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Chief Medical Officer

MEMORANDUM

TO: Health Maintenance Organization and Health Insurer Administrators

FROM: Thomas E. Smith, Chief Medical Officer, New York State Office of Mental Health

DATE: May 14, 2024

SUBJECT: Clinical Review Criteria for the Treatment of Gender Dysphoria: New Standards of Care for Transgender Health

Chapter 57 of the Laws of 2019 added a new provision to the utilization review program standards in Insurance Law § 4902 and Public Health Law § 4902. The new provision requires that, when conducting utilization review for purposes of determining health care coverage for a mental health condition, health maintenance organizations and insurers, and their contracted utilization review agents (collectively, “UR Agents”), utilize evidence-based and peer-reviewed clinical review criteria that are appropriate to the age of the patient and which have been deemed appropriate and approved for use in determining health care coverage for the treatment of mental health conditions by the Commissioner of the New York State (NYS) Office of Mental Health (OMH), in consultation with the Commissioner of Health, and the Superintendent of Financial Services.

Gender dysphoria, as defined in the DSM-5, “refers to the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and/or surgery are not available.”¹ Gender dysphoria, which replaced gender identity disorder in the DSM-IV, focuses on the individual’s dysphoria as the clinical problem, not their identity. Medical and surgical treatment of gender dysphoria can lead to significant relief of psychological distress and decreased utilization of mental health services.²

In 2020, the State required all UR Agents to develop evidence-based, peer-reviewed, and age-appropriate clinical review criteria for all gender-affirming treatments for gender dysphoria in adults, adolescents, and children, and submit to the State for review and approval. In 2022, Version 8 of the World Professional Association for Transgender Health (WPATH) Standards

¹ American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2022

² Bränström R and Pachankis JE. Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study. *American Journal of Psychiatry*; published on-line October 4, 2019 at: <https://doi.org/10.1176/appi.ajp.2019.19010080>.

of Care³ (SOC 8) was released. These updated standards incorporate significant advances in research and draw on a much larger evidence base. SOC 8 also provides more nuanced recommendations for different gender identities.

In response to the release of SOC 8, the State is requiring that all UR Agents update their previously approved clinical review criteria, and associated policies and procedures regarding how such criteria are used, for all gender-affirming treatments to be consistent with the updated recommendations in SOC 8 and submit to the State for review and approval. Clinical review criteria must be submitted for all applicable assessments, treatments, and procedures including, but not limited to, the services listed below in the appendix. UR Agents should also indicate in their submissions if any of the services listed below are exempt from utilization review. The State will not approve clinical review criteria or associated policies and procedures that include categorical exclusion of any gender-affirming treatments, whether because they are considered to be only “cosmetic,” or for any other reason. The State will not approve any clinical review criteria or associated policies and procedures that include a requirement to submit pre- or post-operative photographic evidence of the face, chest, genitals, or any other part of the body for purposes of determining medical necessity.

In order to comply with these provisions, insurers and/or any contracted UR Agents must submit all clinical review criteria, and associated policies and procedures used to determine coverage for treatment of gender dysphoria to OMH for review and approval as soon as possible, but no later than Tuesday, September 17, 2024. Medicaid Managed Care Plans must continue to comply with NYS regulations codified at 18 NYCRR 505.2(l) and related State-issued guidance regarding gender-affirming care and are not required to participate in this review. If an insurer and/or UR Agent intends to implement new or revised clinical review criteria for any gender-affirming treatments, they must submit such criteria to OMH no later than 60 days prior to the date of implementation. New or revised review criteria may not be implemented without prior approval from the State.

Submissions must be sent to OMH.Parity@omh.ny.gov. The email submission must include the subject line “*Plan Name* Gender Dysphoria Clinical Review Criteria Submission #1.” Each email can be no larger than 35 megabytes. Larger submissions may be broken into several emails; however, if a submission requires multiple emails, insurers must change the submission number in the subject line appropriately.

Please direct any questions to OMH.Parity@omh.ny.gov.

³ E. Coleman, A. E. Radix, W. P. et al. (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: 10.1080/26895269.2022.2100644

APPENDIX – TREATMENTS FOR GENDER DYSPHORIA³

UR Agents must develop clinical review criteria for all gender affirming assessments, treatments, and procedures, including but not limited to:

Assessments	<p>Comprehensive, specialized, multidisciplinary assessment of children and their families</p> <p>Comprehensive, specialized, multidisciplinary assessment of adolescents</p> <p>Comprehensive, specialized, multidisciplinary assessment of adults</p> <p>All recommended gynecological and urological cancer screenings before, during, and ongoing after gender affirming treatments.</p>
Mental Health	<p>Ambulatory, intermediate, and acute services that are competent in caring for gender diverse individuals for psychiatric and substance use disorders, including psychotherapy related to gender, but also to address any issues that may interfere with the desired transition.</p>
Pharmacological Treatment	<p>Pubertal suppression in adolescents who have reached Tanner State 2 with gonadotropin releasing hormone agonists (GnRHAs). Progestins (oral or injectable depot) can be used if GnRHAs are not available.</p> <p>Sex Hormone Treatment, including estrogen-based treatments, testosterone lowering agents, and testosterone treatments</p> <p>Menstrual suppression for individuals who experience dysphoria in relation to menstruation</p> <p>Contraception</p> <p>Ongoing laboratory monitoring of hormone levels during treatment and at clinically recommended frequency</p>
Surgical Treatment	<p>Mastectomy (may or may not include nipple-areola preservation/reconstruction)</p> <p>Breast Liposuction</p> <p>Breast reconstruction (augmentation), implant and/or tissue extender, autologous (includes flap-based and lipofilling)</p> <p>Phalloplasty (with/without scrotoplasty) (with/without urethral lengthening) (with/without penile and/or testicular prosthesis) (with/without colpectomy/ colpocleisis)</p> <p>Metoidioplasty (with/without scrotoplasty) (with/without urethral lengthening) (with/without penile and/or testicular prosthesis) (with/without colpectomy/ colpocleisis)</p> <p>Vaginoplasty (inversion, peritoneal, intestinal), may include retention of penis and/or testicle</p> <p>Vulvoplasty</p> <p>Orchiectomy</p> <p>Hysterectomy and/or salpingo-oophorectomy</p> <p>Uterine transplantation</p> <p>Penile transplantation</p> <p>Brow: reduction, augmentation, lift</p>

Hair line advancement and/or hair transplant

Facelift/mid-facelift (following alteration of underlying skeletal structure) (+/- Platysmaplasty)

Blepharoplasty, Lipofilling

Rhinoplasty (+/- fillers),

Cheek: Implant, Lipofilling

Lip: upper lip shortening, lip augmentation (autologous and non-autologous)

Lower Jaw: reduction of mandibular angle, augmentation

Chin reshaping: Osteoplastic, alloplastic (implant-based)

Other Liposuction or Lipofilling

Other implants (pectoral, hip, gluteal, calf)

Monsplasty or mons reduction

Hair removal from face, body, genital areas for gender affirmation of preoperative preparation. Electrolysis, laser epilation.

Tattoo (i.e nipple-areola)

Postoperative care as determined by treating surgeon

Voice and Communication	Chondrolaryngoplasty, vocal cord surgery
	Assessment, support, training by voice and communication specialists
Primary Care	Comprehensive primary care, including all preventive care, that is competent in caring for gender diverse individuals
Reproductive Care	Obstetric/Gynecological evaluations and treatment in a setting that is competent in caring for gender diverse individuals, as needed