Subject: Gender Affirming Treatment and Surgery (Adult, 18 years of age and older)

Medical Policy #: 7.3 **Original Effective Date:** 09-24-2014

Status: Reviewed **Last Annual Review Date:** 03-25-2026

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans, or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Commercial Plans: Refer to your benefit description and considerations section as member specific benefit plan language may vary. Some policies include benefit details under cosmetic procedures.

Description

This Medical Policy covers topics related to the treatment of gender affirming care, including behavioral health evaluation, hormonal therapy and gender affirming surgeries.

Transgender and gender diverse individuals may seek one, or multiple forms of gender affirmation. Gender affirming surgeries are divided into two clinically significant areas; surgeries that affect fertility and surgeries that do not. The age of the patient and effect on fertility may be determined by government regulation that may or may not supersede benefit or plan offering.

For individuals who identify as transgender or gender diverse and seek gender affirming care a referral from the treating provider to care coordination and behavioral health services is considered standard of care.

MPM 18.5 Restorative/Reconstruction/Cosmetic Surgery may be applicable for selected surgical procedures that are not addressed in this policy.

For coverage of hormone and voice (speech) therapy in children and adolescents, see MPM 7.31, Gender Affirming Treatment in Children and Adolescents (aged 17 years old and under).

Please refer to the PHP pharmacy policy for hormonal therapy for coverage specifics.

Definitions:

- **DFAB**: designated female at birth, describes someone whose original birth certificate listed their sex as "female"
- **DMAB**: designated male at birth, describes someone whose original birth certificate listed their sex as "male"
- **Intersex**: describes someone whose biological makeup (the combination of their chromosomes, genitalia, gonads, gamete production, and hormones) is not easily categorized into the medical definitions of "male" or "female"; many individuals who have a diagnosed Difference of Sex Development (DSD) self-identify as Intersex.

Coverage Determination

Prior Authorization (PA) is required for 31899, 17999, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21208, 21209, and 31599. **Logon to Pres Online to submit a request:** https://ds.phs.org/preslogin/index.jsp

Coverage is for Medicaid, Medicare, and Commercial for patients with a diagnoses of gender identity disorder. (See ICD-10 List below for covered diagnoses).

*Hormone therapy is not a pre-requisite

I. **Primary care, specialty care and behavioral health** (including multi-disciplinary clinical care) for those seeking gender affirming services are a covered benefit for all ages. **These do not require prior authorization**.

II. **PHP considers surgical treatment for gender affirmation medically necessary when ALL of the following criteria are met:**

- Must have diagnosis of gender identity disorder or other listed diagnosis as appropriate (See ICD-10 List below for covered diagnoses); **AND**
- Any known medical or mental health concerns are present, they must be reasonably well controlled; **AND**
- Age 18 years or older at the time of treatment. (For ages 17 and younger, please see MPM 7.31, Gender Affirming Treatment in Children and Adolescents (aged 17 years old and under).

a. **Covered Surgical Treatments:** When **all** of the required criteria are met, the following expanded list of surgeries are a covered benefit for purposes of gender affirmation for those who self-identify as transgender, nonbinary, or gender diverse:

i. **Facial surgery for purposes of feminization or masculinization**
(Examples are not all inclusive):
1. Brow lift
2. Cheek/malar implants
3. Facial masculinization
4. Forehead lift
5. Jaw reduction (jaw contouring)
6. Osteoplasty
7. Genioplasty (Chin surgery)
8. Chondrolaryngoplasty (Trachea shave/reduction thyroid chondroplasty to alter the appearance of thyroid cartilage).

ii. **Top Surgery**

1. **Mastectomy** and creation of a flat chest is allowed for patients assigned female at birth (DFAB), Including mammaplasty with or without contouring.

a. NOTE: Coding guidance indicates use of CPT code 19303 is not appropriate for female-to-male gender-affirming breast surgery; CPT® 19318 should be used instead.

2. **Breast Augmentation** (implants) for patients assigned male at birth (DMAB)

iii. Bottom Surgery

1. Gonadectomy and Reconstructive Surgeries:
a. **Reconstructive Genital Surgery**, for patients assigned female at birth (DFAB) including:
i. Hysterectomy - removal of uterus
ii. Salpingo-oophorectomy - removal of fallopian tubes and ovaries
iii. Vaginectomy - removal of vagina
iv. Vulvectomy - removal of vulva
v. Metoidioplasty - creation of micro-penis, using clitoris
vi. Phalloplasty - creation of penis, with or without urethra
vii. Placement/Insertion of penile prosthesis
viii. Urethroplasty - creation of urethra within the penis
ix. Scrotoplasty - creation of scrotum
x. Insertion of testicular prosthesis (testicular prostheses L8699 is included in procedure)

b. **Reconstructive Genital Surgery**, for patients assigned male at birth (DMAB) including:
i. Orchiectomy - removal of testicles
ii. Penectomy - removal of penis
iii. Vaginoplasty - creation of vagina.
iv. Clitoroplasty - creation of clitoris
v. Labiaplasty - creation of labia
vi. Urethroplasty - creation of urethra

2. Prostatectomy, for patients assigned male at birth (DMAB)

III. **Other Covered Non-Surgical Treatment: PHP considers additional non-surgical treatment for gender affirmation medically necessary when ALL of the following criteria are met:**
- Must have diagnosis of gender identity disorder or other listed diagnosis as appropriate (See ICD-10 List below for covered diagnoses); **AND**
- Any known medical or mental health concerns are present, they must be reasonably well controlled; **AND**
- Age 18 years or older at the time of treatment. (For ages 17 and younger, please see MPM 7.31, Gender Affirming Treatment in Children and Adolescents (aged 17 years old and under).

a. Covered Non-Surgical Treatments (Service can be pre-surgical, surgical or non-surgically related):

- Electrolysis or laser: Hair removal (e.g., via electrolysis or laser) from face and neck is limited to 8 sessions of 30 mins each in the course of 12 (twelve) months.
  - Maximum 1 (one) CPT 17999 units per day per body area (face or neck).
  - Frequency of treatment visits is to be no more frequent than every 6 (six) weeks; 2 (two) units CPT 17999 every 6 (six)-weeks per body area (face or neck).
  - No more than 8 sessions in a 12 (twelve) month period per body area (face or neck).
  - Hair removal from other body areas (i.e. chest, abdomen or back) will be considered on a case-by-case basis.
- Voice therapy and voice lessons. (12 sessions) per 12-month period. **Prior authorization is not required** for 92507 and 92508 (speech therapy).
- Hormone therapy: For hormone therapy please refer to the PHP pharmacy policy.

Cancer Screenings

Professional organizations such as the American Cancer Society, American College of Obstetricians and Gynecologists and the US Preventive Services Task Force provide recommended cancer screening guidelines to facilitate clinical decision-making by professional providers. Some cancer screening protocols are sex/gender specific based on assumptions of the sex assignment at birth. Specific cancer screenings (e.g., mammograms, prostate screenings) may be indicated based on the individual's designated sex at birth or current anatomy. Specific screenings may be medically necessary for transgender/gender diverse persons appropriate to their anatomy at birth and necessary to their current anatomy. Prior authorization (or no prior authorization needed) for genetically assigned gender specific cancer screenings apply without changes based on the member's covered benefits.

Exclusions

The following are considered elective, cosmetic procedures and, unless otherwise specified, are not a covered benefit for any Presbyterian Health Insurance Plan regardless of sex or preferred gender identity. Services that are defined as cosmetic for the purpose of gender affirmation are not a covered benefit but may be considered on a case-by-case basis. See MPM 18.5, MPM 27.0, MPM 16.5, MPM 2.7.

This list is **not** all-inclusive:

- Reversal of previous gender affirmation surgery.
- Sperm or embryo preservation - Cryopreservation/freezing, storage/banking, and thawing of reproductive tissues. such as oocytes, ovaries, embryos, spermatozoa, and testicular tissue.
- Abdominoplasty or Panniculectomy (see exceptions MPM 16.5)
- Calf implants
- Collagen injections and/or injectable dermal fillers
- Cricothyroid approximation: voice modification that raises the vocal pitch by simulating contractions of the cricothyroid muscle with sutures
- Laryngoplasty: reshaping of laryngeal framework (voice cord modification surgery) (e.g Pitch-raising surgery)
- Dermabrasion and chemical peel, keratosis, scar (skin resurfacing)
- Feminization of torso masculinization of torso
- Hair transplantation
- Lipofilling or body contouring or modeling of waist, buttocks, hips, and thighs reduction
- Mastopexy: breast lift

- Neck tightening (cervioplasty)
- Pectoral implants
- Removal of redundant skin
- Procurement, cryopreservation, storage and/or thawing of embryos, oocytes, sperm or reproductive tissue (i.e., ovarian or testicular tissue).

Cosmetic surgery or expenses incurred in connection with such surgery, outside of indicated covered services are not covered.

For a list of additional services that are considered cosmetic and therefore, non-covered, please refer to LCD L35090-Cosmetic and Reconstructive Surgery.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

Note: Codes in this section may apply to other MPMs, such as (MPM 2.7, MPM 16.5, MPM 18.5.

CPT Codes	Transwoman procedures (male to female)
31899	Unlisted procedure, trachea, bronchi. (Tracea shave/reduction thyroid chondroplasty)

CPT Codes	For Facial Feminization and Masculinization:
15820	Blepharoplasty, lower eyelid, and upper eyelid
15821	
15822	
15823	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or
21139	Reduction forehead; contouring and setback of anterior frontal sinus wal
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
31599	Other procedure on voice box

CPT Codes	Other covered non-surgical treatments:
+90785	Interactive complexity (List separately in addition to the code for primary procedure)
90832 - 90838	Psychotherapy
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
17380	Electrolysis hair removal
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue

HCPCS Codes	Description
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable
C1789	Prosthesis, breast (implantable)
L8600	Implantable breast prosthesis, silicone or equal.
L8699	Prosthetic implant, not otherwise specified

CPT codes	Not covered if performed as part of gender affirmation surgery. Considered cosmetic and may not be covered for the ICD-10 Codes listed below. (This list may not be all inclusive)
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Skin resurfacing; (eg, dermabrasion, chemical peel, keratosis, scar)
15781	
15782	
15783	
15786	
15787	
15788	
15789	
15792	
15793	
15819	Cervioplasty (neck tightening)
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, p-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (smas) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List

CPT codes	Not covered if performed as part of gender affirmation surgery. Considered cosmetic and may not be covered for the ICD-10 Codes listed below. (This list may not be all inclusive)
	separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
21087	Impression and custom preparation; nasal prosthesis
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21210	Graft, bone; nasal, maxillary or malar areas
21270	Malar augmentation, prosthetic material
67900	Repair brow ptosis, supraciliary/mid-forehead/coronal approach
67901	
67902	
67903	
67904	
67906	
67908	
67909	
Q2026	Injection, Radiesse, 0.1 ml
G0153	Services performed by a qualified speech- language pathologist in the home health or hospice setting, each 15 minutes
S9128	Speech therapy, in the home, per diem

ICD-10 Codes	Description of ICD-10 Codes for Gender Affirmation
F64.0	Transexualism
F64.1	Dual role transvestism
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Clinton White MD
Senior Medical Director: Jim Romero MD
Medical Director: Kresta Antillon, MD
Date Approved: 03-25-2026

References

1. **Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.** The World Professional Association for Transgender Health (WPATH) for Transgender Health, 2024. [Cited 11/18/2025]
2. Palmetto GBA, Sex Reassignment Services for Sexual Identity Dysphoria (A53793), Revision Date: 01/12/2026, R19 [Accessed 01/19/2026]
3. Aetna, Gender Affirming Surgery, Number:0615, Effective: 05/14/2002, Last reviewed: 12/19/2025, Next Review: 07/09-2026. Accessed 07/09/2026.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

4. New Mexico, OSI, Bulletin 2018-013, Transgender non-discrimination in Health Insurance Benefits, August 23, 2018 [Cited 11/18/2025]
5. CMS National Coverage Determination (NCD) for Gender Dysphoria and Gender Reassignment Surgery (140.9), Pub# 100-3, Effective Date: 08-30-2016. [01-07-2026]
6. Hayes, Sex Reassignment Surgery for The Treatment of Gender Dysphoria, Health Technology Assessment, Aug 01/ 2018, Annual Review: July 27, 2022. [Cited 01/07/2026]
7. MCG Health Ambulatory Care, 29th edition, Gonadotropin-Releasing Hormone (GnRH) Agonists (ACG: A-0304 AC), Last Update: 06-13-2025. [Cited 01/06/2026]
8. Hayes, Masculinizing Voice and Communication Therapy for Gender Dysphoria, Sept 29, 2025. [Cited 01/07/2026]
9. Hayes, Gender-Affirming Body-Contouring Procedures in Patients With Gender Dysphoria, Evidence Analysis Research Brief, Sep 3, 2025. [Cited 01/07/2026]
10. Hayes, Feminizing Voice and Communication Therapy for Gender Dysphoria Evolving Evidence Review, Sep 8, 2025. [Cited 01/07/2026]
11. NMAC LOD #22 Gender Affirming Healthcare Medications and Procedures, Effective 10/01/2024, [Cited 01/06/2026]
12. PHP Senior Program Manager-Community Health ABQ, Lilan Metzler. [emailed: 11-19-2025]

Publication History

09-24-2014	Original effective date
12-01-2015	Review
09-26-2018	Annual review. No policy changes.
01/22/2020	Annual review. No policy changes. Updated codes to include HCPCS J1071, J3121, and J3145. Correction on Publication History
07/28/2021	Annual review. PHP Medical policy Committee reviewed on 07/08/2021. Coverage changed: Will now cover the following: electrolysis hair removal (17380) related to vaginoplasty only; breast augmentation with implant including nipple/areola reconstruction (19325 and 19350). Clarified: only non-inflatable penile prosthesis placement (code 54400, 54406, 54415 and 54416) remains to be covered and insertion, removal and replacement of inflatable penile prosthesis (54401, 54405, 54408, 54410 and 54411) remains non-covered, all of these codes will require PA. Additional procedures were added to non-covered list such as: abdominoplasty; cervicoplasty; masculinization; fat harvesting; dermabrasion; chemical peel; blepharoplasty, gluteal implants; inflatable penile prosthesis; and procurement, cryopreservation, storage and/or thawing of embryos, oocytes, sperm or reproductive tissue (i.e., ovarian or testicular tissue), blepharoplasty etc.: 15847, 15771, 15772, 15773, 15774, 15780-15793, 15819, 31899, 67901 thru 67909, Q2026. Hormone therapy will now be deferred to pharmacy. Policy is still under review for UM process CPT code update: • Mastectomy related to oncology (19301, 19303, 19304) removed from policy • Removed CPT prostatectomy 55866 in the setting of GD from this policy. Testicular implant code (L8699) and breast implant (C1789 and L8600) are considered bundled to procedure and should not pay for all LOB, they are status indicator N for OPPS. • Moved codes from exclusion to covered: 17380, 19318, 19325, 19350. • Added to 58940 to covered section ▪ Additional codes added to non-covered section for GD: 15847, 15771, 15772, 15773, 15774, 15780-15793, 15819, 31899, 54401, 54405, 67901 thru 67909, Q2026.
09-22-21	There is no change to criteria since last presented in July. Policy has been revised to remove language pertaining to “non-inflatable” and “inflatable” for penile prothesis and the affiliated codes (54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415 and 54416) codes will now require PA. Removed drugs codes J1950, J3315, J3316, J3490, J9202, J9217, J9218, J9219, S0189, J1071, J3121, J3145 and J3490, since it is managed by Pharmacy. Removed unrelated codes from policy: 11980, 19324, 19340, 19342, 58285. For Breast augmentation with implant including nipple/areola reconstruction (CPT 19325 and 19350) will be configured to map to ICD-10 listed by CMS LCA (A56587 and A57475) for all LOB, in addition we will also include the Gender Dysphoria diagnosis: F64.0, F64.1, F64.8, F64.9 and Z87.890. (The CPT codes are also listed in the Breast Surgical Procedures, MPM 27.0). Codes 19325 and 19350 will not require PA. Electrolysis hair

removal (17380) related to vaginoplasty will be set to pay for Gender Dysphoria diagnosis only: F64.0, F64.1, F64.8, F64.9 and Z87.890, for all LOB and all other diagnosis codes will be denied as cosmetic.

09-28-22 Annual review. PHP Medical policy Committee reviewed on 09-16-2022. There is no change to criteria since last presented in July 2021. No change to code since 09-22-21. Updated the language to change "reassignment" to "affirmation" throughout the policy. Titled changed from "Gender Dysphoria/Gender Identity Disorder Treatment" to "Gender Affirming Treatment and Surgery (Adult, 18 years of age and older)". The following were changed in the policy, Description section language was changed; clarified the vague statement regarding "Individuals who have undergone prior gender reassignment surgery" to "Reversal of previous gender affirmation surgery" and removed language for hormone therapy for children and adolescent.

Update only on 11-16-2022. Annual review date will remain as 09-28-2022. PHP Medical policy Committee reviewed on 11/02/2022.

Overall changes include:

- Minor language changed to Description section
- Added language to see Pharmacy policy for hormone therapy
- Added language to define the Appendix B for letter of referral
- The following coverage indication were removed or added:
  - Added language to define (primary/specialty/behavioral) care are a covered benefit for all ages
  - Removed language regarding "*reasonably well controlled*" of the medical or mental health concerns throughout policy
  - Added additional criteria language throughout policy to say, "*Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed."*
  - Removed language about two letter requirement and replaced to say "."*Either written documentation or a letter is required to recommend gender affirming medical and surgical treatment (GAMST). Only one letter of assessment from a qualified mental health care professional who has competencies in the assessment of transgender and gender diverse people is needed."*
  - Changed the twelve months hormone therapy to "at least six months" and removed "*continuous*" from hormone therapy.
  - Changed the twelve months requirement to at least six months for gender diversity/incongruence.
  - Added coverage indication language for non-surgical treatment for voice therapy and voice lessons (92507 and 92508). Prior will not be required for 92507 and 92508
- Removed CPT codes 92507 and 92508 from exclusion list
- The Exclusion list was updated:
  - Added: calf implants
  - Removed: Construction of clitoral hood; Drugs for hair loss or growth; Voice therapy/Voice lessons
- Reformatted policy: Moved Appendix A & Appendix B to the bottom of policy
- Add chondrolaryngoplasty (Code 31899) as a covered benefit on a case-by-case review, which will require PA requirement.

On 01/26/2023, code 19303 added to describe covered benefit for MtF breast removal.

03-22-23 Annual review has changed to March. PHP Medical policy Committee reviewed on 03-08-2023. Edits were made throughout the policy all the way through Appendix B. Removed the language pertaining to the requirement of the diagnosis of gender dysphoria for any treatment. Self-identification of being transgender or gender diverse is the only qualifying criteria. There were also some redundancy edits that were deleted. Electrolysis for hair removal has changed to include all parts of the body. Chondrolaryngoplasty will no longer require a case-by-case review. Add information on future update of ICD version 11.

Update on May 24, 2023: Update policy to include laser hair removal code (17999), which will require PA for ALOB.

Update on July 2023: Update Disclaimer section of policy to include FEHB.

Update on 09-27-2023: Update the electrolysis and laser hair removal for billing clarification regarding frequency, sessions, and duration of the service.

03-20-2024 Annual review. PHP Medical policy Committee reviewed on 01/05/2024. Added "*per 12-month period*" to the twelve (12) voice therapy sessions, which was erroneously left out. Format change made in the Exclusion section to shift similar procedures together. There is no change in

coverage. The criteria will continue with WPATH SOC8 recommendations. Continue PA for codes: 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 55970, 55980, 55175,31899, 17999.

10/14/2024 Ad Hoc Updated policy to match NMAC LOD #22, effective 10/1/2024.This policy has been updated to allow Facial Masculinization and Feminization procedures, along with additional services for top and bottom surgeries. A new coding section for Facial Surgery has been created to add new codes (15820, 15821, 15822, 15823, 21137, 21138, 21139, & 31599) and moved codes from non-covered: 21120, 21121, 21122 ,21123, 21125, 21127, 21208, 21209, 30400, 30410, 30420, 30430, 30435, & 30450. References to MPM 7.31 have been updated and added. Some language changes have been made. Requirements for mental health diagnoses to verify gender dysphoria have been removed and letter(s) of assessments were removed.

Continue PA for codes: 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 55970, 55980, 55175, 31899, 17999, 15820, 15821, 15822, 15823, 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 30400, 30410, 30420, 30430, 30435, 30450

Remove any prior configuration for non-coverage, and add PA for codes: 21137, 21138, 21139, and 31599.

03-26-2025 Annual review. PHP Medical policy Committee reviewed on 02/14/2025. There is no change in coverage from the Ad Hoc updates that align with the Medicaid LOD, and apply for ALOB, based on NMAC and WPATH SOC8 recommendations. Added language to clarify coverage description includes: 1 “pre-surgical hair removal”, 2. Prostatectomy (55866) moved from exclusion as “case-by-case”, to covered, as gender affirming care is an instance when this is covered, and 3. Clarification that mastectomy includes “flat chest mammoplasty with or without contouring”, as part of the coverage that is currently outlined.

Continue PA for codes: 55866, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 55970, 55980, 55175,31899, 17999, 15820, 15821, 15822, 15823, 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 30400, 30410, 30420, 30430, 30435, 30450.

Ad Hoc: 5/28/2025 MPM met on 4-2-2025 as part of the annual review to update language: PA is not required for Hysterectomies, CPT Codes: 58150, 58180, 58260, 58262, 58275, 58280, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573. Language has been updated to clarify PA requirements for this policy, which overlaps with PA requirements on other MPMs. This PA reference is unique to this policy.

Ad-hoc: 05-29-2025: Policy updated to add CPT code 19318 to the table of codes.

03-25-2026 Annual review. PHP Medical policy Committee reviewed on **01/07/2025.** Coverage criteria remain unchanged, The current standard of care (SOC) established by WPATH Version 8 continues to apply. State mandates issued by the New Mexico Healthcare Authority, including Letters of Direction (LOD), as well as oversight and insurance regulations governed by the Office of the Superintendent of Insurance (OSI), remain unchanged.

The prior authorization requirement review was not completed for the following CPT codes: 31899, 17999, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21208, 21209, and 31599. These codes will continue to require PA under MPM 7.3 for ALOB.

A comprehensive code review was conducted for the codes below to evaluate potential retirement of the policy following assessment of all applicable codes for relevance to gender-affirming diagnoses, alignment with regulatory requirements, updates related to the Palmetto LCA, and determination of prior authorization (PA) necessity.

Medical policy Committee reviewed the following codes for Male to Female on **02-04-2026**:

- For the Male-to-Female (MtF) code review, the full list of codes in the MPM 7.3 table includes 19325, 54125, 54520, 54690, 55866, 55970, 56800, 56805, 57291, 57292, 57295, 57296, 57335, and 57426.
    - **Removed code 19325:** Maintain current config in lieu of PA for ALOB for codes **19350** and **19325** to pay for ICD-10 codes listed in WPS LCA (A58774-Group 1) plus (C50.422, F64.0, F64.1, F64.8, F64.9 and Z87.890) for all LOB. Code listed in MPM 27.0.
        - Note: CPT 19350 is listed as non-covered in the Sex Reassignment Services for Sexual Identity Dysphoria LCD (A53793) and is not

referenced in HSA LOD #22, Presbyterian Health Plan (PHP) will allow coverage to maintain the least restrictive approach. Therefore, PHP will continue to consider CPT 19350 covered, despite regulatory sources not recommending coverage.

- **Removed code 55970:** Code will be configured in lieu of prior authorization (PA) for all lines of business (ALOB) to allow payment only for gender-affirming ICD-10 diagnosis codes (F64.0, F64.1, F64.8, F64.9, Z87.890) with an age restriction of 18 years and older, and congenital ICD-10 diagnosis codes (Q52.0, Q52.4, Q52.5, Q52.9, Q53.10, Q53.20, Q53.9, Q54.0, Q54.1, Q54.2, Q54.3, Q54.4, Q54.8, Q54.9, Q55.23, Q55.29, Q55.64, Q55.69, Q55.8, Q55.9, Q56.0, Q56.1, Q56.2, Q56.3, Q56.4, Q82.6) without age restriction, with all other ICD-10 diagnosis codes considered not payable under this configuration. Report for 2022-2025, shows code billed only with Gender Affirming (GA) diagnoses. No other diagnoses were identified.
- **Removed codes 54125, 54520, 54690, 55866, 56800, 56805, 57291, 57292, 57295, 57296, 57335, 57426** since no PA is required. Utilization remains low and stable for 2024- 2025 +YTD. These procedures are not considered high risk and not likely to be misused.

Medical policy Committee reviewed the following codes on **02-06-2026:**

- **Removed code 19303:** code will be configured as non-payable when billed with ICD-10 codes F64.0, F64.1, F64.8, F64.9, or Z87.890 for Medicare and Commercial plans and continue no PA requirement. Rationale: Coding guidance indicates that 19303 is not appropriate for female-to-male gender-affirming breast surgery; CPT® 19318 should be used instead. Medicare Palmetto LCA A53793 adopted this clarification effective 01/01/2026. Medicaid will continue payment for these ICD-10 codes until LOD#22 is updated; at this time, the codes remain included under the Gender Affirmation LOD#22
- **Removed code 19318**: Update the 2021 configuration (transferred from MPM 27.0) to link ICD-10 codes identified in WPS (A58774), Group 2 & Group 3 paragraphs, and Novitas (A56587), Group 4 and include gender affirmation diagnosis codes (F64.0, F64.1, F64.8, F64.9, and Z87.890) across ALOB in lieu of PA. Rationale: Coding guidance indicates that 19318 is more appropriate for female-to-male gender-affirming breast surgery. Medicare Palmetto LCA A53793 adopted this clarification effective 01/01/2026. Currently code not part of Gender Affirmation LOD#22. NOTE: PHP began coverage of code in 2021.
- **Removed code 55980:** Code will be configured in lieu of prior authorization (PA) for all lines of business (ALOB) to allow payment only for gender-affirming ICD-10 diagnosis codes (F64.0, F64.1, F64.8, F64.9, Z87.890) with an age restriction of 18 years and older, and congenital ICD-10 diagnosis codes (Q52.0, Q52.4, Q52.5, Q52.9, Q53.10, Q53.20, Q53.9, Q54.0, Q54.1, Q54.2, Q54.3, Q54.4, Q54.8, Q54.9, Q55.23, Q55.29, Q55.64, Q55.69, Q55.8, Q55.9, Q56.0, Q56.1, Q56.2, Q56.3, Q56.4, Q82.6) without age restriction, with all other ICD-10 diagnosis codes considered not payable under this configuration.

Medical policy Committee reviewed the following codes on **02-13-2026:**

- **Removed code 55175:** PA requirement will be removed without configuration based on utilization data and diagnosis patterns. Scrotoplasty is considered a low-risk procedure with minimal potential for misuse. Utilization from 2024–2025 YTD is low with a 100% approval rate for both Medicaid and Medicare. No GA-related diagnoses were identified. Most ICD-10 codes reflect congenital conditions (Q-codes), with approximately 13 adult cases with these ICD-10 (C60.9, K40.90, N35.013, N43.3, N47.1, N48.83, N94.2).
- **Removed codes: 53420, 53425, 53430, 54660, 55180, 56625, 57106, 57110, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720:** PA not required. These codes are part of LOD#22 & Palmetto LCA (A53793) - Billing and Coding: Sex Reassignment Services for Sexual Identity Dysphoria. There is no utilization for codes 54660, 58275, and 58544. Hysterectomy PA requirements were removed during PHCQC on 10/23/2024, and the risk of misuse or overutilization for these procedures is minimal.

- **Removed codes: 57107, 57111, 58280, 58940, 58661:** PA not required These procedures are not considered high-risk and not likely to be misused. These codes are not part of LOD#22 & Palmetto LCA (A53793).
- **Removed code 54410**: PA requirement will be removed for ALOB without configuration based on utilization data and diagnosis patterns. This decision is supported by the following findings:
  - All billed diagnoses associated with CPT 54410—N52.35, N52.9, and T83.410A—reflect appropriate clinical indications and do not include any diagnoses related to gender affirmation, confirming consistent and appropriate use.
  - Removal and replacement of inflatable penile prosthesis components is determined to have minimal potential for misuse. The procedure is clinically appropriate for device failure or breakdown in both patients with a history of gender-affirming surgery and those with other underlying conditions.
  - Utilization history demonstrates that CPT 54410 carries minimal risk of misuse, supporting its removal from PA requirements.
  - Code is not part of the regulatory mandate, LOD #22 or LCA (A53793).
- **Removed codes 54400, 54401, 54405, 54406, 54408, 54411, 54415, 54416:** PA requirement will be removed for ALOB without configuration based on utilization data and diagnosis patterns. The only notable outlier is 54405, with 26 claims from 2024–2025 YTD totaling $232,308 across 8 commercial and 15 Medicare claims. Med-Econ findings (2022–2025) show no gender-affirmation diagnoses for codes 54400, 54401, 54405, 54406, 54411, or 54415. Identified very few commercial claims for CPT code 54408/54416 in 2024 for ICD-10 (T83.420A - as primary) and Z89.890 – as secondary). Overall, these codes carry minimal misuse or overutilization risk, and maintaining PA requirements may not be cost-effective. Benefit configuration confirms non-covered services will deny regardless of PA status. These codes are not listed in LOD #22 or Palmetto LCA, but they fall under NCD 230.4.

Medical policy Committee reviewed **on 02-27-2026 under MPM 27.0:**

- **Removed code 19350** since it is configured in lieu of PA (see above for config info)

Medical policy Committee reviewed on **03-06-2026 under MPM 27.0:**

- **Removed codes 11950 11951, 11952, 11954:** Codes do not require PA for MPM 7.3. Continue to manage the code and PA requirement under MPM 18.5. FYI: Subcutaneous injection of filling codes (11950, 11951, 11952, 11954) are generally considered cosmetic per Cosmetic and Reconstructive Surgery-WPS, LCD (L39051) with related Article (A58774). No configuration found.
- **Removed codes 15771, 15772, 15773, 15774:** Codes do not require PA. Codes listed as non-covered. Not part of LOD #22. Classified as non-covered in the Sex Reassignment Services for Sexual Identity Dysphoria LCA (A53793). Although these codes are not listed in the Cosmetic and Reconstructive Surgery LCAs—WPS (A58774) or Novitas (A56587)—maintain *custom* configuration established in 2022 found in retired MPM 27.0 for (15769, 15771, and 15772) in lieu of PA for ALOB to link ICD-10 codes listed in WPS LCA (A58774) (Group 1: 108 codes) plus DX (C50.422). Low utilization for 15773/15774- continue no PA.
- **Removed code 15877:** PA requirement not assigned to MPM 7.3. Continue to manage the code and PA requirement under both MPM 18.5 and MPM 16.5. MPC reviewed under MPM 16.5 on 01/07/2026 and 02-27-2026 under MPM 18.5 with same conclusion.
- **Removed non-covered code 19316:** Config managed under retired policy MPM 27.0. Will maintain previous config to link ICD-10 codes referenced in LCA, WPS (A58774) plus (C50.422 & Q79.8 (Poland syndrome)) for all LOB; in lieu of PA.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: ***Click here for Medical Policies***

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.