

Services for the Treatment of Gender Dysphoria: Clinical and Medical Management Issues

Carolyn S. Langer, MD, JD, MPH
Chief Medical Officer, MassHealth
Director, Office of Clinical Affairs

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Recent Media Headlines

- ❖ **Feds Order High School To Let Transgender Students Use Girls' Locker Room**
 - **Feds Make Watershed Decision For Transgender Rights**
(Reuters—Posted: 11/03/2015 04:19 AM EST)

- ❖ **Bathroom Fears Flush Houston Discrimination Ordinance**
(The Texas Tribune—Posted 11/03/2015)

- ❖ **New York State Is Pushing Back On Health Care Discrimination Against Transgender People**
(The Huffington Post—Posted 05/15/2015)

Diagnosis and Statistical Manual of Mental Disorders, 5th Edition (DSM-V)

- **Published May 2013**
- **Revised the naming and treatment of Gender Identity Disorder (GID) to Gender Dysphoria (GD)**
- **Created separate gender developmentally appropriate criteria for dysphoria in children, adolescents and adults**
- **Replaced pejorative term “Disorder” with “Dysphoria”**
- **Focuses on dysphoria as the clinical problem, not identity per se**
- **Clarified terms-“natal gender” vs. “experienced/expressed gender”**

Diagnosis and Statistical Manual of Mental Disorders, 5th Edition (DSM-V)

- **Gender Dysphoria** – refers to an individual’s affective/cognitive discontent and distress originating from assigned gender (natal gender) vs. experienced/expressed gender
- **Distinguishes between “Gender Dysphoria” vs. “Nonconformity to gender roles”** by the degree of distress and impairment associated Gender Dysphoria

Gender Dysphoria in Adolescents and Adults (ICD-9 302.85)

- **A marked incongruence between one's experienced/expressed gender and assigned gender of at least 6 months duration, manifested by at least two of the following:**
 1. **Marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics**
 2. **Strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence.**
 3. **Strong desire for the primary and/or secondary sex characteristics of the other gender**

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4. **Strong desire to be of the other gender (or some alternative gender different from one's assigned gender)**
 5. **Strong desire to be treated as the other gender (or some alternative)**
 6. **Strong conviction that one has the typical feelings and reactions of the other gender (or some alternative)**
- **The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.**

Gender Dysphoria Prevalence, Utilization, and Cost

- **Prevalence of Gender Dysphoria: Economic Impact Assessment of Gender Discrimination in Health Insurance issued by the State of California in April 2012**
 - **Transgender prevalence in general population estimated at 0.005%**
 - **Average transgender population utilization rate is 1.1%**
 - **Average utilization cost is \$20,186**
- **Note: Gender confirming healthcare is highly individualized; i.e., some transgender members seek only behavioral counseling, others opt for hormonal treatment, a smaller number request surgical procedures**

World Professional Association for Transgender Health (WPATH)

- Formerly known as the Harry Benjamin International Gender Dysphoria Association Standards of Care
- Published Standards of Care for the Health of Transsexual, Transgender, and Gender–Nonconforming People, Version 7 in 2012
- “Overall goal is to provide clinical guidance for health professionals to assist transsexual, transgender and gender confirming people with safe and effective pathways to achieve lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment”.
- Internationally acknowledged as the gold standard for the treatment of the transgender population

World Professional Association for Transgender Health (WPATH)

- **Recommends a multi-pronged therapy approach that includes:**
 1. **Real life experience (“living the life”)**
 2. **Hormone therapy**
 3. **Sex-reassignment surgery – e.g. breast reduction/augmentation, mastectomy, genital surgery**
 4. **Psychotherapy and psychological support**

World Professional Association for Transgender Health (WPATH)

- **Sex-reassignment surgery issues raised:**
 1. **Surgical techniques are highly variable depending on provider experience**
 2. **Follow up studies to date involve only modest sample sizes with considerable variability**
 3. **No randomized controlled trials to assess treatment interventions**
 4. **No universal agreement regarding treatment goals other than improving sense of well being and overall functioning**
 5. **Genital surgery entails significant risk of impaired sexual functioning – more conservative approach recommended**
 6. **Difficult to draw conclusions sufficient for evidence-based recommendations**

MassHealth Guidelines for Medical Necessity Determination for Gender Reassignment Surgery

- **Adopts criteria for establishing the diagnosis of gender dysphoria found in DSM-V**
- **Incorporates recommendations from WPATH including referral from a Qualified Mental Health Professional**
- **Based on generally accepted standards of practice, review of the medical literature, and all federal/state policies and laws applicable to Medicaid program**

MassHealth Guidelines for Medical Necessity Determination for Gender Reassignment Surgery

- **Guideline highlights:**

1. **Requires prior authorization based on individual, case-by-case consideration**
2. **Establishes an age of majority (18 years of age older) for coverage eligibility**
3. **Provides coverage for a variety of breast and genital surgical procedures when criteria are met**
4. **Establishes criteria for physician supervised hormone therapy and continuous months of living in a chosen gender role congruent with the member's identity**

MassHealth Guidelines for Medical Necessity Determination for Gender Reassignment Surgery

- **Guideline highlights (continued):**

- 5. Requires a referral from a Qualified Mental Health Professional for breast surgery and two independent Qualified Mental Health Professionals for genital reconstructive surgeries**
- 6. Lists non-covered procedures considered not medically necessary (e.g. cosmetic procedures, reversal of gender reassignment surgery)**
- 7. Details list of all clinical documents required for prior authorization review per surgical procedure**

Pharmacy Coverage

- **MassHealth Drug Utilization Review Unit internal guidelines provide for review and approval of all requests to treat gender dysphoria, transsexualism, or therapy after gender reassignment surgery**
 1. **Follows WPATH Standards of Care for appropriate hormone therapy**
 2. **Utilizes local subject matter expert recommendations (e.g. Boston University School of Medicine “Practical Guidelines for Transgender Hormone Treatment”)**
 3. **Incorporates recommendations from recognized professional associations (e.g. “Endocrine Treatment of Transsexual Person” from the Journal of Clinical Endocrinology and Metabolism)**

Pharmacy Coverage

- Provides coverage for hormone therapy for:
 - Female-to-Male (FTM) [testosterone – oral, parental, transdermal] and
 - Male-to-Female (MTF) [estrogen, anti-androgen – oral, parenteral, transdermal]
- Includes lifelong coverage and monitoring (e.g. serum hormone levels, CBC, lipid profiles, bone mineral density (BMD), etc., as appropriate)

Pearls and Caveats

▪ Coding

- 1. Select codes appropriate to Gender Reassignment Surgeries based on guidelines**
 - Some procedures (e.g. vaginoplasty metoidioplasty, cliteroplasty phalloplasty) are new and unassigned; use unlisted procedure codes
- 2. Use appropriate diagnosis codes for gender dysphoria/gender identify/transsexualism; avoid confusing with “Inter-sex” diagnosis**
- 3. Delete sex identification modifiers in claims system**
 - FTM may still require Pap Smears; MTF may still require PSA
 - MTF will require estrogen Rx; FTM will require testosterone Rx

Pearls and Caveats

▪ Provider Access

1. **Most experienced GRS providers are bicoastal (California, Florida, Washington, Oregon)**
2. **Challenge – How to identify experienced GRS providers**
 - **Develop minimum qualifications for experience and proficiency (currently no board certification)**
 - **Assess provider's willingness to contract for GRS**
 - **Address post-op and follow-up care arrangements**
3. **Develop working relationship with referring providers and advocacy groups (LGBTQ organizations, community health centers, behavioral health specialists) to ensure clinically appropriate referrals**

Pearls and Caveats

- **Operational Issues**

1. **Revise claims configuration to accept gender crossovers**
2. **Train clinical staff in prior authorization process (e.g. how to assess appropriate referrals from Qualified Mental Health Professional)**
3. **Develop reimbursement rates for new GRS procedures**

