

State Specific Guidelines

State	Requirements																						
Colorado	<p>For regulated plans with Essential Health Benefits (EHB) (e.g., individual, non GF small group): The following feminization/masculinization procedures are classified as medically necessary for coverage under the EHB benefit plan effective 1/1/2023:</p> <table border="1"> <thead> <tr> <th>Feminization/Masculinization Procedures</th><th>CPT/HCPCS Code</th></tr> </thead> <tbody> <tr> <td>Blepharoplasty (eye and lid modification)</td><td>15820, 15821, 15822, 15823</td></tr> <tr> <td>Face/forehead and/or neck tightening</td><td>15824, 15825, 21137, 21138, 21139, 21208, 21209</td></tr> <tr> <td>Facial bone remodeling for facial feminization</td><td>21141, 21142, 21145, 21146, 21147, 21150, 21151, 21153, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21188, 21209</td></tr> <tr> <td>Genioplasty (chin width reduction)</td><td>21120, 21121, 21122, 21123</td></tr> <tr> <td>Rhytidectomy (cheek, chin, and neck)</td><td>15824, 15825, 15826, 15828</td></tr> <tr> <td>Cheek, chin, and nose implants</td><td>17999, 21210, 21270, 30400, 30410, 30420, 30430, 30435, 30450</td></tr> <tr> <td>Lip lift/augmentation</td><td>40799</td></tr> <tr> <td>Mandibular angle augmentation/creation/reduction (jaw)</td><td>21120, 21121, 21122, 21123, 21125, 21127, 21193, 21244</td></tr> <tr> <td>Orbital recontouring</td><td>21172, 21175, 21179, 21180</td></tr> <tr> <td>Rhinoplasty (nose reshaping)</td><td>21210, 21270, 30400, 30410, 30420,</td></tr> </tbody> </table>	Feminization/Masculinization Procedures	CPT/HCPCS Code	Blepharoplasty (eye and lid modification)	15820, 15821, 15822, 15823	Face/forehead and/or neck tightening	15824, 15825, 21137, 21138, 21139, 21208, 21209	Facial bone remodeling for facial feminization	21141, 21142, 21145, 21146, 21147, 21150, 21151, 21153, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21188, 21209	Genioplasty (chin width reduction)	21120, 21121, 21122, 21123	Rhytidectomy (cheek, chin, and neck)	15824, 15825, 15826, 15828	Cheek, chin, and nose implants	17999, 21210, 21270, 30400, 30410, 30420, 30430, 30435, 30450	Lip lift/augmentation	40799	Mandibular angle augmentation/creation/reduction (jaw)	21120, 21121, 21122, 21123, 21125, 21127, 21193, 21244	Orbital recontouring	21172, 21175, 21179, 21180	Rhinoplasty (nose reshaping)	21210, 21270, 30400, 30410, 30420,
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Mississippi	<p><u>For regulated benefit plans (e.g., insured):</u> Coverage for gender transition procedures for a person under eighteen (18) years of age is prohibited.</p> <p><u>Definitions:</u></p> <p>"Gender transition" means the process in which a person goes from identifying with and living as a gender that corresponds to his or her sex to identifying with and living as a gender different from his or her sex, and may involve social, legal, or physical changes;</p> <p>"Gender transition procedures" means any of the following medical or surgical services performed for the purpose of assisting an individual with a gender transition:</p> <ol style="list-style-type: none"> 1. Prescribing or administering puberty-blocking drugs; 2. Prescribing or administering cross-sex hormones; or 3. Performing gender reassignment surgeries. <p>"Gender transition procedures" <u>do not</u> include:</p> <ol style="list-style-type: none"> 1. Services to persons born with a medically verifiable disorder of sex development, including a person with external sex characteristics that are irresolvably ambiguous, such as those born with forty-six (46) XX chromosomes with virilization, forty-six (46) XY chromosomes with undervirilization, or having both ovarian and testicular tissue; 2. Services provided when a physician has otherwise diagnosed a disorder of sexual development that the physician has determined through genetic or biochemical testing that the person does not have normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action; 3. The treatment of any infection, injury, disease, or disorder that has been caused by or exacerbated by the performance of gender transition procedures, whether or not the gender transition procedure was performed in accordance with state and federal law or whether or not the funding for the gender transition procedure is permissible under this act; or 4. Any procedure for a male circumcision. 						
New York¹	<p><u>For regulated benefits (e.g., insured):</u> The procedures listed in the coverage policy in the section titled "<u>Table 2: Gender Reassignment Surgery: Other Procedures</u>" (i.e., blepharoplasty, brow lift, cheek/malar implants, collagen injections, face lift, forehead reduction/contouring, hair removal/hair transplantation, jaw reduction/contouring, laryngoplasty, lip lift/filling, rhinoplasty, skin resurfacing, thyroid reduction chondroplasty, neck tightening, electrolysis procedures other than pre- genital reconstruction, removal of redundant skin of the face, suction assisted lipoplasty, lipofilling or liposuction, voice therapy, lesson, modification</p>						

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	<p>surgery) will be further reviewed on a case-by-case basis by a medical director with particular consideration given to whether the proposed procedure(s) advance an individual's ability to properly present and function in the identified gender role.</p> <p>In addition, for New York regulated benefit plans (e.g., insured): A case-by-case review by a medical director for individuals under 18 years of age will be given.</p>
Virginia	<p><u>For regulated benefit plans (e.g., insured):</u> Only one letter of support from a healthcare professional is required for gender affirming surgery for minors ages 15-17.</p>
Washington State²	<p><u>For regulated benefit plans (e.g., insured):</u> Facial feminization surgeries, and other facial gender affirming treatment, such as tracheal shaves, hair electrolysis, and other care such as mastectomies, breast reductions, breast implants, or any combination of gender affirming procedures, including revisions to prior treatment cannot be the subject of a blanket exclusion. All such services will be reviewed on a case-by-case basis by a medical director and a health care provider with experience prescribing or delivering gender affirming treatment who will confirm the appropriateness of any adverse benefit determination.</p>

¹New York regulated benefit plans do not include exclusions or plan language that limit coverage.

²Washington State regulated benefit plans are subject to mandated coverage criteria.

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