



CLINICAL MEDICAL POLICY	
Policy Name:	Gender Affirmation Services
Policy Number:	MP-033-MD-PA
Responsible Department(s):	Medical Management
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Products:	Highmark Wholecare SM Medicaid
Application:	All participating hospitals and providers
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Policy History

Date	Activity
11/01/2026	Provider Effective date
04/28/2026	PARP Approval
03/18/2026	QI/UM Committee review
03/18/2026	Annual Review: No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections.
06/01/2025	Provider Effective date
04/14/2025	PARP Approval
03/19/2025	QI/UM Committee review
03/19/2025	Urgent Revision: Prior authorization for procedure codes 92507 and 92508 are provided under HealthHelp, made notation under 'Coding Requirements' section.
03/01/2025	Provider Effective date
01/13/2025	PARP Approval
12/18/2024	QI/UM Committee review
12/18/2024	Annual Review: No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections.
04/01/2024	Provider Effective date

02/06/2024	PARP Approval
12/20/2023	QI/UM Committee review
12/20/2023	Annual Review: No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections.
07/26/2016	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary gender transition services and procedures.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) – A panel of representatives from within the Pennsylvania Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

Gender Dysphoria—Refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and their sex assigned at birth.

Gender Identity Disorder (GID) – A significant incongruence between gender identity and physical phenotype (the observable traits of the person).

Gender Affirmation - The process or time period when individuals begins to live consistent with their gender identity. Transition may involve changes in name or gender pronouns, hormone therapy, mental health support, or surgical procedures, however none of these steps are required.

Procedures

1. The following criteria must be met for surgical treatment modalities to be considered medically necessary:

Adult criteria:

- A. Gender affirmation surgery involving the **masculinization of breast/chest** is considered medically necessary when ALL of the following criteria are met:
 - 1) A persistent, well documented diagnosis of gender dysphoria, including ALL of the following:
 - a) The desire to live and be accepted as a person whose gender is different than assigned at birth, typically accompanied by the desire to make the physical body as congruent as possible with the identified gender through surgery and hormone treatment; AND
 - b) The desire for alternate gender identity has been present for at least six (6) months; AND
 - c) The gender dysphoria causes clinical distress or impairment in social, occupational, or other important areas of functioning; AND
 - 2) The individual is 18 years of age or older. For individual's under the age of 18, a case-by-case review by a Medical Director may be done to consider mastectomy surgery if sufficient documentation is provided, all other criteria listed in this policy have been met, AND the presence of breasts precludes the individual from successfully adopting a male or androgynous gender role; AND
 - 3) The individual has the mental capacity for a fully informed consent; AND
 - 4) If there are significant medical or mental health issues present, reasonable attempts have been made to establish control, and there are two referrals from qualified mental health professionals who have assessed the individual independently.
- B. Gender affirmation surgery involving **genital or reproductive organs** is considered medically necessary when ALL of the following criteria are met:
 - 1) A persistent, well documented diagnosis of gender dysphoria which includes ALL of the following:
 - a) The desire to live and be accepted as a person whose gender is different than assigned at birth, typically accompanied by the desire to make the physical body as congruent as possible with the identified gender through surgery and hormone treatment; AND
 - b) The desire for alternate gender identity has been present for at least six (6) months; AND
 - c) The gender dysphoria causes clinical distress or impairment in social, occupational, or other important areas of functioning; AND
 - 2) The individual is 18 years of age or older. For individual's under the age of 18, a case-by-case review by a Medical Director may be done to consider genital or reproductive surgery if sufficient documentation is provided, all other criteria listed in this policy have been met; AND
 - 3) The individual has the mental capacity for a fully informed consent; AND
 - 4) If there are significant medical or mental health issues present, reasonable attempts have been made to establish control and there are two referrals from qualified mental health professionals who have assessed the individual independently; AND

- 5) For specific genital surgeries (Female-to-Male [FtM]) metoidioplasty or phalloplasty to achieve masculinization or Male-to-Female (MtF) vaginoplasty to achieve feminization), the individual has had to be living for twelve (12) months continuously in their identified gender; AND
 - 6) The individual has had a minimum of twelve (12) continuous months of hormonal therapy, except in cases when the individual has contraindication or is unable to take hormones, for specific genital surgeries such as metoidioplasty and/or phalloplasty in FtM individuals.
2. The following gender confirmation surgeries are considered eligible services (when ALL of the above criteria have been met):
- **Transwomen (male to female):**
 - o Orchiectomy
 - o Penectomy
 - o Vaginoplasty
 - o Colovaginoplasty
 - o Clitoroplasty
 - o Labiaplasty
 - o Laryngoplasty
 - o Augmentation mammoplasty
 - o Perineoplasty
 - **Transmen (female to male):**
 - o Breast reduction (e.g., mastectomy, reduction mammoplasty)
 - o Capsulectomy
 - o Hysterectomy
 - o Salpingo-oophorectomy
 - o Colpectomy/Vaginectomy
 - o Vulvectomy
 - o Trachelectomy (cervicectomy)
 - o Metoidioplasty
 - o Phalloplasty
 - o Urethroplasty
 - o Scrotoplasty
 - o Testicular prosthesis implantation
- Note:** Reference medical policy MP-082-MD-PA '*Cosmetic Procedures*' for procedures related to Non-Gender Affirmation Labiaplasty procedures.
3. Gender-specific services may be medically necessary for transgender persons appropriate to their anatomy, such as:
- Breast cancer screening may be medically necessary for female-to-male transgender persons who have not undergone a mastectomy.
 - Prostate cancer screening may be medically necessary for male-to-female transgender individuals who have retained their prostate.

4. The following procedures are considered cosmetic services and therefore are not considered medically necessary when used to improve the gender-specific appearance of the individual who has undergone, or is planning to undergo, gender-confirmation surgery (this list may not be all-inclusive):
- Abdominoplasty
 - Lipectomy
 - Otoplasty
 - Liposuction
 - Removal of redundant skin
 - Rhinoplasty
 - Rhytidectomy
 - Blepharoplasty
 - Eyebrow lift
 - Hair removal
 - Hair transplantation
 - Facial feminizing (e.g., facial bone reduction)
 - Chin augmentation
 - Skin resurfacing
 - Lip reduction/enhancement
 - Trachea shave/reduction thyroid chondroplasty
 - Collagen injections

Other services considered not medically necessary may also include:

- Treatment received outside of the United States
- Reversal of genital surgery
- Reproduction services including, but not limited to, sperm preservation in advance of hormone treatment or gender dysphoria surgery, cryopreservation of fertilized embryos, oocyte preservation, surrogate parenting, donor eggs, donor sperm, and host uterus.

Note: The procedures listed above will be considered not medically necessary nor primarily medical in nature. Requests for these procedures will be referred to the Medical Director, who must override criteria when, in their professional judgment, the requested service is medically necessary on a case-by-case basis.

5. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.

6. Place of Service

The proper place of service for gender affirmation can be either inpatient or outpatient.

7. Related Policy

- MP-082-MD-PA Cosmetic Procedures

Coding Requirements

Procedure Codes

CPT Code	Description
19303	Mastectomy, simple, complete
19316	Mastopexy
19318	Breast reduction
19325	Breast augmentation with implant
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy
19350	Nipple/areola reconstruction
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19361*	Breast reconstruction; with latissimus dorsi flap
19364*	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)
19367*	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
19368*	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
19369*	Breast reconstruction; with bipediced transverse rectus abdominis myocutaneous (TRAM) flap
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
31587	Laryngoplasty, cricoid split, without graft placement
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (e.g., Johanssen type)
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair off prostatic or membranous urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis, inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session

54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopy, surgical; orchiectomy
55150	Resection of scrotum
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55899	Unlisted procedure, male genital system
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106	Vaginectomy, partial removal of vaginal wall
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57110	Vaginectomy, complete removal of vaginal wall
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57335	Vaginoplasty for intersex state
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less;
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control

58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285	Vaginal hysterectomy, radical (Schauta type operation)
58290	Vaginal hysterectomy, for uterus greater than 250 g;
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720*	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral;
90832	Psychotherapy, 30 minutes with patient (<i>covered under behavioral health benefit</i>)
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) (<i>covered under behavioral health benefit</i>)
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, two or more individuals

*These procedures are covered when performed as inpatient only.

** Authorizations for these procedures codes are handled by HealthHelp.

Non-covered Procedure Codes

The following procedure codes are considered potentially cosmetic, not reconstructive, and are not medically necessary when performed as part of gender reassignment:

CPT Code	Description
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq. cm or less
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq. cm to 30.0 sq. cm
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq. cm or less
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq. cm to 30.0 sq. cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq. cm or less
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq. cm to 30.0 sq. cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq. cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq. cm to 30.0 sq. cm
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq. cm to 60.0 sq. cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq. cm, or part thereof (List separately in addition to code for primary procedure)
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15775	Punch graft for hair transplant: 1 - 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15777	Implantation of biologic implant (e.g. acellular dermal matrix) for soft tissue reinforcement (i.e. breast, trunk) (List separately in addition to code for primary procedure)
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15819	Cervicoplasty
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid

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 (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
21083	Impression and custom preparation; palatal lift prosthesis
21087	Impression and custom preparation; nasal prosthesis
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 bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction; without bone graft
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction,

21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autograft); without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
21270	Malar augmentation, prosthetic material
21899	Unlisted procedure, neck or thorax
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, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)

30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
31573	Laryngoscopy with therapeutic injections(s); (chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral
31574	Laryngoscopy with injection(s) for augmentation (e.g., percutaneous, transoral), unilateral
31599	Unlisted procedure, larynx
31750	Tracheoplasty; cervical (Adam's apple surgery)
31899	Unlisted procedure, trachea, bronchi
45399	Unlisted procedure, colon
45999	Unlisted procedure, rectum
58999	Unlisted procedure, female genital system (nonobstetrical)
64856	Suture of major nerve, arm or leg, except sciatic; including transposition
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)
69300	Otoplasty, protruding ear, with or without size reduction
89258	Cryopreservation, embryo(s)
89259	Cryopreservation, sperm
89337	Cryopreservation mature, oocyte(s)
89342	Storage (per year); embryo(s)
89343	Storage (per year); sperm/semen
89346	Storage (per year); oocyte(s)
90785	Interactive complexity (List separately in addition to the code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance of drug), subcutaneous or intramuscular

Non-covered HCPCS Codes

The following HCPCS codes are considered potentially cosmetic, not reconstructive, and are not medically necessary when performed as part of gender reassignment:

HCPCS Code	Description
S4027	Storage of previously frozen embryos
S4040	Monitoring and storage of cryopreserved embryos, per 30 days

Diagnosis Codes

ICD-10 Code	Description
F64.0	Transsexualism; Gender identity disorder in adolescence and adulthood; Gender dysphoria in adolescents and adults
F64.1	Dual role transvestism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.

Reference Sources

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