
Performing assessments and billing with transgender and gender-diverse clients

Disclaimer: This document is meant to introduce readers to the topic and provide a general overview of the various needs of transgender and gender-diverse individuals. It is not meant to be comprehensive or all-encompassing, and readers should take the opportunity to engage further on this topic

Overview

Occupational therapy practitioner (OTPs) assessments and evaluations are a pivotal part of the OTP process. However, there is a lack of professional consensus on how to score assessments that require gender when working with transgender or gender-diverse (TGD) clients. Assessment scores that rely on gender-based norms or questions that are gender-coded pose an issue for OTPs. Additionally, standardized assessments often reference data that only included cisgendered participants making it difficult to apply the results.

This document aims to introduce common issues with gendered assessment tools and provide a small sample of non-gendered tools. This document also affirms that clients should be assessed under their preferred gender unless an assessment tool explicitly instructs otherwise. The American Occupational Therapy Association's (AOTA) policy on Affirming Gender Diversity and Identity (The American Occupational Therapy Association [AOTA], 2021) supports the use of the client's chosen name and the incorporation of culturally-sensitive assessments into practice.

Examining standardized assessments

Standardized assessments can provide objective, clear information and guide the OTP to areas of concern. These assessments are often heavily researched and modified before being published and scores depend on the assessment being administered exactly as directed and for the purpose originally intended (Asher, 2014).

If a standardized assessment only references cisgender-normed data and did not include TGD individuals in their scoring, it cannot give accurate data about the client and could cause harm in determining the need for services (Kramer & Grampurohit, 2020).

The misuse of a standardized assessment can lead to:

- Inaccurate information regarding the client.
- Malinformation concerning the need for skilled services.
- Harm of the client (Asher, 2014).

OTPs should avoid using assessments that depend on cisgender-based norms with TGD individuals (AOTA, 2021). In addition to unreliable results, these assessments will require the OTP to choose a gender in order to score the client which may result in harm to the client (Coleman et al., 2022). The OTP should factor in the client's TGD status when choosing assessments, analyzing data, and reporting the results.

Factors to consider when choosing assessments for TGD clients

[APA](#) and [Pearsons](#) have both published statements regarding the use of assessments with transgender and gender diverse clients. OTPs can refer to these documents when using OTPs performing assessments may also reflect on the following questions.

Is gender necessary for the assessment?

Many assessments have a box or the option to include gender in the demographics sections, but the test or scores themselves are not affected. In these cases, it may be prudent to leave the gender marker blank or allow the client to mark their gender identity in order to avoid harm.

What is the reason for the assessment?

Some assessments have gendered questions or gendered characteristics and may cause unintentional misgendering, discomfort, and create lack of trust between the client and the OTP. When an assessment tool employs gendered language or perpetuates cisnormative culture, OTPs can recognize the main functional skills being assessed and identify alternative assessment methods.

Is it reasonable to compare with cisgender-normative values?

Objective outcome measures occasionally reference cisgender-normative values. The OTP should maintain caution when comparing a TGD client's results to cisgender-normative values as a wide variety of factors may influence the client's results. A client's medical transition status may affect the results of these measures; however, not all TGD individuals medically transition. Additionally, medical transitioning does not occur instantly and the process of transitioning can exist on a broad spectrum for an undetermined amount of time (Coleman et al., 2022). For these additional reasons it may not be logical to compare the results of a TGD client to cisgender-normative data.

Examples

While evaluating a 27-year-old transgender woman for a rotator cuff injury, you measure her range of motion, grade her muscle strength, and measure her grip and pinch strength. Instead of comparing her grip strength to the normative data, the OTP can instead report the client's current grip strength and list functional deficits associated with the decreased strength. As the client makes progress the OTP can compare the baseline grip strength to the client's updated grip strength.

You are assessing a transgender male with a history of breast cancer in your outpatient clinic for functional deficits and decreased quality of life (QOL). You find that many of the assessments that measure QOL for breast cancer patients use gendered language or relate QOL to gendered aspects. You decide that the best course of action is to choose a general QOL assessment tool as the gendered assessment tools were not created for or tested with TGD clients.

A pediatric OTP is working with a 4-year-old intersex child to assess their gross motor skills. While the child may have been assigned a binary gender at birth, the OTP should take care when choosing an assessment tool that the scores do not rely on cisgender-normed scores. The OTP can report the male and female percentiles when using assessment tools that rely on cisgender-norms but should also mention the limitations of the assessment.

Assessment examples

The following list of example assessment tools are proposed as alternatives to cisgender-normative assessments. This is not an exhaustive list and the assessments listed are examples of different outcome measures, occupation assessments, performance skill assessments, and client factor assessments. OTPs should use clinical judgment when selecting assessment tools for their clients and determine what tool has the best fit.

ICD-10 codes

OTPs should be aware of the following condition code and modifier that may be attached to a diagnostic code. According to CMS, Part A institutions should report the condition code 45 (Ambiguous Gender Category) on claims related to transgender issues. If the individual is not being seen for a gender-specific issue then the condition code may not be present on the ICD-10 diagnostic code.

Assessment type	Non-gender-based norm assessments
Occupational performance measures	Canadian occupational performance measure (COPM) (Law et al., 2019); Children's Assessment of Participation and Enjoyment (CAPE) & Preferences for Activities of Children (CAP) (King et al., 2004).
Motor and praxis assessments	Wolf Motor Function Test (Wolf et al., 2005); Bruininks-Oseretsky Test of Motor Proficiency, 2nd edition (Bruininks & Bruininks, 2006).
Upper-extremity function	The Disabilities of the Arm, Shoulder, and Hand (DASH) Questionnaire (Kennedy et al., 2011).
Quality of Life assessments	Quality of Life Scale (Burkhardt & Anderson, 2003); The Quality of Life scale for Children (Thompson et al., 2014).
Functional cognitive assessments	Mini-mental state examination (MMSE) (Folstein et al., 2010); Saint Louis University mental status exam (SLUMS) (Tariq et al., 2006).
Mobility assessment	Timed up-and-go (TUG) (Podsiadlo & Richardson, 1991).
ADL assessments	Barthel Index (Shah et al., 1989); Katz Index of Independence in Activities of Daily Living (Katz et al., 1970).
IADL assessments	Instrumental activities of daily living scale (Lawton & Brody, 1969); Kohlman evaluation of living skills (KELS) (Allen et al., 1992).
Driving assessments	Clinical Assessment of Driving Related Skills (CADReS) (American Geriatrics Society & Pomidor, 2016).
Sensory-perceptual assessments	Sensory Processing Measure (SPM) (Parham & Ecker, 2007). Sensory Profile 2 (Dunn, 2014).
Mental health and emotional regulation	Beck depression inventory II (Beck et al., 1996).

Current procedural terminology codes

All current procedural terminology (CPT) codes that are available to OTPs are able to be used with TGD clients. There are no specific CPT codes or CPT modifiers that must be used with TGD clients. OTPs should examine what skilled intervention they are providing to their clients in order to choose the appropriate CPT codes.

Intervention examples with TGD clients	CPT code
You work with a transgender client who is post-chest augmentation surgery and complains about lack of sensation around the surgical site. During your session you educate the client about scar management techniques and teach different sensory re-education activities.	97533
Your transgender client was recently diagnosed with right-sided weakness following a CVA. You work with your client on one handed dressing techniques so she can don and doff her clothes independently.	97535
Your client who is four weeks post-op for a distal radius fracture is eager to return to his transgender men's basketball league. You instruct him on light ROM exercises for his forearm and wrist.	97110
A pediatric, non-binary client currently diagnosed with a TBI has a goal of returning to their school cheer squad. You set up an obstacle course with puzzles to challenge their gross motor skills and cognitive abilities.	97530

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