0266 Gender Dysphoria Treatment

State Specific Guidelines

Link to Medical Coverage Policy: Gender Dysphoria Treatment

Effective date: 8/18/2025

Exempt from Utilization Management: Fully insured plans in the following states are not subject to utilization management for gender dysphoria treatment:

- California (effective 10/25/2023)
- New York (effective 8/18/2025)
- Oregon (effective 1/31/2025)

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

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<tr><th>State</th><th>Requirements</th></tr>
<tr><td>Colorado</td><td>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:
<table>
<tr><th>Feminization/Masculinization Procedures</th><th>CPT/HCPCS Code</th></tr>
<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>
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<tr><td>Orbital recontouring</td><td>21172, 21175, 21179, 21180</td></tr>
<tr><td>Rhinoplasty (nose reshaping)</td><td>21210, 21270, 30400, 30410, 30420, 30430, 30435, 30450</td></tr>
<tr><td>Electrolysis hair removal (i.e., face, neck) and limited to eight 30 minute timed units per day</td><td>17380</td></tr>
<tr><td>Breast/Chest Augmentation, Reduction, Construction</td><td>15200, 15201, 19300, 19301, 19302, 19303, 19305, 19306, 19307, 19318, 19325, 19350</td></tr>
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<tr><td>Mississippi</td><td>For regulated benefit plans (e.g., insured): Coverage for gender transition procedures for a person under eighteen (18) years of age is prohibited.

Definitions:
"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;

"Gender transition procedures" means any of the following medical or surgical services performed for the purpose of assisting an individual with a gender transition:
1. Prescribing or administering puberty-blocking drugs;
2. Prescribing or administering cross-sex hormones; or
3. Performing gender reassignment surgeries.

"Gender transition procedures" do not include:
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.</td></tr>
<tr><td>Virginia</td><td>For regulated benefit plans (e.g., insured): Only one letter of support from a healthcare professional is required for gender affirming surgery for minors ages 15-17.</td></tr>
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State	Requirements
Washington State[1]	For regulated benefit plans (e.g., insured): 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.

[1]Washington State regulated benefit plans are subject to mandated coverage criteria.