MEDICAL POLICY

Medical Policy Title	**Gender Affirming Behavioral Health and Medical Services**
Policy Number	**3.01.22**
Current Effective Date	**January 1, 2027**
Next Review Date	**August 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.
(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**:

   A. For individuals 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 all recommended:

   A. Comprehensive primary care, including all recommended preventive care and laboratory monitoring of hormone levels during prescribed treatment and at clinically recommended frequency;

   B. Reproductive care (e.g., obstetric/gynecologic evaluation and treatment [e.g., contraception]);

   C. Gynecological or urological cancer screening before, during, and ongoing after gender affirming treatments.

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

7.01.84 Gender Affirming Surgery and Treatments Commercial and Medicare Advantage Members

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

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)

Not Applicable

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) is a broad and comprehensive as possible phrase describing members of the many varied communities that exist globally of people with gender identities or expression that differ 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-TR 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 remains classified as 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 2022). In a 2023 reaffirmed policy statement, the American Academy of Pediatrics recognizes that transgender identities and diverse gender expressions do not constitute a mental disorder (Rafferty 2018). Gender incongruence is recognized as a condition in the International Classification of Diseases and Related Health Problems, 11th Revision (ICD-11); however, ICD-11 is not yet fully implemented in the United States at the time of this policy.

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**.** 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).

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

Not Applicable

PROFESSIONAL GUIDELINE(S)

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).

World Professional Association for Transgender Health (WPATH)

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.

The 8th version of the WPATH Standards of Care (SOC-8) was developed using an evidence-based approach to optimize patient care and provides recommendations to support safe and effective pathways to improve overall health, psychological well-being, and quality of life (Coleman 2022). WPATH SOC-8 recognizes gender-affirming care as including primary care, preventive health services, and mental health support. Individuals should receive appropriate screening, preventive services, and behavioral health care based on clinical need and individualized assessment. A multidisciplinary, person-centered approach is recommended to optimize health outcomes.

American College of Obstetricians and Gynecologists (ACOG)

ACOG 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:

- 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).

American Academy of Child and Adolescent Psychiatry (AACAP)

The 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.

Endocrine Society

Hembree et al (2017) published the Clinical Practice Guideline for Endocrine Treatment of Gender-Dysphoric/Gender Incongruent Persons, which was reaffirmed by the Endocrine Society in 2024. The guideline 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.
- 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) added a provision to the Insurance Law § 4902 and Public Health Law § 4902 that utilization review determinations for mental health services be based on evidence-based, peer-reviewed clinical criteria appropriate to the patient's age and consistent with SOC8.

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).

- (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	

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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
There is no ICD-10 code for gender incongruence.	

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SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9) [accessed 2026 Jul 20].

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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 2026 Jul 20].

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 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 HISTORY/REVISION

Committee Approval Dates	
01/01/27	
Date	**Summary of Changes**
01/01/27	• Original effective date.