

0266 Gender Dysphoria Treatment

State Specific Guidelines

Link to Medical Coverage Policy: [Gender Dysphoria Treatment](#)

Effective date: 1/1/2024

Introduction: Coverage for treatment of gender dysphoria, including gender reassignment surgery and related services may be governed by state and/or federal mandates. The following tables detail the applicable State Specific requirements for gender dysphoria treatment.

Table of Requirements by State

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 1/1/23:</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></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
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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 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): case-by-case review by a medical director for individuals under 18 years of age will be given.</p>						
Oregon	<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>						
State of Washington²	<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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