

GENDER DYSPHORIA AND GENDER REASSIGNMENT SURGERY (NCD 140.9)

Guideline Number: MPG365.03

Approval Date: April 10, 2019

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POLICY SUMMARY

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Overview

Gender reassignment surgery is a general term to describe a surgery or surgeries that affirm a person's gender identity.

Guidelines

The Centers for Medicare & Medicaid Coverage (CMS) conducted a National Coverage Analysis that focused on the topic of gender reassignment surgery. Effective August 30, 2016, after examining the medical evidence, CMS determined that no national coverage determination (NCD) is appropriate at this time for gender reassignment surgery for Medicare beneficiaries with gender dysphoria. In the absence of an NCD, coverage determinations for gender reassignment surgery, under section 1862(a)(1)(A) of the Social Security Act (the Act) and any other relevant statutory requirements, will continue to be made by the local Medicare Administrative Contractors (MACs) on a case-by-case basis.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
Male to Female	
19325	Mammoplasty, augmentation; with prosthetic implant (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	Laparoscopy, surgical; orchiectomy
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55970	Intersex surgery; male to female
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
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
Female to Male	
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
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
54660	Insertion of testicular prosthesis (separate procedure)
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55980	Intersex surgery; female to male
56625	Vulvectomy simple; complete
57106	Vaginectomy, partial removal of vaginal wall
57110	Vaginectomy, complete removal of vaginal wall
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)
58275	Vaginal hysterectomy, with total or partial vaginectomy
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)
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

CPT Code	Description
Female to Male	
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)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
Other Ancillary Services	
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
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 (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15750	Flap; neurovascular pedicle (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15757	Free skin flap with microvascular anastomosis (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15758	Free fascial flap with microvascular anastomosis (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)

CPT Code	Description
Other Ancillary Services	
15775	Punch graft for hair transplant; 1 to 15 punch grafts (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15776	Punch graft for hair transplant; more than 15 punch grafts (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis) (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15781	Dermabrasion; segmental, face (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15782	Dermabrasion; regional, other than face (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15783	Dermabrasion; superficial, any site (e.g., tattoo removal) (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15788	Chemical peel, facial; epidermal [See also the Medicare Advantage Policy Guidelines titled Treatment of Actinic Keratosis (NCD 250.4) and Cosmetic and Reconstructive Services and Procedures]
15789	Chemical peel, facial; dermal [See also the Medicare Advantage Policy Guidelines titled Treatment of Actinic Keratosis (NCD 250.4) and Cosmetic and Reconstructive Services and Procedures]
15792	Chemical peel, nonfacial; epidermal [See also the Medicare Advantage Policy Guidelines titled Treatment of Actinic Keratosis (NCD 250.4) and Cosmetic and Reconstructive Services and Procedures]
15793	Chemical peel, nonfacial; dermal [See also the Medicare Advantage Policy Guidelines titled Treatment of Actinic Keratosis (NCD 250.4) and Cosmetic and Reconstructive Services and Procedures]
15819	Cervicoplasty (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15820	Blepharoplasty, lower eyelid (See also the Medicare Advantage Policy Guideline titled Blepharoplasty)
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad (See also the Medicare Advantage Policy Guideline titled Blepharoplasty)
15822	Blepharoplasty, upper eyelid (See also the Medicare Advantage Policy Guideline titled Blepharoplasty)
15823	Blepharoplasty, upper lid; with excessive skin weighting down lid (See also the Medicare Advantage Policy Guideline titled Blepharoplasty)
15824	Rhytidectomy; forehead [See also the Medicare Advantage Policy Guideline titled Plastic Surgery to Correct "Moon Face" (NCD 140.4)]
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, p-flap) [See also the Medicare Advantage Policy Guideline titled Plastic Surgery to Correct "Moon Face" (NCD 140.4)]
15826	Rhytidectomy; glabellar frown lines [See also the Medicare Advantage Policy Guideline titled Plastic Surgery to Correct "Moon Face" (NCD 140.4)]
15828	Rhytidectomy; cheek, chin, and neck [See also the Medicare Advantage Policy Guideline titled Plastic Surgery to Correct "Moon Face" (NCD 140.4)]
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap [See also the Medicare Advantage Policy Guideline titled Plastic Surgery to Correct "Moon Face" (NCD 140.4)]
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)

CPT Code	Description
Other Ancillary Services	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
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) (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15876	Suction assisted lipectomy; head and neck (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15877	Suction assisted lipectomy; trunk (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15878	Suction assisted lipectomy; upper extremity (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
15879	Suction assisted lipectomy; lower extremity (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
17380	Electrolysis epilation, each 30 minutes (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19316	Mastopexy (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
19318	Reduction mammoplasty (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
19324	Mammoplasty, augmentation; without prosthetic implant (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction [See also the Medicare Advantage Policy Guideline titled Breast Reconstruction Following Mastectomy (NCD 140.2)]
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction [See also the Medicare Advantage Policy Guideline titled Breast Reconstruction Following Mastectomy (NCD 140.2)]

CPT Code	Description
Other Ancillary Services	
19350	Nipple/areola reconstruction [See also the Medicare Advantage Policy Guideline titled Breast Reconstruction Following Mastectomy (NCD 140.2)]
20926	Tissue grafts, other (e.g., paratenon, fat, dermis)
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material) (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
21121	Genioplasty; sliding osteotomy, single piece (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin) (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
21125	Augmentation, mandibular body or angle; prosthetic material (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft) (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
21137	Reduction forehead; contouring only (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft) (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
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) (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
21209	Osteoplasty, facial bones; reduction (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21270	Malar augmentation, prosthetic material
21899	Unlisted procedure, neck or thorax
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
30420	Rhinoplasty, primary; including major septal repair (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)

CPT Code	Description
Other Ancillary Services	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work) (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) (See also the Medicare Advantage Policy Guideline titled Cosmetic and Reconstructive Services and Procedures)
31599	Unlisted procedure, larynx
31899	Unlisted procedure, trachea, bronchi
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
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
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58940	Oophorectomy, partial or total, unilateral or bilateral;
64856	Suture of major peripheral 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) (See also the Medicare Advantage Policy Guideline titled Blepharoplasty)
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

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ICD-10 Diagnosis Code	Description
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified

ICD-10 Diagnosis Code	Description
Z87.890	Personal history of sex reassignment

ICD-10 Procedure Code	Description
0U5JXZZ	Destruction of clitoris, external approach
0UB24ZZ	Excision of bilateral ovaries, percutaneous endoscopic approach
0UB74ZZ	Excision of bilateral fallopian tubes, percutaneous endoscopic approach
0UNJ0ZZ	Release clitoris, open approach
0UQG0ZZ	Repair vagina, open approach
0UT20ZZ	Resection of bilateral ovaries, open approach
0UT24ZZ	Resection of bilateral ovaries, percutaneous endoscopic approach
0UT27ZZ	Resection of bilateral ovaries, via natural or artificial opening
0UT44ZZ	Resection of uterine supporting structure, percutaneous endoscopic approach
0UT70ZZ	Resection of bilateral fallopian tubes, open approach
0UT74ZZ	Resection of bilateral fallopian tubes, percutaneous endoscopic approach
0UT77ZZ	Resection of bilateral fallopian tubes, via natural or artificial opening
0UT90ZZ	Resection of uterus, open approach
0UT94ZZ	Resection of uterus, percutaneous endoscopic approach
0UT97ZZ	Resection of uterus, via natural or artificial opening
0UT98ZZ	Resection of uterus, via natural or artificial opening endoscopic
0UT9FZZ	Resection of uterus, via natural or artificial opening with percutaneous endoscopic assistance
0UTC0ZZ	Resection of cervix, open approach
0UTC4ZZ	Resection of cervix, percutaneous endoscopic approach
0UTC7ZZ	Resection of cervix, via natural or artificial opening
0UTC8ZZ	Resection of cervix, via natural or artificial opening endoscopic
0UTG0ZZ	Resection of vagina, open approach
0UTG4ZZ	Resection of vagina, percutaneous endoscopic approach
0UTG7ZZ	Resection of vagina, via natural or artificial opening
0UTG8ZZ	Resection of vagina, via natural or artificial opening endoscopic
0UTJ0ZZ	Resection of clitoris, open approach
0UTJXZZ	Resection of clitoris, external approach
0UTM0ZZ	Resection of vulva, open approach
0UTMXZZ	Resection of vulva, external approach
0UUJX7Z	Supplement clitoris with autologous tissue substitute, external approach
0UUJXJZ	Supplement clitoris with synthetic substitute, external approach
0VRC0JZ	Replacement of bilateral testes with synthetic substitute, open approach
0VTC0ZZ	Resection of bilateral testes, open approach
0VTC4ZZ	Resection of bilateral testes, percutaneous endoscopic approach
0VTS0ZZ	Resection of penis, open approach
0VTS4ZZ	Resection of penis, percutaneous endoscopic approach
0VTSXZZ	Resection of penis, external approach
0VUS07Z	Supplement penis with autologous tissue substitute, open approach
0VUS0JZ	Supplement penis with synthetic substitute, open approach
0VUS0KZ	Supplement penis with nonautologous tissue substitute, open approach
0VUS47Z	Supplement penis with autologous tissue substitute, percutaneous endoscopic approach
0VUS4KZ	Supplement penis with nonautologous tissue substitute, percutaneous endoscopic approach

ICD-10 Procedure Code	Description
0W4M070	Creation of vagina in male perineum with autologous tissue substitute, open approach
0W4M0J0	Creation of vagina in male perineum with synthetic substitute, open approach
0W4M0K0	Creation of vagina in male perineum with nonautologous tissue substitute, open approach
0W4M0Z0	Creation of vagina in male perineum, open approach (Deleted 10/01/2018 - See 0W4M070, 0W4M0J0, 0W4M0K0)
0W4N071	Creation of penis in female perineum with autologous tissue substitute, open approach
0W4N0J1	Creation of penis in female perineum with synthetic substitute, open approach
0W4N0K1	Creation of penis in female perineum with nonautologous tissue substitute, open approach
0W4N0Z1	Creation of penis in female perineum, open approach (Deleted 10/01/2018 - See 0W4N071, 0W4N0J1, 0W4N0K1)
0WPM07Z	Removal of autologous tissue substitute from male perineum, open approach
0WPM0KZ	Removal of nonautologous tissue substitute from male perineum, open approach
0WPM37Z	Removal of autologous tissue substitute from male perineum, percutaneous approach
0WPM3KZ	Removal of nonautologous tissue substitute from male perineum, percutaneous approach
0WPM47Z	Removal of autologous tissue substitute from male perineum, percutaneous endoscopic approach
0WPM4KZ	Removal of nonautologous tissue substitute from male perineum, percutaneous endoscopic approach
0WPMX7Z	Removal of autologous tissue substitute from male perineum, external approach
0WPMXJZ	Removal of synthetic substitute from male perineum, external approach
0WPMXKZ	Removal of nonautologous tissue substitute from male perineum, external approach
0WQM0ZZ	Repair male perineum, open approach
0WQM3ZZ	Repair male perineum, percutaneous approach
0WQM4ZZ	Repair male perineum, percutaneous endoscopic approach
0WQMXZZ	Repair male perineum, external approach
0WUM07Z	Supplement male perineum with autologous tissue substitute, open approach
0WUM47Z	Supplement male perineum with autologous tissue substitute, percutaneous endoscopic approach
0WWM07Z	Revision of autologous tissue substitute in male perineum, open approach
0WWM0KZ	Revision of nonautologous tissue substitute in male perineum, open approach
0WWM37Z	Revision of autologous tissue substitute in male perineum, percutaneous approach
0WWM3KZ	Revision of nonautologous tissue substitute in male perineum, percutaneous approach
0WWM47Z	Revision of autologous tissue substitute in male perineum, percutaneous endoscopic approach
0WWM4KZ	Revision of nonautologous tissue substitute in male perineum, percutaneous endoscopic approach

PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to

support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

REFERENCES

CMS National Coverage Determinations (NCDs)

[NCD 140.9 Gender Dysphoria and Gender Reassignment Surgery](#)

[NCD 140.2 Breast Reconstruction Following Mastectomy](#)

[NCD 140.4 Plastic Surgery to Correct "Moon Face"](#)

CMS Articles

Article	Medicare Part A	Medicare Part B
A53793 (Gender Reassignment Services for Gender Dysphoria) Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

CMS Benefit Policy Manual

[Chapter 16; § 120 Cosmetic Surgery, § 180 Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare](#)

CMS Transmittals

[Transmittal 169, Change Request 8825, Dated 06/27/2014 \(Invalidation of National Coverage Determination 140.3 - Transsexual Surgery\)](#)

[Transmittal 194, Change Request 9981, Dated 03/03/2017 \(Gender Dysphoria and Gender Reassignment Surgery\)](#)

UnitedHealthcare Commercial Policies

[Blepharoplasty, Blepharoptosis and Brow Ptosis Repair](#)

[Breast Reconstruction Post Mastectomy](#)

[Cosmetic and Reconstructive Procedures](#)

[Gender Dysphoria Treatment](#)

Others

[Decision to Invalidate NCD 140.3, Department of Health and Human Services Website](#)

GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Action/Description
04/10/2019	<ul style="list-style-type: none"> Annual review; administrative updates ICD-10 Procedure Codes 0W4M0Z0 and 0W4N0Z1 deleted as of 10/01/2018

TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of

publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT[®]), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT[®] or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).