

GENDER DYSPHORIA, NON-SURGICAL TREATMENT**Effective Date:** December 1, 2024**Review Dates:** 8/18, 8/19, 8/20, 8/21, 8/22, 11/22,
11/23, 11/24**Date Of Origin:** August 8, 2018**Status:** Current**Summary of Changes**

Deletion: I.B. – Removed reproductive services as an example.

I. POLICY/CRITERIA

A. The following non-surgical services are considered medically necessary for gender incongruence/dysphoria; limitations may apply:

1. Mental health services as defined in plan coverage documents and policies.
2. Hormone therapy when all of the following criteria are met:
 - a. Diagnosis of gender incongruence/dysphoria made by a licensed practitioner with expertise in gender dysphoria, incongruence and diversity.
 - b. Optimal management of any comorbid medical or mental health conditions.
 - c. Member (or parent/guardian) has the capacity to make fully informed decisions and consent/assent to treatment.
 - d. Laboratory testing to monitor hormone therapy is a covered benefit.
 - e. Member's contract must include a prescription drug rider.

Note: Hormone therapy obtained from a pharmacy is subject to the pharmaceutical cost share/copay of the member's contract. Implanted hormone therapy is covered at the medical benefit level. Prior authorization may be required for certain pharmaceuticals.

3. Hormonal suppression of puberty is considered medically necessary when all of the following are met:
 - a. All of the criteria in I.A.2 above are met (2a-2e)
 - b. Onset of puberty to at least Tanner Stage 2.
 - c. A marked pattern of gender diversity or gender incongruence / dysphoria (whether suppressed or expressed) sustained over time*.
 - d. Gender incongruence/ dysphoria worsened with the onset of puberty.
 - e. Except in the case of an emancipated minor, parent(s) or guardian(s) consent(s) to treatment, and is(are) involved and supportive in the

treatment process, unless their involvement is determined to be harmful to the adolescent or not feasible.

*It is important to establish that the young person has experienced several years of persistent gender diversity/incongruence/ dysphoria prior to initiating less reversible treatments such as gender-affirming hormones or surgeries. Evidence demonstrating gender diversity/incongruence sustained over time can be provided via history obtained directly from the adolescent and parents/caregivers when this information is not documented in the medical records.

B. Non-surgical services for gender incongruence / dysphoria are limited to coverage as defined in A1, A2 and A3 above. All other services are not considered medically necessary, including but are not limited to the following:

1. Cosmetic items and services (e.g., cosmetics, hair removal, wigs)

C. See *Priority Health Medical Policy No. 91612 – Gender Affirming Surgery* for medical necessity of surgical services for gender incongruence/ dysphoria.

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*

- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. BACKGROUND

Gender incongruence/ dysphoria focuses on a person's experienced identity and any need for gender-affirming medical and/or surgical treatments (GAMSTs) to better align their body with their gender identity. Many transgender and gender diverse (TGD) people will not require therapy or other forms of mental health care as part of their transition, while others may benefit from the support of mental health providers and systems. The latest World Professional Association for Transgender Health's Standards of Care, version 8 (WPATH SOC 8) includes recommendations for mental health and healthcare providers (Coleman, 2022) for the initiation of GAMSTs.

Hormone replacement therapy (HRT) plays a role in the gender transition process whereby individuals assigned male at birth (AMAB) are treated with estrogens and anti-androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease testicular size and erections. Individuals assigned female at birth (AFAB) are treated with testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. HRT may be effective in reducing the adverse psychologic impact of gender incongruence/dysphoria.

Adolescence is a developmental period characterized by relatively rapid physical and psychological maturation, bridging childhood and adulthood. These processes do not all begin and end at the same time for a given individual, nor do they occur at the same age for all persons. Therefore, the lower and upper borders of adolescence are imprecise and cannot be defined exclusively by age. The understanding of gender identity development in adolescence is continuing to evolve. When providing clinical care to gender diverse young people and their families, it is important to know what is and is not known about gender identity during development. When considering treatments, families may have questions regarding the development of their adolescent's gender identity, and whether or

not their adolescent's declared gender will remain the same over time. A key challenge in adolescent transgender care is the quality of evidence evaluating the effectiveness of medically necessary gender-affirming medical and surgical treatments (GAMSTs). Given the lifelong implications of medical treatment and the young age at which treatments may be started, adolescents, their parents, and care providers should be informed about the nature of the evidence base. Recently published longitudinal studies followed and evaluated participants at different ages and stages of their gender-affirming treatments. In these studies, some participants may not have started gender-affirming medical treatments, some had been treated with puberty suppression, while still others had started gender-affirming hormones or had even undergone gender-affirming surgery (GAS) (Achille et al., 2020; Allen et al., 2019; Becker-Hebly et al., 2021; Kuper et al., 2020, Tordoff et al., 2022).

V. CODING INFORMATION - *services and medical pharmaceuticals should be reported with the following diagnoses:*

- F64.0 Gender identity disorder in adolescence and adulthood
- F64.2 Gender identity disorder of childhood
- F64.8 Other gender identity disorders
- F64.9 Gender identity disorder, unspecified
- Z87.890 Personal history of sex reassignment

VI. REFERENCES

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