POLICY STATEMENT:

Based on our criteria and assessment of the peer-reviewed literature, behavioral health services for gender dysphoria are considered medically appropriate. The standard behavioral health criteria that are currently reviewed to determine the medical necessity of treatment for other mental health diagnoses and services will be utilized.

Refer to Corporate Medical Policy # 7.01.84, Gender Reassignment Surgery.

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 (DSM) classifies gender dysphoria a mental health disorder.

DESCRIPTION:

Gender dysphoria, previously known as Gender identity disorder (GID), is identified by physicians, psychiatrists and psychologists as a condition in which a person has been born one gender, usually on the basis of their sex at birth, but identifies as belonging to another gender, and feels significant discomfort or the inability to deal with this condition. People with gender dysphoria often report a feeling of being born the wrong sex. The causes of gender dysphoria and the developmental factors associated with it are not well-understood. 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.

RATIONALE:

A diagnosis of gender dysphoria is based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) V 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 V criteria are widely accepted as definitive documents in the area of gender dysphoria treatment. The SOC criteria have been adopted as the standard of care for the treatment of gender dysphoria, including hormone therapy and gender reassignment surgery.
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

HCPCS:  Multiple codes

ICD9:  302.50-302.53  Trans-sexualism
       302.85  Gender identity disorder in adolescents or adults

ICD10:  F64.1  Gender identity disorder in adolescence and adulthood
        Z87.890  Personal history of sex reassignment

REFERENCES:


* 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 169, change request 8825 was issued. As a consequence of this decision, NCD 140.3 is no longer valid. Implementation of this policy shall be June 29, 2014. Because the NCD is no longer valid as of the effective date, its provisions are no longer a basis for denying claims for Medicare coverage of “transsexual surgery” under 42 CFR §405.1060. Moreover, any local coverage determinations used to adjudicate such claims may not be based on or rely on the provisions or reasoning from section 140.3 of Pub. 100-03, Medicare NCD Manual. In the absence of an NCD, contractors and adjudicators should consider whether any Medicare claims for these services are reasonable and necessary under §1862(a)(1)(A) of the SSA consistent with the existing guidance for making such decisions when there is no NCD. This transmittal is located at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R169NCD.pdf.
NY STATE COVERAGE FOR MEDICAID MANAGED CARE PRODUCT MEMBERS