicide are dramatically increased in this population. Up to 47% of transgender adults have considered or attempted suicide. Mental health professionals treating gender dysphoria should focus treatment on the dysphoria and not the gender identity. Coexisting serious mental illness should not be expected to fully resolve with successful treatment of gender dysphoria, and mental health professionals should assist patients in setting realistic expectations.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
Multiple codes	

HCPCS Codes

Code	Description
Multiple codes	

ICD10 Codes

Code	Description
F64.0- F64.9	Gender identity disorder (code range)
Z87.890	Personal history of sex reassignment

REFERENCES

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*Key Article

KEY WORDS

Gender dysphoria, Gender identity disorder, GID, intersex, transsexualism,

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for Gender Dysphoria and Gender Reassignment Surgery (140.9). Please refer to the following NCD website for Medicare Members: [https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=368] accessed 07/05/24.

There is currently a National Coverage Analysis (NCA) Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N). Please refer to the following NCA website for Medicare Members: [https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=282] accessed 07/05/24.

There is currently a Medicare Claims Processing Manual, Chapter 32 - Billing Requirements For Special Services. Transmittal 240- Special Instructions For Certain Claims With A Gender/Procedure Conflict. (Rev. 12649; Issued 05/23/24). [https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c32.pdf]. accessed 07/05/24.