

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	SEX SPECIFIC SERVICES FOR TRANSGENDER INDIVIDUALS
Policy Number	11.01.26
Category	Miscellaneous
Effective Date	12/8/16
Revised Date	12/14/17, 12/13/18
Product Disclaimer	<ul style="list-style-type: none"> • 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 product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare 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.

POLICY STATEMENT

Based upon the literature and available information, gender specific services that are otherwise medically necessary are also considered **medically necessary** for transgender individuals appropriate to their anatomy. Examples include (but are not limited to):

- I. Breast cancer screening for female to male transgender persons who have not undergone a mastectomy;
- II. Cervical cancer screening for female to male transgender persons who have an intact cervix; or
- III. Prostate cancer screening or treatment of a prostate pathology for male to female transgender persons 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

Transgender refers to a person who experiences incongruence between their biological sex and gender identity. Men and women can be transgender. The individual who is genetically male but who feels that the male gender does not describe him completely or accurately, and/or who desires or has undergone a male to female conversion is known as a transwoman; and the individual who is genetically female who feels that the female gender does not describe her completely or accurately, and/or who desires or has undergone the female to male conversion is known as a transman.

There are many options for gender identity and expression. Not all transgender individuals feel the necessity to undergo complete genital reconstruction surgery. For example, many choose only hormonal therapy or non-genital surgical procedures or may instead adopt the gestures, clothing, voices and roles of the gender they identify with.

RATIONALE

A diagnosis of gender dysphoria is based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria. The DSM-5 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 gender, 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;
- II. A strong desire to be rid of one's primary and/or secondary sex characteristics;
- III. A strong desire for the primary and/or secondary sex characteristics of the other gender;
- IV. A strong desire to be of the other gender;
- V. A strong desire to be treated as the other gender; or
- VI. A strong conviction that one has the typical feelings and reactions of the other gender.

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The World Professional Association for Transgender Health or WPATH (formerly known as the Harry Benjamin International Gender Dysphoria Association) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People and the DSM V criteria are widely accepted as definitive documents in the area of gender dysphoria treatment.

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.

Modifiers

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

Condition Code

Code	Description
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

REFERENCES

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*Key Article

KEY WORDS

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

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Per CMS Manual, Pub 100-03, Medicare National Coverage Determinations, Transmittal 194, change request 9981 was issued. Implementation of this policy shall be 4/04/2017. 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 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>.

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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&>