

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"> • 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 or Child Health Plus product), 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 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).

Medical Policy: MEDICAL SERVICES FOR TRANSGENDER AND GENDER DIVERSE INDIVIDUALS

Policy Number: 11.01.26

Page: 2 of 5

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

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	

Copyright © 2023 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

REFERENCES

Abramovich A, et al. Assessment of health conditions and health service use among transgender patients in Canada. JAMA Netw Open 2020 Aug 3;3(8):e2015036.

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. [doi: 10.1097/AOG.0000000000004294] accessed 08/31/23.

*American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Washington, DC, American Psychiatric Association 2022.

Bazzi AR, et al. Adherence to mammography screening guidelines among transgender persons and sexual minority women. Am J Public Health 2015;105(11): 2356-2358.

*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.

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

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.

*Centers of Excellence for Transgender Health. Guidelines for the primary and gender-affirming care of transgender and gender nonbinary people. 2016 Jun 17 2nd edition. [<https://transcare.ucsf.edu/guidelines>] accessed 08/31/23.

*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. [doi.org/10.1080/26895269.2022.2100644] accessed 08/31/23.

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.

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.

Gamble RM, et al. Trans-specific Geriatric Health Assessment (TGHA): an inclusive clinical guideline for the geriatric transgender patient in a primary care setting. Maturitas 2020 Feb;132:70-75.

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

Medical Policy: MEDICAL SERVICES FOR TRANSGENDER AND GENDER DIVERSE INDIVIDUALS

Policy Number: 11.01.26

Page: 4 of 5

Hartley RL, et al. Breast cancer in transgender patients: a systematic review. Part 1: male to female. Eur J Surg Oncol 2018 Oct;44(10):1455-1462.

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 Endocrine Metab 2017 Nov;102(11):3869-3903.

Johnson M, et al. Qualitative socioecological factors of cervical cancer screening use among transgender men. Prev Med Rep 2020 Jan 21;17:101052.

Medicare Claims Processing Manual. Chapter 32- Billing requirements for special services (Rev. 11902, 03-16-23). [<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c32.pdf>]. accessed 08/31/23.

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.

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.

Reisner SL, et al. Global health burden and needs of transgender populations: a review. Lancet 2016 July 23; 388(10042):412-436.

Sallans RK. Six tips for giving good health care to anyone with a cervix. AMA J Ethics 2020 Feb 1;22(2):E168-175.

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.

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

World Health Organization (WHO). Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment, and care for key populations. 2022. [<https://www.who.int/publications/i/item/9789240052390>] accessed 08/31/23.

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.

*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

Medical Policy: MEDICAL SERVICES FOR TRANSGENDER AND GENDER DIVERSE INDIVIDUALS

Policy Number: 11.01.26

Page: 5 of 5

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.