

MEDICAL POLICY

SUBJECT: BEHAVIORAL HEALTH TREATMENT FOR GENDER DYSPHORIA	EFFECTIVE DATE: 06/25/15 REVISED: 06/22/16, 06/22/17, 10/25/18
POLICY NUMBER: 3.01.15 CATEGORY: Behavioral Health	PAGE: 1 OF: 4
<ul style="list-style-type: none">• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i>• <i>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.</i>	

POLICY STATEMENT:

Based on our criteria and assessment of the peer-reviewed literature, behavioral health services for gender dysphoria are considered **medically appropriate**.

- I. The diagnosis of gender dysphoria should meet the DSM-5 criteria (see description section for specific diagnosis codes).
- II. Behavioral health treatments for gender dysphoria (e.g., psychotherapy, medication consultation) are covered, without prior authorization. Outpatient group therapy coverage is in accordance with Corporate Medical Policy # 3.01.08, *Group Therapy for Mental Health and Substance Use Disorder*.
- 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 Alcohol and Substance Abuse Services (OASAS) 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 Reassignment Surgery.

Refer to Corporate Medical Policy #11.01.26, Sex Specific Services for Transgender Individuals.

POLICY GUIDELINES:

Guidance issued by the New York State Department of Financial Services state that a Health Plan may not deny medically necessary treatment 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 a Health Plan that provides coverage for inpatient hospital care or for physician services to provide coverage for the diagnosis and treatment of mental, nervous, or emotional disorders or ailments. The current edition of Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) classifies gender dysphoria as a mental health disorder.

DESCRIPTION:

Gender dysphoria, is a diagnosis that was introduced in the DSM-5, and which 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 sex. For most children, biological sex 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 which remains incompletely understood, it is believed to develop as the result of a dynamic biopsychosocial interplay involving individuals, their families, and the society. In the majority of individuals, gender identity development begins in early childhood, is consistent with the individual's biological or assigned sex at birth, and is fully established by mid-adolescence. Unlike GID, Gender dysphoria as defined in the DSM-5 is diagnosed only if the individual's gender experience causes clinically significant distress which 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 though most do. Gender dysphoria occurs when the individual feels significant discomfort, and a desire to change their gender socially and/or physically.

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The causes of gender dysphoria and the developmental factors associated with it are not well-understood. A diagnosis of gender dysphoria is based on the DSM-5 criteria which 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.

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) 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, evidence not collected prospectively, 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 has 4 diagnoses related to gender dysphoria:

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

RATIONALE:

A diagnosis of gender dysphoria is based on the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) criteria which include: there must be evidence of a strong and persistent cross-gender identification; this cross-over identification must not merely be a desire for any perceived cultural advantages of being the other sex; there must also be evidence of persistent discomfort about one's assigned sex or sense of inappropriateness in the gender role of that sex; the individual must not have a concurrent physical intersex condition (e.g., androgen insensitivity syndrome, congenital adrenal hyperplasia); and there must be evidence of clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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 5 criteria are widely accepted as definitive documents in the area of gender dysphoria treatment. The SOC criteria are based on expert consensus and have been adopted as the standard of care for the treatment of gender dysphoria, including hormone therapy and gender reassignment surgery.

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Byne, W et al. summarized delivery of clinically competent care by adult psychiatrists for individuals who meet criteria for Gender Dysphoria (GD) as defined by The Diagnostic and Statistical Manual of Mental Disorders (5th edition). The authors state GD does not automatically apply to persons who identify as transgender but 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 who after transition, no longer meet full criteria but require ongoing care (e.g. hormonal replacement therapy). Psychotherapy for GD is primarily used to assist in clarifying desire for and commitment to, changes in gender expression and/or somatic treatments to minimize discordance with their experienced gender, and to ensure awareness of alternatives. Suicidality should always be assessed as well as protective factors (e.g. family and social supports) since suicidal ideation and completed suicide is dramatically increased in this population. Up to 47% of transgender adults have considered or attempted suicide. Mental health professionals treating GD 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 GD and mental health professionals should assist the patient in setting realistic expectations.

CODES: Number Description

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.

CPT: Multiple codes

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HCPCS: Multiple codes

ICD10: F64.0- F64.9 Gender identity disorder (code range)
 Z87.890 Personal history of sex reassignment

REFERENCES:

American Academy of Child and Adolescent Psychiatry. Practice parameters on gay, lesbian, or bisexual orientation, gender nonconformity, and gender discordance in children and adolescents. J Am Acad Child Adolesc Psychiatry 2012 Sep;51(9):957-74.

*American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington, VA: American Psychiatric Publishing, 2013.

*Bradley SJ and Zucker KJ. Gender identity disorder: A review of the past 10 years. J Am Acad Child Adolesc Psychiatry 1997;36(7):872-80.

Byne W, et al. Report of the American Psychiatric Association Task Force on treatment of gender identity disorder. Arch Sex Behav 2012 Aug;41(4):759-96.

Byne W, et al. Gender dysphoria in adults: an overview and primer for psychiatrists. Transgend Health. 2018 May 1;3(1):57-70.

Gooren LJ. Clinical practice. Care of transsexual persons. NEJM 2011 Mar 31;364(13):1251-1257.

New York State Department of Financial Services. Insurance circular letter no. 7: health insurance coverage for the treatment of gender dysphoria. 2014 Dec 14 [https://www.dfs.ny.gov/insurance/circltr/2014/cl2014_07.htm] accessed 08/03/18.

World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming people. 2011 7th version.

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<https://www.wpath.org/media/cms/Documents/Web%20Transfer/SOC/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf>] accessed 08/03/18.

* key article

KEY WORDS:

Gender dysphoria, Gender identity disorder, GID, intersex, 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 04/04/2017. 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. This transmittal is located at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017downloads/R194NCD.pdf>.

The final decision memo which was issued in August 2016 by CMS for gender dysphoria and gender reassignment surgery is 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&>