MEDICAL POLICY

Medical Policy Title	**Gender Reassignment/Gender Affirming Surgery and Treatments for Medicaid Managed Care Plan (MMCP) and Health and Recovery Plan (HARP) Members**
Policy Number	**7.01.105**
Current Effective Date	**January 23, 2025**
Next Review Date	**January 2026**

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to Product Disclaimer)

POLICY STATEMENT(S)

Hormone Therapy:

I. Hormone therapy for gender dysphoria, whether or not in preparation for gender reassignment surgery, is considered **medically appropriate** as follows:

   A. Treatment with gonadotropin-releasing hormone agents (pubertal suppressants), based upon a determination by a qualified medical professional that an individual is eligible and ready for such treatment, i.e., that the individual:

      1. Meets the criteria for a diagnosis of gender dysphoria;
      2. Has experienced puberty to at least Tanner stage 2, and pubertal changes have resulted in an increase in gender dysphoria;
      3. Does not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment;
      4. Has adequate psychological and social support during treatment; **and**
      5. Demonstrates knowledge and understanding of the expected outcomes of treatment with pubertal suppressants and cross-sex hormones, as well as the medical and social risks and benefits of sex reassignment.

   B. Treatment with cross-sex hormones for patients who are 16 years of age and older is based upon a determination by a qualified medical professional that such treatment is medically necessary.

      1. Patients who are under 18 years of age must meet only the applicable criteria stated in Policy Statement I.A.1-5. above.
      2. Payment for cross-sex hormones for patients under 16 years of age who otherwise meet the requirements stated in Policy Statement I.A.1-5., shall be made in specific cases if medical necessity is demonstrated by a qualified medical professional and prior approval is received.

3. New York State (NYS) Medicaid reimbursement is only available for medically necessary cross-sex hormones that are Federal Drug Administration (FDA) approved or Compendia supported for the treatment of gender dysphoria. The official Compendia sources would include American Hospital Formulary Service (AHFS) and Micromedex DrugDex. conjugated estrogens, estradiol, and testosterone cypionate, and testosterone topical gel 1.62 percent (Androgel).

Gender Reassignment/Gender Reaffirming Surgery, Service, or Procedure, Including when Related to Secondary Sex Characteristics:

II. Gender reassignment/surgery for gender dysphoria is considered **medically appropriate** for an individual who is 18 years of age or older and has letters from two (2) qualified NYS licensed health professionals who have independently assessed the individual and are referring the individual for the surgery. Payment for gender reassignment surgery, services, and procedures for patients under 18 years of age may be made in specific cases if medical necessity is demonstrated and prior approval is received.

A. The following guidelines apply to the referral letters:

1. One (1) of these letters must be from a psychiatrist, psychologist, psychiatric nurse practitioner, or licensed clinical social worker with whom the individual has an established and ongoing relationship.
2. The other letter may be from a psychiatrist, psychologist, physician, psychiatric nurse practitioner, or licensed clinical social worker acting within the scope of their practice, who has only had an evaluative role with the individual.
3. The health professionals may be practicing in the same organization.
4. The referral letters must be signed by the referring practitioner.
5. The health professional signing the letter is attesting that they have independently assessed the patient.
6. The combination of information in these referral letters, together, must indicate that the individual:

a. has a persistent and well-documented case of gender dysphoria;

b. has received hormone therapy appropriate to the individual's gender goals, which shall be for a minimum of 12 months in the case of an individual seeking genital surgery, unless such therapy is medically contraindicated, or the individual is otherwise unable to take hormones;

c. has lived for 12 months in a gender role congruent with the individual’s gender identity, and has received mental health counseling, as deemed medically necessary during that time (see Policy Guideline III.);

d. has no other significant medical or mental health conditions that would be a contraindication to gender reassignment surgery, or if so, that those are reasonably well-controlled prior to the gender reassignment surgery; **and**

e. has the capacity to make a fully informed decision and to consent to the treatment.

B. For individuals meeting the requirements stated in Policy Statement II.A.1-6, coverage is available for the following gender reassignment surgeries, services, and procedures:

1. Mastectomy, reduction mammoplasty, hysterectomy, salpingectomy, oophorectomy, vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, penectomy, orchiectomy, vaginoplasty, labiaplasty, clitoroplasty, and/or placement of a testicular prosthesis and penile prosthesis;

2. Breast augmentation provided that:

a. the patient has completed a minimum of 24 months of hormone therapy, during which time breast growth has been negligible; **or**

b. hormone therapy is medically contraindicated; **or**

c. the patient is otherwise unable to take hormones;

3. Electrolysis when required for vaginoplasty or phalloplasty;

4. Other surgeries, services, and procedures as may be specified by the NYS Department of Health (DOH) in billing guidance to providers.

III. Surgeries, services, and procedures in connection with gender reassignment not specified in Policy Statement II.B.1-4., including those done to change the patient's physical appearance to more closely conform secondary sex characteristics to those of the patient's identified gender, may be considered **medically appropriate** if it is demonstrated that such surgery, service, or procedure is medically necessary to treat a patient's gender dysphoria (e.g., letter requirements as detailed in Policy Statement II), and prior approval is received. Coverage is not available for surgeries, services, or procedure that are purely cosmetic, i.e., that enhance a member's appearance but are not medically necessary to treat the patient's underlying gender dysphoria.

The following surgical procedures and treatments will be reviewed by a Health Plan Behavioral Health Medical Director with experience in treating patients with mental health conditions, for medical necessity, including, but not limited to:

A. Abdominoplasty;

B. Blepharoplasty;

C. Neck tightening;

D. Removal of redundant skin;

E. Breast, brow, face, forehead lifts;

F. Calf, cheek, chin, nose, gluteal, or pectoral implants;

G. Collagen injections;

H. Drugs to promote hair growth or loss;

I. Electrolysis, unless clinically indicated for vaginoplasty or phalloplasty;

J. Facial bone reconstruction, reduction, or sculpturing, including jaw shortening and rhinoplasty;

K. Hair transplantation;

L. Lip reduction;

M. Liposuction;

N. Thyroid chondroplasty;

O. Voice therapy, voice lessons;

and may be considered **medically appropriate** when **ALL** of the following criteria are met:

1. The patient has received a recommendation letter from a qualified NYS licensed health professional (i.e., psychiatrist, psychologist, psychiatric nurse practitioner, or licensed clinical social worker**)** which indicates the patient has been diagnosed with a persistent and well-documented case of gender dysphoria and that the requested procedure is medically necessary to treat the patient's gender dysphoria; **and**
2. The patient has the capacity to make a fully informed decision and to consent to treatment, as well as the ability to comply with all aftercare instructions, including recommended medical, surgical, nursing, and/or psychological care recommended by the individual's providers; **and**
3. The patient has reached the age of majority (18 years of age or older); **and**
4. If significant medical or mental health concerns are present that would be a contraindication to the surgery, they are reasonably well-controlled prior to the surgery; **and**
5. The patient has completed a minimum of 12 months of hormone therapy, unless hormone therapy is medically contraindicated, or the treating provider has determined hormone therapy would have minimal effect due to the patient's age, or the patient identifies as nonbinary and elects not to pursue hormone therapy; **and**
6. Conservative medical or surgical intervention(s) have been attempted and failed or are contraindicated (e.g., diet and exercise prior to body contouring).

Voice Modification Surgery

IV. Voice modification surgery will be reviewed on a case-by-case basis by a Health Plan Behavioral Health Medical Director with experience in treating patients with mental health conditions and may be considered **medically appropriate** when Policy Statement III. above **AND** the following criteria are met:

A. The patient has completed a minimum of 24 months of masculinizing hormone therapy prior to seeking voice masculinization surgery, unless hormone therapy is medically contraindicated, or the patient is otherwise unable to take hormones;

B. The patient has completed an adequate trial of speech therapy and/or voice training services prior to seeking voice modification surgery;

C. The treatment plan includes post-operative voice training; **and**

D. The treating physician has determined that the requested procedure is medically necessary to treat the patient's gender dysphoria.

Surgical Revision

V. Surgery to revise the appearance or function of previous gender-affirming surgery for procedures listed in Policy Statement II., III., and IV. due to dissatisfaction with the outcome will be reviewed on a case-by-case basis by a Health Plan Behavioral Health Medical Director with experience in treating patients with mental health conditions. Revision surgery will be considered **medically necessary** when **ALL** the following are met:

A. The treating physician has determined that the requested procedure is medically necessary to treat the patient's gender dysphoria and is not purely cosmetic (see Policy Statement VII.); **and**

B. There is significant discomfort, functional impairment (i.e., pain or other physical deficit that interferes with activities of daily living or impairs physical activity [see Policy Guideline VI.]), or medical complications resulting from the initial surgery.

VI. The following services are **ineligible for coverage**:

A. Cryopreservation, storage, and thawing of reproductive tissue, and all related services and charges;

B. Reversal of genital and/or breast surgery;

C. Reversal of surgery to revise secondary sex characteristics;

D. Reversal of any procedure resulting in sterilization.

VII. Surgeries, services, or procedures that are purely cosmetic, i.e., that enhance a patient's appearance but are not medically necessary to treat the patient's underlying gender dysphoria are **not medically necessary**.

RELATED POLICIES

Corporate Medical Policy

3.01.15 Behavioral Health Treatment for Gender Dysphoria

11.01.26 Medical Services for Transgender and Gender Diverse Individuals

11.01.13 Out-of-Network Services

POLICY GUIDELINE(S)

I. The diagnostic criteria for gender dysphoria are applicable to people of all genders and are not limited to people with binary gender identities.

II. For the surgeries, services and procedures listed in Policy Statement II.B.1-4 including requests for surgical revisions, administrative prior authorization requirements will be applied; however, the health plan will not conduct a utilization review and will accept the patient's treating provider's determination of medical necessity.

III. There is no requirement that an individual receive 12 months of mental health counseling prior to requesting gender reassignment surgery. The duration and frequency of mental health counseling related to the surgical treatment of gender dysphoria is dependent on the individual's unique clinical profile and biopsychosocial circumstances. Therefore, coverage will not be denied solely because the individual has not received 12 full months of mental health counseling.

IV. Voice therapy and/or voice training services must be performed by a state-licensed speech-language pathologist or speech therapist (Refer to Corporate Medical Policy #8.01.13 Speech Pathology/Therapy).

V. All legal and program requirements related to providing and claiming reimbursement for sterilization procedures must be followed when transgender care involves sterilization. NYS DOH has determined that the LDSS-3134 is only required when the procedure being performed is solely for the purpose of rendering the individual incapable of reproducing. This form is not required where sterilization is an ancillary result of a procedure, such as gender reassignment surgery (see Medicaid update April 2017). However, if a hysterectomy is being performed, regardless of the purpose, an LDSS-3113, "Acknowledgement of Receipt of Hysterectomy Information," is required. In addition, surgical practices required by the practitioner's institution and professional protocols and standards of care, including obtaining a patient's informed consent, should always be followed. Health care professionals treating individuals for gender dysphoria should discuss the risks, consequences, and options of any treatment prior to the initiation of the treatment, including sterilization and other reproductive considerations.

VI. Functional impairment requiring revision surgery includes pain or other physical deficit that interferes with activities of daily living or impairs physical activity.

DESCRIPTION

The word transgender is an umbrella term that refers to people with a diverse range of gender identities and gender expressions. Gender diversity is normal and transgender people have existed across time and cultures and these individuals are currently referred to as transgender and gender-diverse (TGD) people.

The diagnosis of gender dysphoria, as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), requires that an individual has experienced a discrepancy between their assigned sex at birth and their gender identity, which has been present for at least six months

and causes significant impairments in the individual's functioning. Gender dysphoria refers to the discomfort or distress that is caused by the discrepancy between a person's gender identity and that person's gender assigned at birth (and the associated gender role and/or primary and secondary sex characteristics). Many, but not all TGD individuals experience gender dysphoria at some point in their lives.

Treatment for gender dysphoria is individualized and may or may not involve gender reassignment surgery or body modification. Treatment options include social transition; hormone therapy to feminize or masculinize the body; surgery to change primary and/or secondary sex characteristics; voice therapy; and psychotherapy.

The goal of gender affirming-surgery is to change the body so that it better aligns with an individual's gender identity. Gender affirming surgery effects a permanent change to a patient's anatomy and is not easily reversible. Therefore, a careful and accurate diagnosis is essential for treatment. This process involves an interdisciplinary team, consisting of medical, surgical, and mental health clinicians. The work-up for medical treatments and surgical interventions includes an extensive medical history; gynecological, endocrinological and urological examination, and a clinical psychiatric/psychological examination from a qualified mental health provider(s).

Historically, TGD people have faced, and continue to face, significant discrimination accessing competent and culturally competent medical care in the United States. Barriers to care include minority stress, stigma, lack of access to trained clinicians and institutionalized discrimination. TGD people of color and other subgroups (i.e., related to economic status, rural status, education, ability) face additional barriers to care, resulting in cascading healthcare disparities. These disparities include increased rates of depression, substance abuse, self-harm, suicide, HIV, poverty, and homelessness.

SUPPORTIVE LITERATURE

A diagnosis of gender dysphoria is based on the most recent edition of the DSM-5 criteria. At the time of the writing of this policy, the criteria for the diagnosis of gender dysphoria are the DSM-5-TR, which provides for one overarching diagnosis of gender dysphoria with separate developmentally appropriate criteria for children and for adolescents and adults.

In adolescents and adults gender dysphoria diagnosis involves a difference between one's experienced/expressed gender and assigned gender, and significant distress or problems functioning. It lasts at least six (6) months and is shown by at least two (2) of the following:

- 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);
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, the anticipated secondary sex characteristics);
- A strong desire for the primary and/or secondary sex characteristics of the preferred gender;

- A strong desire to be of the preferred gender (or some alternative gender different from one's assigned gender);
- A strong desire to be treated as the preferred gender (or some alternative gender different from one's assigned gender); or
- 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).

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 (6) months and is shown by at least two (2) of the following (one of which **MUST** be Criterion 1):

- 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).
- 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.
- A strong preference for cross-gender roles in make-believe play or fantasy play.
- A strong preference for the toys, games, or activities stereotypically used or engaged in by the preferred gender.
- A strong preference for playmates of the preferred gender.
- 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.
- A strong dislike of one's sexual anatomy.
- A strong desire for the primary and/or secondary sex characteristics that match one's experienced 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 sex (conversion treatments) have been shown to be ineffective and harmful. Research studies have shown the most effective course of treatment for people with gender dysphoria is gender transition which for many may involve social transition, hormonal therapy, psychotherapy, and gender-affirming surgery. Evidence demonstrates that individuals with untreated gender dysphoria have develop higher rates of depression, anxiety, substance use disorders, and suicide.

PROFESSIONAL GUIDELINE(S)

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.). The criteria in the SOC-8 are supported by a more rigorous and methodological evidence-based approach than previous years. Recommendations in the SOC-8 are based on available evidence supporting interventions, a discussion of risks and harms, as well as feasibility and acceptability within different contexts and country settings.

For many people, gender transition is complicated by negative reactions from families, friends, communities, work sites, schools, and other society institutions. Many individuals who experience gender dysphoria benefit from psychological support, if only to allow them a safe environment in which to explore their own minority-stress experience, and to process and plan for a transition that is individualized, safe, and affirming for them. In most cases, a step-wise approach to gender affirming transition interventions is prudent. In adults for whom secondary sex characteristics are established, a careful approach to transition and to gender affirming treatment allows for accurate diagnosis and long-term treatment planning by a multidisciplinary team including behavioral, medical, and surgical specialists. Both short-term and long-term outcomes are improved in individuals' whose transitions have proceeded plan fully and for whom multidisciplinary services and supports have been put in place. Close collaboration among health professionals involved in the individual's care and treatment is supported in published literature as best practice.

WPATH states the following regarding the relationship between mental health professional and other health professionals, such as physicians and surgeons: "It is ideal for mental health professionals to perform their work and periodically discuss progress and obtain peer consultation from other professionals (both in mental health care and other health disciplines) who are competent in the assessment and treatment of gender dysphoria. The relationship among professionals involved in a client's health care should remain collaborative, with coordination and clinical dialogue taking place as needed. Open and consistent communication may be necessary for consultation, referral, and management of postoperative concerns."

REGULATORY STATUS

Not applicable

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational

- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	1.1 to 5.0 cc
11952	5.1 to 10.0 cc
11954	over 10.0 cc
15769	Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15773	Grafting of autologous fat, harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
15774	each additional 25 cc or less injectate, or part thereof (List separately in addition to the code for primary procedure)
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	more than 15 punch grafts
15820	Blepharoplasty, lower eyelid;
15821	with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15823	with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	neck with platysmal tightening (platysmal flap, P-flap)
15826	glabellar frown lines
15828	cheek, chin, and neck
15830	Excision, excessive skin, and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	thigh

Code	Description
15833	leg
15834	hip
15835	buttock
15836	arm
15837	forearm or hand
15838	submental fat pad
15839	other area
15847	Excision, excessive skin, and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	trunk
15878	upper extremity
15879	lower extremity
17380	Electrolysis epilation, each 30 minutes
19303	Mastectomy, simple, complete
19316	Mastopexy
19318	Reduction mammaplasty
19325	Breast augmentation with implant
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21123	sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	reduction
21270	Malar augmentation, prosthetic material
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip

Code	Description
30410	complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	intermediate revision (bony work with osteotomies
30450	major revision (nasal tip work and osteotomies)
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
31599	Unlisted procedure, larynx
40500	Vermilionectomy (lip shave), with mucosal advancement
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53430	Urethroplasty, reconstruction of female urethra
54120	Amputation of penis: partial
54125	Amputation of penis; complete
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session

Code	Description
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54522	Orchiectomy, partial
54660	Insertion of testicular prosthesis (separate procedure)
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55899	Unlisted procedure, male genital system (*when used to report metoidioplasty/ phalloplasty)
55970	Intersex surgery, male to female
55980	Intersex surgery, female to male
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57106	Vaginectomy, partial removal of vaginal wall
57110	Vaginectomy, complete removal of vaginal wall
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58152	with colpo-urethrocystopexy (e.g., Marshall-Machetti-Krantz, Burch)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less;
58262	with removal of tube(s), and/or ovary(s)
58263	with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	with colpo-urethrocystopexy (Marshall-Marchetti-Krantz Type, Pereyra type, with or without endoscopic control)
58270	with repair of enterocele
58275	with total or partial vaginectomy;

Code	Description
58280	with repair of enterocele
58285	Vaginal hysterectomy, radical (Schauta type operation)
58290	Vaginal hysterectomy, for uterus greater than 250 g;
58291	with removal of tube(s) and/or ovary(s)
58292	with removal of tube(s) and/or ovary(s), with repair of enterocele
58294	with repair of enterocele
58720	Salpingo-oophorectomy, complete or partial, unilateral, or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral, or bilateral;
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals

HCPCS Codes

Code	Description
None	

ICD10 Codes

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

REFERENCES

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Washington, DC, American Psychiatric Association, 2022.

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World Professional Association for Transgender Health (WPATH) Standards of care for the health of transgender and gender diverse people, Version 8. Refer to Coleman et al. reference.

SEARCH TERMS

Not Applicable

COVERAGE FOR NEW YORK STATE MEDICAID MANAGED CARE/HARP MEMBERS

Coverage is not provided for services that are not urgent or emergent outside of New York State when services are available in New York State. The Plan contracts with a network of health care practitioners and providers to provide health care services for Medicaid Managed Care members. Care must be received by contracted network providers to be covered by the Plan. Exceptions to this requirement are based on medical necessity, outlined in the above policy, and must be approved by a Health Plan Medical Director.

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, 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 HISTORY/REVISION

Committee Approval Dates	
04/23/20, 06/24/21, 03/24/22, 01/19/23, 01/18/24, 01/23/25	
Date	**Summary of Changes**
01/23/25	• Annual review, policy intent unchanged. Revision to Policy Guidelines to remove Out-of-Network services content.
01/01/25	• Summary of changes tracking implemented.
07/23/20	• Original effective date