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HEALTH AGENCY

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**CHANGE 169
6010.57-M
SEPTEMBER 6, 2016**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL FOR
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

The Defense Health Agency has authorized the following addition(s)/revision(s).

CHANGE TITLE: GENDER DYSPHORIA

CONREQ: 18119

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change deletes references to Gender Identity Disorders and adds a new section to address Gender Dysphoria treatment.

EFFECTIVE DATE: October 3, 2016.

IMPLEMENTATION DATE: October 1, 2016.

This change is made in conjunction with Feb 2008 TOM, Change No. 193.

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Chapter 1

Section 1.2

Exclusions

Issue Date: June 1, 1999

Authority: [32 CFR 199.4\(e\)\(8\)\(ii\)\(D\)](#) and [\(g\)](#)

1.0 POLICY

1.1 In addition to any definitions, requirements, conditions, or limitations enumerated and described in other sections of this manual, the following specifically are excluded:

1.1.1 Services and supplies that are not medically or psychologically necessary for the diagnosis or treatment of a covered illness (including mental disorder) or injury or for the diagnosis and treatment of pregnancy or well-baby care.

1.1.2 X-ray, laboratory, and pathological services and machine diagnostic tests not related to a specific illness or injury or a definitive set of symptoms except for cancer screening allowed under the Preventive Services policy. (See [Chapter 7, Sections 2.1 and 2.2](#); and TRICARE Operations Manual (TOM) [Chapter 24, Section 6](#).)

1.1.3 Services and supplies related to inpatient stays in hospitals or other authorized institutions above the appropriate level required to provide necessary medical care.

1.1.4 Services and supplies related to an inpatient admission primarily to perform diagnostic tests, examinations, and procedures that could have been and are performed routinely on an outpatient basis.

Note: If it is determined that the diagnostic x-ray, laboratory, and pathological services and machine tests performed during such admission were medically necessary and would have been covered if performed on an outpatient basis, benefits may be extended for such diagnostic procedures only, but cost-sharing will be computed as if performed on an outpatient basis.

1.1.5 Postpartum inpatient stay of a mother for purposes of staying with the newborn infant (usually primarily for the purpose of breast feeding the infant) when the infant (but not the mother) requires the extended stay; or continued inpatient stay of a newborn infant primarily for purposes of remaining with the mother when the mother (but not the newborn infant) requires extended postpartum inpatient stay.

1.1.6 Therapeutic absences from an inpatient facility, except when such absences are specifically included in a treatment plan approved by TRICARE.

1.1.7 Custodial care. The term "custodial care", as defined in [32 CFR 199.2](#), means treatment or services, regardless of who recommends such treatment or services or where such treatment or

services are provided, that (a) can be rendered safely and reasonably by a person who is not medically skilled; or (b) is or are designed mainly to help the patient with the Activities of Daily Living (ADL). These are also known as “essentials of daily living” as defined in [32 CFR 199.2](#).

1.1.8 Domiciliary care. The term “domiciliary care”, as defined in [32 CFR 199.2](#), means care provided to a patient in an institution or homelike environment because

- Providing support for the activities of daily living in the home is not available or is unsuitable; or
- Members of the patient’s family are unwilling to provide the care.

1.1.9 Inpatient stays primarily for rest or rest cures.

1.1.10 Costs of services and supplies to the extent amounts billed are over the allowed cost or charge.

1.1.11 Services or supplies for which the beneficiary or sponsor has no legal obligation to pay; or for which no charge would be made if the beneficiary or sponsor was not eligible under TRICARE; or whenever TRICARE is a secondary payer for claims subject to the **Diagnosis** Related Group (DRG) based payment system, amounts, when combined with the primary payment, which would be in excess of charges (or the amount the provider is obligated to accept as payment in full, if it is less than the charges).

1.1.12 Services or supplies furnished without charge.

1.1.13 Services and supplies paid for, or eligible for payment, directly or indirectly by a local, state, or Federal Government, except as provided under TRICARE, or by government hospitals serving the general public, or medical care provided by a Uniformed Service medical care facility, or benefits provided under title XIX of the Social Security Act (Medicaid).

Note: This exclusion applies to services and items provided in accordance with beneficiary’s Individualized Family Service Plan (**IFSP**) as required by Part C of the Individuals with Disabilities Education Act (**IDEA**), and which are otherwise eligible under the TRICARE Basic Program or the Extended Care Health Option (ECHO) but determined not to be “medically or psychologically necessary” as that term is defined within [32 CFR 199.2](#).

1.1.14 Services and supplies provided as a part of or under a scientific or medical study, grant, or research program.

1.1.15 Unproven drugs, devices, and medical treatments or procedures (see [Section 2.1](#)).

1.1.16 Services or supplies provided or prescribed by a **sponsor or beneficiary**, member of the beneficiary’s **or sponsor’s** immediate family, or person living in the beneficiary’s or sponsor’s household.

1.1.17 Services and supplies that are (or are eligible to be) payable under another medical insurance or program, either private or governmental, such as coverage through employment or Medicare.

1.1.18 Services and supplies provided under circumstances or in geographic locations requiring a Non-Availability Statement (NAS), when such a statement was not obtained. (See [Section 6.1](#).)

1.1.19 Services or supplies which require preauthorization if preauthorization was not obtained. Services and supplies which were not provided according to the terms of the preauthorization. An exception to the requirement for preauthorization may be granted if the services otherwise would be payable except for the failure to obtain preauthorization.

1.1.20 Psychoanalysis or psychotherapy provided to a beneficiary or any member of the immediate family that is credited towards earning a degree or furtherance of the education or training of a beneficiary or sponsor, regardless of diagnosis or symptoms that may be present.

1.1.21 Inpatient stays primarily to control or detain a runaway child, whether or not admission is to an authorized institution.

1.1.22 Services or supplies, including inpatient stays, directed or agreed to by a court or other governmental agency. However, those services and supplies (including inpatient stays) that otherwise are medically or psychologically necessary for the diagnosis or treatment of a covered condition and that otherwise meet all TRICARE requirements for coverage are not excluded.

1.1.23 Services and supplies required as a result of occupational disease or injury for which any benefits are payable under a worker's compensation or similar law, whether or not such benefits have been applied for or paid; except if benefits provided under such laws are exhausted.

1.1.24 Services and supplies in connection with cosmetic, reconstructive, or plastic surgery except as specifically provided in [32 CFR 199.4\(e\)\(8\)](#) (see [Chapter 4, Section 2.1](#)).

1.1.25 Surgery performed primarily for psychological reasons (such as psychogenic) (see [Chapter 4, Section 2.1](#)).

1.1.26 Electrolysis (see [Chapter 4, Section 2.1](#)).

1.1.27 Dental care or oral surgery, except as specifically provided in [32 CFR 199.4\(e\)\(10\)](#) (see [Chapter 4, Section 7.1](#) and [Chapter 8, Section 13.1](#)).

1.1.28 Services and supplies related to obesity or weight reduction whether surgical or nonsurgical; wiring of the jaw or any procedure of similar purposes; regardless of the circumstances under which performed; except that benefits may be provided for the gastric bypass, gastric stapling, or gastroplasty procedures in connection with morbid obesity as provided in [32 CFR 199.4\(e\)\(15\)](#) (see [Chapter 4, Section 13.2](#) and [Chapter 8, Section 7.2](#)).

1.1.29 Services and supplies related to **sex gender change, also referred to as sex reassignment surgery, are prohibited by Section 1079 of Title 10, United States Code (USC). This exclusion does not apply to surgery and related medically necessary services performed to correct ambiguous genitalia which has been documented to have been present at birth** (see [Chapter 4, Sections 15.1, 16.1, 17.1](#), and [Chapter 7, Sections 1.1 and 1.2](#)).

1.1.30 Sex therapy, sexual advice, sexual counseling, sex behavior modification, psychotherapy, or other similar services, and any supplies provided in connection with therapy for sexual

dysfunctions, inadequacies, or paraphilic disorders (see [Chapter 4, Section 15.1](#) and [Chapter 7, Section 1.1](#)).

1.1.31 Removal of corns or calluses or trimming of toenails and other routine podiatry services, except those required as a result of a diagnosed systemic medical disease affecting the lower limbs, such as severe diabetes (see [Chapter 8, Section 1.1](#)).

1.1.32 Treatment of dyslexia.

1.1.33 Surgery to reverse surgical sterilization procedures (see [Chapter 4, Sections 15.1](#) and [17.1](#) and [Chapter 7, Section 2.3](#)).

1.1.34 Noncoital reproductive procedures including artificial insemination, In Vitro Fertilization (IVF), gamete intrafallopian transfer and all other such assistive reproductive technologies. Services and supplies related to artificial insemination (including semen donors and semen banks), IVF, gamete intrafallopian transfer and all other noncoital reproductive technologies (see [Chapter 4, Sections 17.1, 18.1](#) and [Chapter 7, Section 2.3](#)).

1.1.35 Nonprescription contraceptives (see [Chapter 4, Section 17.1](#) and [Chapter 7, Section 2.3](#)).

1.1.36 Diagnostic tests to establish paternity of a child; or tests to determine sex of an unborn child (see [Chapter 4, Section 18.2](#) and [Chapter 5, Section 2.1](#)).

1.1.37 Preventive care, such as routine annual, or employment-requested physical examinations; routine screening procedures; immunizations; except as provided in the Clinical Preventive Services policy (see [Chapter 7, Sections 2.1, 2.2, 2.5, and 2.6](#)).

1.1.38 Services of chiropractors and naturopaths whether or not such services would be eligible for benefits if rendered by an authorized provider (see [Chapter 7, Section 18.5](#)).

1.1.39 Counseling services that are not medically necessary in the treatment of a diagnosed medical condition. For example, educational counseling, vocational counseling, and counseling for socioeconomic purposes, stress management, life-style modification, etc. Services provided by a certified marriage and family therapist, pastoral counselor or supervised mental health counselor in the treatment of a mental disorder are covered only as specifically provided in [32 CFR 199.6](#). Services provided by alcoholism rehabilitation counselors are covered only when rendered in a TRICARE-authorized treatment setting and only when the cost of those services is included in the facility's TRICARE-determined allowable cost rate.

Note: See [Chapter 8, Section 7.1](#) for policy on Nutritional Therapy. Diabetes Self-Management Training (DSMT) is covered (see [Chapter 8, Section 8.1](#)).

1.1.40 Acupuncture, whether used as a therapeutic agent or as an anesthetic.

1.1.41 Hair transplants, wigs (also referred to as cranial prosthesis), or hairpieces, except as allowed in accordance with section 744 of the DoD Appropriations Act for 1981 (see [Chapter 4, Section 2.1](#) and [Chapter 8, Section 12.1](#)).

1.1.42 Self-help, academic education or vocational training services and supplies, unless the provisions of [32 CFR 199.4\(b\)\(1\)\(v\)](#) relating to general or special education, apply.

Note: See [32 CFR 199.5](#) and [Chapter 9, Section 8.1](#), for training benefits under ECHO.

1.1.43 Exercise equipment, spas, whirlpools, hot tubs, swimming pools, health club membership or other such charges or items (see [Chapter 8, Section 2.1](#)).

1.1.44 General exercise programs, even if recommended by a physician and regardless of whether or not rendered by an authorized provider. In addition, passive exercises and range of motion exercises also are excluded, except when prescribed by a physician and rendered by a physical therapist concurrent to, and as an integral part of a comprehensive program of physical therapy (see [Chapter 7, Sections 18.2](#) and [18.3](#)).

1.1.45 Services of an audiologist or speech therapist, except when prescribed by a physician and rendered as a part of an otherwise covered benefit or treatment addressed to the physical defect itself and not to any educational or occupational defect (see [Chapter 7, Sections 7.1](#) and [8.1](#)).

1.1.46 Eye exercises or visual training (orthoptics) (see [Chapter 4, Section 21.1](#) and [Chapter 7, Section 6.1](#)).

1.1.47 Eye and hearing examinations except as specifically provided in [32 CFR 199.4\(b\)\(2\)\(xvi\)](#), [\(b\)\(3\)\(xi\)](#), and [\(e\)\(24\)](#) or except when rendered in connection with medical or surgical treatment of a covered illness or injury. Vision and hearing screening in connection with well-child care is not excluded (see [Chapter 4, Section 21.1](#) and [Chapter 7, Sections 2.1, 2.2, 2.5, 6.1](#) and [8.1](#)).

1.1.48 Prostheses, other than those determined to be necessary because of significant conditions resulting from trauma, congenital anomalies, or disease. All dental prostheses are excluded, except for those specifically required in connection with otherwise covered orthodontia directly related to the surgical correction of a cleft palate anomaly (see [Chapter 8, Section 4.1](#)).

1.1.49 Orthopedic shoes, arch supports, shoe inserts, and other supportive devices for the feet, including special-ordered, custom-made built-up shoes, or regular shoes later built up (see [Chapter 8, Sections 3.1](#) and [11.1](#)).

1.1.50 Eyeglasses, spectacles, contact lenses, or other optical devices, except as specifically provided under [32 CFR 199.4\(e\)\(6\)](#) (see [Chapter 7, Section 6.2](#)).

1.1.51 Hearing aids or other auditory sensory enhancing devices except as specifically provided in [32 CFR 199.4\(e\)\(24\)](#).

1.1.52 Services or advice rendered by telephone are excluded, except that a diagnostic or monitoring procedure which incorporates electronic transmission of data or remote detection and measurement of a condition, activity, or function (biotelemetry) is not excluded when:

1.1.52.1 The procedure without electronic transmission of data or biotelemetry is otherwise an explicit or derived benefit; and

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Exclusions

1.1.52.2 The addition of electronic transmission of data or biotelemetry to the procedure is found to be medically necessary and appropriate medical care which usually improves the efficiency of the management of a clinical condition in defined circumstances; and

1.1.52.3 That each data transmission or biotelemetry device incorporated into a procedure that is otherwise an explicit or derived benefit of this section, has been classified by the U.S. Food and Drug Administration (FDA), either separately or as a part of a system, for use consistent with the defined circumstances in [32 CFR 199.4\(g\)\(52\)\(ii\)](#).

Note: See [Chapter 7, Section 22.1](#) for policy on Telemental Health (TMH)/Telemedicine.

1.1.53 Air conditioners, humidifiers, dehumidifiers, and purifiers.

1.1.54 Elevators or chair lifts.

1.1.55 Alterations to living spaces or permanent features attached thereto, even when necessary to accommodate installation of covered durable medical equipment or to facilitate entrance or exit.

1.1.56 Items of clothing or shoes, even if required by virtue of an allergy.

1.1.57 Food, food substitutes, vitamins, or other nutritional supplements, including those related to prenatal care, except as specifically covered (see [Chapter 8, Sections 7.1 and 7.2](#)).

1.1.58 Enuretic conditioning programs.

1.1.59 Autopsy and postmortem (see [Chapter 6, Section 1.1](#)).

1.1.60 All camping even though organized for a specific therapeutic purpose, and even though offered as a part of an otherwise covered treatment plan or offered through an approved facility.

1.1.61 Housekeeping, homemaker, or attendant services, sitter or companion (for exceptions, see [32 CFR 199.4\(e\)\(19\)](#) regarding hospice care) (see the TRICARE Reimbursement Manual (TRM), [Chapter 11, Sections 1 and 4](#)).

1.1.62 All services and supplies (including inpatient institutional costs) related to a noncovered condition or treatment, or provided by an unauthorized provider.

1.1.63 Personal, comfort, or convenience items, such as beauty and barber services, radio, television, and telephone (for exceptions, see [32 CFR 199.4\(e\)\(19\)](#) regarding hospice care).

Note: Admission kits are covered.

1.1.64 Megavitamin psychiatric therapy, orthomolecular psychiatric therapy.

1.1.65 All transportation except by ambulance, as specifically provided under [32 CFR 199.4\(d\)](#) and [\(e\)\(5\)](#).

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Note: Transportation of an institutionalized ECHO beneficiary to or from a facility or institution to receive authorized ECHO services or items may be cost-shared under [32 CFR 199.5\(c\)\(6\)](#). Transportation of an accompanying medical attendant to ensure the safe transport of the ECHO beneficiary may also be cost-shared (see [Chapter 9, Section 11.1](#)).

1.1.66 All travel even though prescribed by a physician and even if its purpose is to obtain medical care, except as specified in [32 CFR 199.4\(a\)\(6\)](#).

Note: For the exception for certain Prime travel expenses and non-medical attendants, see [32 CFR 199.17\(n\)\(2\)\(vi\)](#) and the TRM, [Chapter 1, Section 30](#).

1.1.67 Services and supplies provided by other than a hospital, unless the institution has been approved specifically by TRICARE. Nursing homes, intermediate care facilities, halfway houses, homes for the aged, or institutions of similar purpose are excluded from consideration as approved facilities.

1.1.68 Service animals (Seeing Eye dogs, hearing/handicap assistance dogs, seizure and other detection animals, service monkeys, etc.) are excluded from coverage under the Basic or ECHO programs.

- END -

Male Genital System

Issue Date: August 26, 1985

Authority: [32 CFR 199.4\(c\)\(2\)](#), [\(c\)\(3\)](#), [\(e\)\(3\)\(i\)\(B\)\(3\)](#), [\(e\)\(8\)](#), [\(e\)\(8\)\(i\)\(E\)](#), [\(e\)\(8\)\(ii\)\(D\)](#), and [\(g\)\(29\)](#)

1.0 CPT¹ PROCEDURE CODES

54000 - 55300, 55450 - 55705, 55720 - 55866, 55873 - 55899, 55970, 55980

2.0 DESCRIPTION

The male genital system includes the male organs of reproduction.

3.0 POLICY

3.1 Medically necessary services and supplies required in the diagnosis and treatment of disease or injury involving the male genital system are covered.

3.2 A vasectomy, unilateral or bilateral, performed as an independent procedure is a covered service. (See [Chapter 7, Section 2.3](#) for detailed policy concerning sterilization and birth control.)

3.3 For Implantable Urethral Sphincter, see [Section 14.1](#).

3.4 Diagnostic studies necessary to establish organic versus psychogenic impotence, such as lab work, a psychiatric evaluation, Doppler ultrasound, arteriography, cavernosography, cavernosometry, or electrophysiological testing may be cost-shared. (Also, see [Chapter 7, Section 1.1](#).)

3.5 Organic impotence is defined as that which can be reasonably expected to occur following certain diseases, surgical procedures, trauma, injury, or congenital malformation. Impotence does not become organic because of psychological or psychiatric reasons.

3.6 Treatment of organic impotency is covered subject to all applicable provisions of [32 CFR 199.4](#).

3.6.1 Penile Implant.

3.6.1.1 Insertion of an U.S. Food and Drug Administration (FDA) approved penile implant is covered when performed for organic impotence which has resulted from a disease process, trauma, radical surgery, or for correction of a congenital anomaly, or for correction of ambiguous genitalia which has been documented to be present at birth.

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3.6.1.2 Removal and reinsertion of covered penile implants and associated surgical fees may be cost-shared.

3.6.2 Hormone injection, non-injectable delivery system or intracavernosal injection for the treatment of organic impotency, may be cost-shared providing the drugs are FDA approved and usage is considered generally accepted medical practice.

3.6.3 External vacuum appliance for the treatment of organic impotency may be cost-shared providing the external appliance is FDA approved and usage is considered generally accepted medical practice.

3.6.4 Orally administered medication for the treatment of erectile dysfunction may be cost-shared. Prior authorizations and quantity limits may be required (see [Chapter 8, Section 9.1](#)).

3.6.5 Aortoiliac reconstruction, endarterectomy, and arterial dilatations for proximal lesions for the treatment of organic impotency may be cost-shared.

3.6.6 Testicular prostheses.

3.6.6.1 Insertion of an FDA approved testicular prosthesis is covered when performed following disease, trauma, injury, radical surgery, or for correction of a congenital anomaly, or for correction of ambiguous genitalia which has been documented to be present at birth.

3.6.6.2 If the initial testicular prosthesis surgery was for an indication covered or coverable by TRICARE, treatment of complications may be covered following reconstruction (including prosthesis removal and reinsertion) regardless of when the reconstruction was performed. Complications that may result following removal and reinsertion of prostheses are covered.

3.6.6.3 If the initial testicular prosthesis surgery was for an indication not covered or coverable by TRICARE, implant removal may be covered only if it is necessary treatment of a complication which represents a separate medical condition. See [Section 1.1](#).

3.7 Infertility testing and treatment, including correction of the physical cause of infertility may be cost-shared. Hypothalamic disease, pituitary disease, disorders of sperm transport, disorders of sperm motility or function, and/or sexual dysfunction may cause male infertility. Diagnostic Services may include semen analysis, hormone evaluation, chromosomal studies, immunologic studies, special and sperm function tests, and/or bacteriologic investigation. Therapy may include, but is not limited to, hormonal treatment, surgery, antibiotics, administration of Human Chorionic Gonadotropin (HCG), and/or radiation therapy, depending upon the cause.

3.8 Sex gender change and intersex surgery (CPT² procedure codes 55970 and 55980) is limited to surgery performed to treat ambiguous genitalia which is documented to have been present at birth.

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4.0 EXCLUSIONS

- 4.1 Penile implants and related services when performed for psychological impotence, **sex gender change surgery**, or such other conditions as gender dysphoria.
- 4.2 Testicular prosthesis and related services when performed for **sex gender change surgery** or such other conditions as gender dysphoria.
- 4.3 Therapy for sexual dysfunctions or inadequacies (see [Chapter 7, Section 1.1](#)).
- 4.4 Arterial revascularization for distal lesions and venous leakage when treatment is for organic impotency.
- 4.5 **All services and supplies directly and indirectly related to surgical treatment (i.e., sex gender change)**, except when performed to correct ambiguous genitalia, which is documented to have been present at birth (CPT³ procedure codes **55970 and 55980**).
- 4.6 Reversal of surgical sterilization (CPT³ procedure code 55400).
- 4.7 Cryosurgery for prostate metastases M or N is unproven.
- 4.8 Electroejaculation (CPT³ procedure code 55870).
- 4.9 Prophylactics (condoms).
- 4.10 Over-The-Counter (OTC) spemicidal products.
- 4.11 Prostate saturation biopsy (CPT³ procedure code 55706).
- 4.12 Penile Vibratory Stimulation (PVS) devices, such as Ferticare Personal 2 medical vibrator.

- END -

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Intersex Surgery

Issue Date: August 26, 1985

Authority: [32 CFR 199.4\(e\)\(8\)\(ii\)\(D\)](#) and [\(g\)\(29\)](#)

1.0 CPT¹ PROCEDURE CODE RANGE

55970 - 55980

2.0 DESCRIPTION

Intersex involves an individual who shows intermingling, in varying degrees, of the characteristics of each sex, including physical form, reproductive organs, and sexual behavior.

3.0 POLICY

Surgery performed to correct ambiguous genitalia which has been documented to be present at birth is a covered benefit.

4.0 EXCLUSION

All services and supplies directly and indirectly related to **surgical treatment (i.e., sex gender change), except when performed to correct ambiguous genitalia which is documented to have been present at birth (CPT¹ procedure codes 55970 and 55980).**

- END -

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Female Genital System

Issue Date: August 26, 1985

Authority: [32 CFR 199.4\(c\)\(2\)](#), [\(c\)\(3\)](#), [\(e\)\(3\)](#), [\(e\)\(8\)\(ii\)\(D\)](#), [\(g\)\(29\)](#), and [\(g\)\(34\)](#)

1.0 CPT¹ PROCEDURE CODES

11975 - 11977, [37243](#), [55970](#), 55980, 56405 - 58301, 58340, 58345, 58346, 58350, 58353, 58356, 58400 - 58671, 58679, 58700 - 58740, 58800 - 58960, 58999, 59001

2.0 DESCRIPTION

The female genital system includes the female organs of reproduction.

3.0 POLICY

3.1 Services and supplies required in the diagnosis and treatment of illness or injury involving the female genital system are covered. Infertility testing and treatment, including correction of the physical cause of infertility, are covered under this provision. This does not include artificial insemination or Assisted Reproductive Technology (ART) procedures, which is excluded from coverage.

3.2 Uterine suspension; parametrial fixation as treatment for uterine prolapse may be cost-shared only to retain the uterus for biologic purposes.

3.3 [Sex gender change and intersex surgery](#) (CPT¹ procedure codes [55970](#) and [55980](#)) is limited to surgery performed to treat ambiguous genitalia which is documented to have been present at birth.

Note: For policy on prophylactic mastectomy, prophylactic oophorectomy, and prophylactic hysterectomy, see [Section 5.3](#).

4.0 POLICY CONSIDERATION

Benefits are payable for Uterine Artery Embolization (UAE), as an alternative treatment (CPT¹ procedure code [37243](#)) to hysterectomy or myomectomy, for those individuals with confirmed, symptomatic uterine fibroids who are premenopausal and who do not wish to preserve their childbearing potential.

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5.0 EXCLUSIONS

5.1 Prophylactics (condoms).

5.2 Over-the-counter (OTC) spermicidal products.

5.3 Reversal of a surgical sterilization procedure (CPT² procedure codes 58672, 58673, 58750 - 58770).

5.4 Artificial insemination, including any costs related to donors and semen banks (CPT² procedure codes 58321 - 58323).

5.5 In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Zygote Intrafallopian Transfer (ZIFT), Tubal Embryo Transfer (TET), and all other non-coital reproductive procedures, including all services and supplies related to, or provided in conjunction with, those technologies (CPT² procedure codes 58970 - 58976).

5.6 Hysterectomy (CPT² procedure codes 58150 - 58285, 58550, 59525) performed solely for purposes of sterilization in the absence of pathology.

5.7 Cervicography (CPT² category III procedure code 0003T) is unproven.

5.8 UAE for individuals with specific contraindications, including such conditions as pelvic malignancy and pelvic inflammatory disease, and premenopausal patients who wish to preserve their childbearing potential.

5.9 Ultrasound ablation (destruction of uterine fibroids) with Magnetic Resonance Imaging (MRI) guidance (CPT² procedure code 0071T) in the treatment of uterine leiomyomata is unproven.

5.10 Percutaneous transcatheter embolization of ovarian and/or internal iliac veins for the treatment of Pelvic Congestion Syndrome (PCS) is unproven.

5.11 All services and supplies directly and indirectly related to surgical treatment (i.e., sex gender change) except when performed to correct ambiguous genitalia, which is documented to have been present at birth (CPT² procedure codes 55970 and 55980).

- END -

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Chapter 7

Medicine

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Sexual Dysfunctions And Paraphilic Disorders

Issue Date: November 1, 1983

Authority: 32 CFR 199.4(e)(8)(ii)(D), (g)(29), and (g)(30); and Title 10, United States Code (USC) 1079(a)(9) and (11)

1.0 DESCRIPTION

1.1 Sexual dysfunctions are characterized by disturbance in sexual desire and in the psychophysiological changes that characterize the sexual response cycle and cause marked distress and interpersonal difficulty. The sexual dysfunctions include sexual desire disorders (e.g., hypoactive sexual desire disorder, sexual aversion disorder), sexual arousal disorders (e.g., female sexual arousal disorder, male erectile disorder), orgasmic disorders (e.g., female orgasmic disorder, male orgasmic disorder, premature ejaculation), sexual pain disorders (e.g., dyspareunia, vaginismus), sexual dysfunction due to a general medical condition, substance-induced sexual dysfunction, and sexual dysfunction not otherwise specified. The origin of these disorders may be organic or psychogenic.

1.2 **Paraphilic disorders** are characterized by recurrent, intense sexual urges, fantasies, or behaviors that involve unusual objects, activities, or situations and cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. **Paraphilic disorders** include **voyeuristic disorder, exhibitionistic disorder, frotteuristic disorder, pedophilic disorder, sexual masochism disorder, sexual sadism disorder, transvestic disorder, fetishistic disorder, other specified paraphilic disorder, and unspecified paraphilia disorder.**

2.0 POLICY

Diagnostic studies necessary to establish organic versus psychogenic disorders, and appropriate medical and surgical treatment related to sexual dysfunctions including sexual disinhibition with an organic origin (e.g., disease, trauma, injury, or radical surgery) may be cost-shared under the TRICARE Program.

3.0 EXCLUSIONS

3.1 Non-medical (psychiatric) services for organic sexual dysfunction.

3.2 Services and supplies provided in connection with psychotherapy for sexual dysfunctions and **paraphilic** disorders. Therapy that is wholly or partially related to treating sexual dysfunctions, such as sex therapy, sexual advice, sexual counseling, sex behavior modification, psychotherapy, or other similar services.

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Sexual Dysfunctions **And Paraphilic Disorders**

3.3 All services and supplies directly and indirectly related to surgical treatment for gender dysphoria (i.e., sex gender change), except when performed to correct ambiguous genitalia, which is documented to have been present at birth (CPT¹ procedure codes 55970 and 55980).

4.0 EFFECTIVE DATE

February 1, 1988.

- END -

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Chapter 7

Section 1.2

Gender Dysphoria

Issue Date: September 6, 2016

Authority: [32 CFR 199.4\(e\)\(8\)\(ii\)\(D\)](#), [\(g\)\(29\)](#), and [\(g\)\(30\)](#); and Title 10, United States Code (USC) 1079(a)(11)

1.0 DESCRIPTION

Gender dysphoria is a condition where a person experiences clinically significant distress, or impairment in social, occupational, or other important area of functioning, of at least six months duration, because of a marked incongruence between the gender assigned, usually at birth (i.e., natal sex) and their experienced/expressed gender identity. The clinical definition is provided in the Diagnostic and Statistical Manual of Mental Disorders (DSM), Fifth Edition (May, 2013). Diagnosis is to be made using the most current edition of the DSM.

2.0 POLICY

2.1 Medically or psychologically necessary (as defined in [32 CFR 199.2](#)) and appropriate medical care (as defined in [32 CFR 199.2](#)) may be covered for non-surgical treatment of gender dysphoria.

2.2 Surgical treatment of gender dysphoria for non-active duty beneficiaries is prohibited by statute (10 USC 1079).

3.0 POLICY CONSIDERATIONS

3.1 Mental Health Diagnosis and Treatment

3.1.1 A diagnosis of gender dysphoria must be made by a TRICARE-authorized mental health provider according to most current edition of the DSM.

3.1.2 Psychotherapy for gender dysphoria and psychotherapy rendered for patients pursuing transition (e.g., during "Real-Life Experience," or RLE) by a TRICARE-authorized mental health provider is covered.

3.1.3 Consistent with mental health treatment for other disorders, the first eight outpatient mental health visits do not require authorization. Subsequent mental health treatment requires regional contractor authorization.

Note: Active duty members require Military Treatment Facility (MTF) referral/authorization or Specified Authorized Staff (SAS) preauthorization prior to receiving non-emergency health care services (other than primary health care for members enrolled in TPR) in the private sector. The

contractor shall comply with the provisions of the TRICARE Operations Manual (TOM), [Chapters 16](#) and [17](#) when processing requests for active duty members.

3.1.4 Treatment team conferences (CPT¹ 99366, 99367, and 99368) may be covered.

3.2 Endocrine Treatment

3.2.1 Hormone Therapy for Adults

Cross-sex hormone treatment in adults is authorized if they:

3.2.1.1 Have a diagnosis of gender dysphoria as described in [paragraph 3.1.1](#);

3.2.1.2 Have no psychiatric comorbidity that would confound a diagnosis of gender dysphoria or interfere with treatment (e.g., unresolved body dysmorphic disorder; schizophrenia or other psychotic disorders that have not been stabilized with treatment); and

3.2.1.3 Have a documented minimum of three months of RLE and/or three months of continuous psychotherapy addressing gender transition as an intervention for gender dysphoria.

3.2.2 Hormone Therapy for Adolescents

Cross-sex hormone treatment in adolescents is authorized if they:

3.2.2.1 Have a diagnosis of gender dysphoria as described in [paragraph 3.1.1](#);

3.2.2.2 Have experienced puberty to at least Tanner stage 2;

3.2.2.3 Are 16 years or older;

3.2.2.4 Have no psychiatric comorbidity that would confound a diagnosis of gender dysphoria or interfere with treatment (e.g., unresolved body dysmorphic disorder; schizophrenia or other psychotic disorders that have not been stabilized with treatment); and

3.2.2.5 Have a documented minimum of three months RLE and/or three months of continuous psychotherapy addressing gender transition as an intervention for gender dysphoria.

3.2.3 Pubertal Suppression

3.2.3.1 Because a diagnosis of gender dysphoria in a prepubertal child may resolve (a majority of childhood cases do not persist into adolescence), endocrine treatment of prepubertal children (i.e., prior to Tanner stage 2) is not authorized.

3.2.3.2 Adolescents who have experienced puberty to at least Tanner stage 2 may be treated by suppressing puberty with gonadotropin-releasing hormone (GnRH) analogues until age 16 years old, after which cross-sex hormones may be given.

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4.0 EXCLUSIONS

4.1 All services and supplies directly and or indirectly related to surgical treatment for gender dysphoria (i.e., sex gender change), to include oophorectomy and orchiectomy, except when performed to correct ambiguous genitalia, which is documented to have been present at birth (CPT² procedure codes 55970 and 55980).

4.2 Cosmetic, reconstructive or plastic surgery procedures are excluded from coverage (see [Chapter 4, Section 2.1](#)).

4.3 Endocrine treatment of prepubertal children prior to Tanner Stage 2 is excluded.

5.0 EFFECTIVE DATE

October 3, 2016, for non-surgical treatment of gender dysphoria.

- END -

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