

# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Medical Services for Transgender and Gender Diverse Individuals
Policy Number	11.01.26
Category	Contract Clarification
Original Effective Date	12/08/16
Committee Approval Date	12/14/17, 12/13/18, 10/24/19
Current Effective Date	10/19/23
Archived Date	10/22/20
Archive Review Date	10/28/21, 10/20/22, 10/19/23
Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</li> <li>• 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.</li> <li>• 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.</li> <li>• If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</li> </ul>

## POLICY STATEMENT

Based upon our criteria and assessment of the peer-reviewed literature, gender-specific services that are otherwise medically necessary are also considered **medically necessary** for transgender and gender diverse (TGD) individuals, as appropriate to their anatomy. Examples include, but are not limited to:

- I. Breast cancer screening for TGD persons assigned female at birth who have not undergone a mastectomy.
- II. Cervical cancer screening for TGD persons assigned female at birth who have an intact cervix. or
- III. Prostate cancer screening or treatment of a prostate pathology for TGD persons assigned male at birth who have retained their prostate.

Please refer to the applicable medical necessity criteria (e.g., Corporate Medical Policy, InterQual, eviCore, etc.) for determining when a particular service is medically necessary).

## DESCRIPTION

According to the World Professional Association for Transgender Health (WPATH) Standards of Care, Version 8 (SOC-8) (Coleman et al., 2022), transgender or trans are umbrella terms used to describe people whose gender identities and/or gender expressions are not what is typically expected for the sex to which they were assigned at birth. These words should always be used as adjectives (as in “trans people”) and never as nouns (as in “transgenders”) and never as verbs (as in “transgendered”).

Transgender and gender diverse (TGD) is a broad and comprehensive as possible phrase in describing members of the many varied communities that exist globally of people with gender identifies or expression that different from the gender socially attributed to the sex assigned to them at birth. This may include, among many other culturally diverse identities, people who identify as nonbinary, gender expansive, gender nonconforming, and others who do not identify as cisgender (Coleman et al., 2022).

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### RATIONALE

A diagnosis of gender dysphoria is based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) criteria. The DSM-5-TR provides for one overarching diagnosis of gender dysphoria, with separate specific 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 sex, and 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 another gender;
- IV. A strong desire to be of another gender (or some alternative gender different from one's assigned gender);
- V. A strong desire to be treated as another 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 another gender (or some alternative gender different from one's assigned gender).

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., 2022).

The World Health Organization (WHO, 2022) published updated guidelines on HIV, viral hepatitis, and sexual transmitted infections (STI) prevention, diagnosis, treatment, and care for five key populations, including trans and gender diverse people. The guidelines present and discuss new recommendations and consolidate a range of recommendations and guidance from current guidelines.

### 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).*

#### **Modifiers**

<b>Code</b>	<b>Description</b>
KX	Requirements specified in the medical policy have been met; for use by physicians and non-physician practitioners

#### **Condition Code**

<b>Code</b>	<b>Description</b>
45	Ambiguous gender category; for use by institutional providers

**CPT Codes**

Code	Description
Multiple codes	

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**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

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\*Key Article

### **KEY WORDS**

Gender dysphoria, Gender identity disorder, GID, transgender, transsexualism

### **CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

On August 30, 2016, the Centers for Medicare & Medicaid Services (CMS) issued a final decision memorandum (DM) on gender reassignment surgery for gender dysphoria. Importantly, the DM did not create or change existing policy – CMS did not issue a national coverage determination (NCD). Effective for claims with dates of service on or after August 30, 2016, coverage determinations for gender reassignment surgery, under section 1862(a)(1)(A) of the Social Security Act

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and any other relevant statutory requirements, will continue to be made by the local Medicare Administrative Contractors (MACs) on a case-by-case basis. [<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017downloads/R194NCD.pdf>.] accessed 08/31/23.

CMS has also recently posted a final decision memo regarding for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N) located at: [<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=41&KeyWord=gender+dysphoria&KeyWordLookUp=Title&KeyWordSearchType=Exact&kq=true&bc=IAAAACAAQAAA&>] accessed 08/31/23.