

Subject: Gender Affirming Treatment for Children and Adolescent (17 yrs and under)

Medical Policy #: 7.31

Original Effective Date: 09-28-2022

Status: NEW

Last Review Date: 09-28-2022

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Refer to the Intel Benefit Description for coverage of cosmetic procedures for this treatment.

Refer to the FEHB Benefit Description for additional coverage details.

Refer to the Benefit Considerations section as member specific benefit plan language may vary.

Description

This Medical Policy covers topics related to the treatment of gender affirming care for child and adolescent 17 years of age and under including behavioral health evaluation and hormonal therapy.

Transgender and gender diverse individuals may seek one or multiple forms of gender affirmation. The age of the patient and effect on fertility may be determined by government regulation that may or may not supersede benefit or plan offering.

For individuals who identify as transgender or gender diverse and seek gender affirming care a referral from the treating provider to care coordination and behavioral health services is considered standard of care.

MPM 18.5 Restorative/Reconstruction/Cosmetic Surgery may be applicable for select surgical procedures.

For hormone therapy for Gender Affirming Treatment in Children and Adolescents please refer to the PHP pharmacy policy.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

Coverage is for Medicaid, Medicare, and Commercial.

- I. Primary care, specialty care and behavioral health (including multi-disciplinary clinical care) for those seeking gender affirming services (unrelated to surgery) are a covered benefit for all ages. These do not require a prior authorization.
- II. Gender affirming surgery for children or adolescents who identify as transgender or gender diverse is not a covered benefit for those 17 years of age and under (refer to MPM 7.3 Gender Affirming Treatment and Surgery, Adult 18 years of Age and Older). Exception to this coverage determination are children born with atypical genital appearance or congenital difference of sex development. These will be reviewed on a case-by-case basis (Refer to MPM 18.5 Restorative/Reconstruction/Cosmetic Surgery)
- III. For gender affirming hormone therapy in children and adolescents please refer to the [PHP pharmacy policy](#).
- IV. NON-SURGICAL TREATMENT:
Prior authorization will not be required for 92507 and 92508.
 - Voice therapy and Voice lessons (12 sessions) per 12-month period.

Appendix A

DSM-5 Criteria for the Diagnosis of Gender Dysphoria in Adolescents and Adults.¹

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:
 1. 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)].

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender [or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)].
 3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
 4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Appendix B

Minimum Credentials for a Qualified Mental Health Professional

The training of mental health professionals competent to work with transgender or gender diverse individuals seeking gender affirming care rests upon basic general clinical competence in the assessment, diagnosis, and treatment of mental health concerns. Clinical training may occur within any discipline that prepares mental health professionals for clinical practice, such as psychology, psychiatry, social work, mental health counseling, marriage and family therapy, nursing, or family medicine with specific training in behavioral health and counseling. The following are recommended minimum credentials for mental health professionals who work with transgender or gender diverse individuals:

1. Master's degree or equivalent in a clinical behavioral science field granted by an institution accredited by the appropriate national accrediting board. The professional should also have documented credentials from the relevant licensing board or equivalent; **and**
2. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Disease for diagnostic purposes; **and**
3. Ability to recognize and diagnose co-existing mental health concerns; **and**
4. Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria; **and**
5. Are able to assess capacity to consent for treatment; **and**
6. Have experience or be qualified to assess clinical aspects of gender dysphoria, incongruence, and diversity; **and**
7. Undergo continuing education in health care relating to gender dysphoria, incongruence, and diversity; **and**
8. We suggest health care professionals assessing transgender and gender diverse adults seeking gender-affirming treatment liaise with professionals from different disciplines within the field of transgender health for consultation and referral, if required; **and**
9. Continuing education in the assessment and treatment of gender diverse individuals. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity, gender dysphoria and gender diversity.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT codes	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals

Covered ICD-10 Codes	Description
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified

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Covered ICD-10 Codes	Description
Z87.890	Personal history of sex reassignment

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Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: [Gray Clarke MD](#)

Senior Medical Director: [David Yu MD](#)

Medical Director: [Ana Maria Rael MD](#)

Date Approved: 09-28-2022

References

1. [Standards of Care for the Health of Transgender and Gender Diverse People, Version 8](#). The World Professional Association for Transgender Health (WPATH) for Transgender Health, published only: 15 Sep 2022. [Accessed 09-16-2022]
2. Multiple Medical Policies Medicare National Coverage Determinations Manual, Chapter 1, Part 2 (Sections 90 – 160.26). Gender reassignment Surgery for Gender Dysphoria, 140.9, A-D, Implemented 04/04/2017. [Cited 09-01-2022]
3. Palmetto GBA, Gender Reassignment Services for Gender Dysphoria (A53793), not in New Mexico region. Revision date: 01/01/2021, R#13 (no related LCD found). Accessed 09-01-2022
4. CMS National Coverage Determination (NCD) for Gender Dysphoria and Gender Reassignment Surgery (140.9), V1 Pub# 100-3, Effective Date: 08-30-2016. [09-01-2022]
5. Aetna, Gender Reassignment Surgery, Number:0615, Effective: 05/14/2002, Last reviewed: 01/12/2021, Next Review: 06/22/2023, Accessed 09-01-2022.
6. [New Mexico, OSI](#), Bulletin 2018-013, Transgender non-discrimination in Health Insurance Benefits, August 23, 2018. [Cited 09-01-2022] (select SHOW ALL when searching)
7. Hayes, Sex Reassignment Surgery for The Treatment of Gender Dysphoria, Health Technology Assessment, Aug 01/2018, Annual Review: July 27, 2022. [Cited 09-01-2022]
8. MCG Health Ambulatory Care 26th Edition, Gonadotropin-Releasing Hormone (GnRH) Agonists (ACG: A-0304 AC), Last Update: 08-31-2022. [Cited 09-01-2022]
9. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline. *J Clin Endocrinol Metab*, November, 2017, 102(11):3869-3903. doi: 10.1210/jc.2017-01658. * Cosponsoring Associations: American Association of Clinical Endocrinologists, American Society of Andrology, European Society for Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, and World Professional Association for Transgender Health [Cited 09-01-2022]
10. Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth edition, American Psychiatric Association. 2013. [Cited 09-01-2022]
11. Plastic and Reconstructive Surgery - [Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence](#)- Global Open: March 2021 - Volume 9 - Issue 3 - p e3477, doi: 10.1097/GOX.00000000000003477; Published online 19 March 2021. [Cited 09-08-2022]
12. Hayes, Hormone Therapy for the Treatment of Gender Dysphoria, Health Technology Assessment, May 192014, Annual review: Aug 29, 2018 {ARCHIVED} Jun 9, 2019. [Cited 09-15-2022].

Publication History

- 09-28-2022 Original effective date. PHP Medical policy Committee reviewed on 09-16-2022. Policy created to confirm with the adolescent population. Policy is for 17 y/o and under only.
Update only on 11-16-2022: Annual review date will remain as 09-28-2022. PHP Medical policy Committee reviewed on 11-02-2022. The description section changed from “When a diagnosis of gender dysphoria is identified a referral to care coordination and behavioral health services is considered standard when applicable” to “When a diagnosis of gender dysphoria is identified a referral from the treating provider to care coordination and behavioral health services is considered standard of care.” Coverage indication language for non-surgical treatment was added to cover voice therapy and voice lessons (92507 and 92508). Prior will not be required for 92507 and 92508. Removed “initial or continuous” from hormone therapy statement. Removed the Exclusion statement.
Update to policy: PHP Medical policy Committee reviewed on 05-24-2023. Minor language changes throughout policy to conform with appropriate standard language as well as HSD. No change to criteria. Added additional ICD-10, (F64.2).
Update on July 2023: Update Disclaimer section of policy to include FEHB

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.