

MEDICAL POLICY

Medical Policy Title	Gender Affirming Behavioral Health and Medical Services
Policy Number	3.01.22
Current Effective Date	August 21, 2025
Next Review Date	August 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)

- I. Behavioral health services (e.g., assessment, counseling, psychotherapy) for a diagnosis of gender dysphoria are considered **medically appropriate**, including:
 - A. for people of all ages;
 - B. if a behavioral manifestation of gender dysphoria requires a higher level of care (e.g., acute admission for suicidal ideation and intent), higher levels of care will be deemed medically appropriate utilizing the appropriate InterQual guideline or Corporate Medical Policy.
 - C. if a behavioral manifestation of gender dysphoria is a substance use disorder, treatment will be deemed medically appropriate utilizing the appropriate New York State (NYS) Office of Addiction Services and Supports (OASAS) Level of Care Determination (LOCADTR) tool and American Society of Addiction Medicine (ASAM) criteria.
- II. All gender- and age-specific services that are otherwise medically necessary are also considered **medically necessary** services for individuals diagnosed with gender dysphoria including:
 - A. all recommended gynecological or urological cancer screening before, during, and ongoing after gender affirming treatments;
 - B. comprehensive primary care, including all recommended preventive care and laboratory monitoring of hormone levels during prescribed treatment and at clinically recommended frequency; reproductive care (e.g., obstetric/gynecologic evaluation and treatment [e.g., contraception]).

RELATED POLICIES

Corporate Medical Policy

3.01.21 Level of Care Criteria for Inpatient, Residential, Partial Hospital, and Intensive Outpatient Mental Health Services for Adults and Children

4.01.05 Assisted Reproductive Technologies-In Vitro Fertilization

7.01.84 Gender Dysphoria - Gender Affirming Surgery and Treatments (Commercial and Medicare Advantage)

7.01.105 Gender Reassignment / Gender Affirming Surgery and Treatments for Medicaid Managed Care Plan (MMCP) and Health and Recovery Plan (HARP) Members

Medical Policy: Gender Affirming Behavioral Health and Medical Services

Policy Number: 3.01.22

Page: 2 of 10

Pharmacy Policy

Pharmacy-63 Clinical Review Prior Authorization (CRPA) Medical for coverage of hormone therapies (i.e., gonadotropin-releasing hormone agents/pubertal suppressants).

POLICY GUIDELINE(S)

There is no 'one-size-fits-all' approach to transgender and gender diverse health care. A person-centered, inter- and multi-disciplinary approach to providing care (e.g., communication and coordination) can optimize outcomes (Coleman 2022).

DESCRIPTION

Gender dysphoria, defined by the American Psychological Association (2023), is the experienced discomfort or distress related to incongruence between a person's gender identity, sex assigned at birth, gender identity, and/or primary and secondary sex characteristics. Transgender and gender diverse (TGD) are a broad and comprehensive as possible phrase 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. (Coleman 2022).

A clinical diagnosis of gender dysphoria is based on a comprehensive evaluation by qualified medical and behavioral health professionals. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) and International Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) provide criteria and diagnostic classifications. The DSM-5 defines gender dysphoria as a marked incongruence between one's experienced/expressed gender and assigned gender of at least 6 months' duration, and provides separate developmentally appropriate criteria for children, adolescents and adults.

While gender dysphoria is still considered a mental health condition in the DSM-5-TR, the diagnosis is no longer seen as pathological or a mental disorder in the world health community (Coleman et al., 2022). In a 2023 reaffirmed policy statement, that American Academy of Pediatrics recognizes that transgender identities and diverse gender expressions do not constitute a mental disorder (Rafferty et al., 2018). Gender incongruence is recognized as a condition in the International Classification of Diseases and Related Health Problems, 11th Version of the World Health Organization (ICD-11). The ICD-11 is available for use globally as of January 2022; however, the system will require a minimum of 4 to 5 years before successfully implemented in the United States (Feinstein 2023).

Transgender health care is greater than the sum of its parts, involving holistic inter- and multidisciplinary care between endocrinology, surgery, voice and communication, primary care, reproductive health, sexual health, and mental health disciplines to support gender-affirming interventions as well as preventive care and chronic disease management. Gender-affirming care aims to support transgender and gender diverse people in addressing their social, mental, behavioral, and medical health needs while respecting their gender identity. This approach spans across the lifespan, from childhood through older adulthood, and for those experiencing uncertainty about their gender identity before or after transitioning.

The goal of psychotherapy should never be aimed at modifying a person's gender identity. Research

Medical Policy: Gender Affirming Behavioral Health and Medical Services

Policy Number: 3.01.22

Page: 3 of 10

studies have shown that the most effective treatment for 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 develop higher rates of depression, anxiety, substance use disorders, and suicide. 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 and reparative therapy) have been shown to be ineffective and harmful.

Gender identities can present along a spectrum, and the expression of a person's identity may vary quite widely amongst individuals. While the overall goal of gender-affirming care includes reduction of gender dysphoria or achieving gender congruence, gender diverse presentations may lead to individually customized surgical requests.

SUPPORTIVE LITERATURE

Major U.S. medical and mental health organizations, along with the World Health Organization (WHO), support access to age-appropriate, individualized gender-affirming care for youth and adults. Several organizations have issued expert clinical guidance with recommendations for patient-centered, evidence-based care for transgender and gender diverse people, including the American Congress of Obstetricians and Gynecologists (ACOG), American Psychological Association (APA), American Academy of Pediatrics (AAP), Endocrine Society, and the World Professional Association for Transgender Health Standards of Care for the Health of Transgender and Gender Diverse People (WPATH) (Coleman 2022).

PROFESSIONAL GUIDELINE(S)

The World Professional Association for Transgender Health (WPATH) is an international interdisciplinary professional organization dedicated to promoting evidence-based care, education, research, public policy, and respect in transgender health. WPATH upholds the highest standards of healthcare for transgender and gender diverse (TGD) people through guidelines, known as the Standards of Care (SOC). These guidelines offer clinical guidance for health professionals to better assist transgender and gender diverse people (WPATH, 2024).

The 8th version of the WPATH SOC (SOC 8) was developed using an evidence-based approach to optimize patient care. The guidelines provide recommendations based on a systematic review of evidence, and an assessment of the benefits and harms of alternative care options, to help healthcare professionals offer safe and effective pathways to achieve lasting personal comfort with their gendered selves, and to maximize their overall health, psychological well-being, and self-fulfillment (Coleman 2022).

The American College of Obstetricians and Gynecologists opposes discrimination on the basis of gender identity, issuing recommendations regarding the health care of transgender and gender diverse individuals (ACOG, 2021). The Committee Opinion offers guidance on providing inclusive and affirming care as well as clinical information for hormone therapy and preventative care for adolescents and adults. Some recommendations include:

Medical Policy: Gender Affirming Behavioral Health and Medical Services

Policy Number: 3.01.22

Page: 4 of 10

- Gender-affirming hormone therapy is not effective contraception. Individuals should be counseled on barrier use and the possibility of pregnancy if they are having sexual activity that involves sperm and oocytes.
- Any anatomical structure present that warrants cancer screening should be screened regardless of gender identity.
- As for all patients, transgender and gender diverse individuals should be counseled and receive preventive health care (e.g., immunizations, and screening for depression, substance use, cancer, sexually transmitted infection).

The American Academy of Child and Adolescent Psychiatry (AACAP) issues Policy Statements that promote the healthy development of children, adolescents, and families through advocacy, education, and research, and to meet the professional needs of psychiatrists.

- In a 2024 policy statement, the AACAP found that research consistently demonstrates that gender diverse youth who are supported to explore and/or live the gender role that is consistent with their gender identity have better mental health outcomes than those who are not. The AACAP recommends that all children and adolescents have access to multi-disciplinary, evidence-based, and trauma-informed gender-affirming health care.
- In a 2018 Policy Statement, the AACAP cites evidence that “conversion therapies” increase the risk of causing or exacerbating mental health conditions. Based on the scientific evidence, the AACAP asserts that such “conversion therapies” (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful.

The Endocrine Society issued guideline resources on endocrine treatment of gender dysphoric/gender incongruent persons (Hembree, 2017). The Endocrine Society advises that only trained mental health professionals (MHP) should diagnosis gender dysphoria and that decisions regarding the social transition of prepubertal youths with gender dysphoria/gender incongruence are made with the assistance of an MHP or another experienced professional. Additional statements include:

- We recommend that clinicians inform and counsel all individuals seeking gender-affirming medical treatment regarding options for fertility preservation prior to initiating puberty suppression in adolescents and prior to treating with hormonal therapy of the affirmed gender in both adolescents and adults.
- We suggest that clinicians begin pubertal hormone suppression after girls and boys first exhibit physical changes of puberty.
- We suggest monitoring clinical pubertal development every 3 to 6 months and laboratory parameters every 6 to 12 months during sex hormone treatment.
- We suggest that clinicians measure hormone levels during treatment to ensure that endogenous sex steroids are suppressed and administered sex steroids are maintained in the normal physiologic range for the affirmed gender.

Medical Policy: Gender Affirming Behavioral Health and Medical Services

Policy Number: 3.01.22

Page: 5 of 10

- We suggest regular clinical evaluation for physical changes and potential adverse changes in response to sex steroid hormones and laboratory monitoring of sex steroid hormone levels every 3 months during the first year of hormone therapy for transgender males and females and then once or twice yearly.
- We suggest periodically monitoring prolactin levels in transgender females treated with estrogen.
- We suggest that transgender females with no known increased risk of breast cancer follow breast-screening guidelines recommended for non-transgender females.
- We suggest that clinicians evaluate transgender persons treated with hormones for cardiovascular risk factors using fasting lipid profiles, diabetes screening, and/or other diagnostic tools.
- We recommend that clinicians obtain bone mineral density measurements when risk factors for osteoporosis exist, specifically in those who stop sex hormone therapy after gonadectomy.
- We suggest that transgender females treated with estrogens follow individualized screening according to personal risk for prostatic disease and prostate cancer.

REGULATORY STATUS

Guidance issued by the New York State (NYS) Department of Financial Services (DFS) prohibits the Health Plan from denying benefits for medically necessary treatment that is otherwise covered by a health insurance contract, solely on the basis that the treatment is for gender dysphoria. New York Insurance Law requires that Health Plan contracts providing coverage for inpatient hospital care and/or physician services must also provide coverage for the diagnosis and treatment of mental, nervous, or emotional disorders or ailments.

In May 2024, NYS Office of Mental Health (OMH) issued guidance that Chapter 57 of the Laws of 2019 added a new provision to the utilization review program standards in Insurance Law § 4902 and Public Health Law § 4902. The new provision requires that, when conducting utilization review for purposes of determining health care coverage for a mental health condition, health maintenance organizations and insurers, and their contracted utilization review agents (collectively, “UR Agents”), utilize evidence-based and peer-reviewed clinical review criteria that are appropriate to the age of the patient and which have been deemed appropriate and approved for use in determining health care coverage for the treatment of mental health conditions by the Commissioner of the New York State (NYS) Office of Mental Health (OMH), in consultation with the Commissioner of Health, and the Superintendent of Financial Services. The State required all UR Agents to update previously approved clinical review criteria, and associated policies and procedures for all gender-affirming treatments to be consistent with the updated recommendations in WPATH SOC 8.

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).

Medical Policy: Gender Affirming Behavioral Health and Medical Services

Policy Number: 3.01.22

Page: 6 of 10

- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

Modifiers

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

Modifiers

Code	Description
45	Ambiguous gender category; for use by institutional providers

CPT Codes

Code	Description
Multiple Codes	

Copyright © 2025 American Medical Association, Chicago, IL

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
There is no ICD-10 code for gender incongruence.	

REFERENCES

American Academy of Child and Adolescent Psychiatry (AACAP) [Internet]. Policy Statements. Access to gender-affirming health care. 2024. Available from:

https://www.aacap.org/AACAP/Policy_Statements/Home.aspx [accessed 2025 Jul 14].

American Academy of Pediatrics [Internet]. AAP reaffirms gender-affirming care policy, authorized systematic review of evidence to guide update. 2023 Aug 04 [accessed 2025 Jul 14]. Available from:

<https://publications.aap.org/aapnews/news/25340/AAP-reaffirms-gender-affirming-care-policy>

Medical Policy: Gender Affirming Behavioral Health and Medical Services

Policy Number: 3.01.22

Page: 7 of 10

American Academy of Pediatrics. 2018 Policy Statement. Refer to Rafferty et al. reference.

American College of Obstetricians and Gynecologists. Health care for transgender and gender diverse individuals: ACOG Committee Opinion, No. 823. *Obstet Gynecol*. 2021;137(3):e75–88.

American Psychiatric Association: Diagnostic and statistical manual of mental disorders, fifth edition, text revision (DSM-5-TR). Washington, DC, American Psychiatric Association, 2022.

American Psychiatric Association: Diagnostic and statistical manual of mental disorders, fifth edition (DSM-5). Washington, DC, American Psychiatric Association, 2013.

American Psychological Association (APA) Council of Representatives [Internet]. APA policy statement on affirming evidence-based inclusive care for transgender, gender diverse, and nonbinary individuals, addressing misinformation, and the role of psychological practice and science. 2024 Feb [accessed 2025 Jul 14]. Available from: <https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care>

Braun H, et al. Cancer in transgender people: evidence and methodological considerations. *Epidemiol Rev*. 2017 Jan 1;39(1):93-107.

Centers for Disease Control [Internet]. Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 update. Clinical practice guideline [accessed Jul 14]. Available from: <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>

Coleman E, et al. Standards of care for the health of transgender and gender diverse people, version 8. *Inter J of Transgender Health*. 2022 Sep;23(S1): S1-S260.

de Blok CJM, et al. Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the Netherlands. *BMJ*. 2019 May 14;365:l1652.

Endocrine Society [Internet]. Endocrine Society statement in support of gender-affirming care. 2024 May 08 [accessed 2025 Jul 14]. Available from: <https://www.endocrine.org/news-and-advocacy/news-room/2024/statement-in-support-of-gender-affirming-care>

Fledderus AC, et al. Breast malignancy in female-to-male transsexuals: systematic review, case report, and recommendations for screening. *Breast*. 2020 Jul 2;53:92-100.

Haviland KS, et al. Barriers and facilitators to cancer screening among LGBTQ individuals with cancer. *Oncol Nurs Forum*. 2020 Jan 1;47(1):44-55.

Hembree WC, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2017 Nov 13;102(11):1-35.

Holt NR, et al. A systematic review of recommendations for behavioral health services for transgender and gender diverse adults: the three-legged stool of evidence-based practice is unbalanced. *Clin Psychol*. 2021 June;28(2):186-201.

Janssen A, et al. The complexities of treatment planning for transgender youth with co-occurring severe mental illness: A literature review and case study. *Arch Sex Behav*. 2019 Oct;48(7):2003-2009.

Johnson M, et al. Qualitative socioecological factors of cervical cancer screening use among

Medical Policy: Gender Affirming Behavioral Health and Medical Services

Policy Number: 3.01.22

Page: 8 of 10

transgender men. *Prev Med Rep*. 2020 Jan 21;17:101052.

Kaltiala R, et al. Adolescent development and psychosocial functioning after starting cross-sex hormones for gender dysphoria. *Nordic Journal of Psychiatry*. 2020;74(3):213–219.

Kaltiala R, et al. Gender dysphoria in adolescence: current perspectives. *Adolesc Health Med Ther*. 2018 Mar 2;9:31-41.

Klein DA, et al., Providing quality family planning services to LGBTQIA individuals: A systematic review. *Contraception*. 2018 May;97(5):378-391.

Narayan A, et al. Breast cancer screening in transgender patients: findings from the 2014 BRFSS survey. *Breast Cancer Res Treat*. 2017 Dec;166(3):875-879.

New York State Department of Financial Services [Internet]. Insurance circular letter no. 7 (2014): health insurance coverage for the treatment of gender dysphoria. 2014 Dec 14 [accessed 2025 Jul 14]. Available from: https://www.dfs.ny.gov/industry_guidance/circular_letters/cl2014_07

Patel JM, et al. Gynecologic cancer screening in the transgender male population and its current challenges. *Maturitas*. 2019 Nov;129:40-44.

Pratt-Chapman ML and Ward AR. Provider recommendations are associated with cancer screening of transgender and gender-nonconforming people: a cross-sectional urban survey. *Transgend Health*. 2020 Jun 8;5(2):80-85.

Rafferty J, AAP committee on psychosocial aspects of child and family health, AAP committee on adolescence, AAP section on lesbian, gay, bisexual, and transgender health and wellness. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*. 2018;142(4):e20182162.

Rider GN, et al. The gender affirmative lifespan approach (GALA): A framework for competent clinical care with nonbinary clients. *Int J Transgend*. 2019;20(2-3), 275–288.

Sevlever M and Meyer-Bahlburg HFL. Late-onset transgender identity development of adolescents in psychotherapy for mood and anxiety problems: approach to assessment and treatment. *Arch Sex Behav*. 2019 Oct;48(7):1993-2001.

Shires DA, et al. Gynecologic health care providers' willingness to provide routine care and papanicolaou tests for transmasculine individuals. *J Womens Health (Larchmt)*. 2019 Nov;28(11):1487-1492.

Stewart T, et al. Do transgender and gender diverse individuals receive adequate gynecologic care? An analysis of a rural academic center. *Transgend Health*. 2020 Mar 16;5(1):50-58.

Stone JP, et al. Breast cancer in transgender patients: a systematic review. Part 2: female to male. *Eur J Surg Oncol*. 2018 Oct;44(10):1463-1468.

Tabaac AR, et al. Gender identity disparities in cancer screening behaviors. *Am J Prev Med*. 2018 Mar;54(3):385-393.

The Office of Addiction Services and Supports [Internet]. Level of care for alcohol and drug treatment referral (LOCADTR) [accessed 2025 Jul 14]. Available from: <https://oasas.ny.gov/locadtr>

Medical Policy: Gender Affirming Behavioral Health and Medical Services

Policy Number: 3.01.22

Page: 9 of 10

U.S. Preventative Services Task Force [Internet]. Recommendation topics [accessed 2025 Jul 14]. Available from: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics>

World Professional Association for Transgender Health (WPATH) Standards of Care. Refer to Coleman et al. reference.

World Professional Association for Transgender Health (WPATH) [Internet]. History and purpose. 2024 2025 [accessed 2025 Jul 14]. Available from: <https://www.wpath.org/soc8/history>

Wylie K, et al. Serving transgender people: clinical care considerations and service delivery models in transgender health. Lancet. 2016 July 23; 388(10042):401-411.

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

[Gender Dysphoria and Gender Reassignment Surgery \(NCD 140.9\)](#) [accessed 2025 Jul 14].

[Gender Dysphoria and Gender Reassignment Surgery \(CAG-00446N\)](#) [accessed 2025 Jul 14].

[Medicare Claims Processing Manual, Chapter 32 - Billing Requirements for Special Services. Transmittal 240- Special Instructions for Certain Claims with A Gender/Procedure Conflict \(Rev. 12883; Issued 10/11/24\)](#) [accessed 2025 Jul 14].

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

08/22/24, 08/21/25

Date	Summary of Changes
------	--------------------

Medical Policy: Gender Affirming Behavioral Health and Medical Services

Policy Number: 3.01.22

Page: 10 of 10

08/21/25	Annual review, policy intent unchanged.
08/19/25	Original effective date.