



MASSACHUSETTS

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Medical Policy Gender Affirming Services (Transgender and Gender Diverse Services)

Policy Number: 189

BCBSA Reference Number: N/A

NCD/LCD: N/A

Related Policies

- Assisted Reproductive Services, #[086](#)
- Outpatient Psychotherapy, #[423](#)
- Prior Authorization Request for Gender Affirming Services (Transgender and Gender Diverse Services) Form, #[901](#)
- Prior Authorization Request for Electrolysis for Gender Affirming Services (Transgender and Gender Diverse Services) Form, #[902](#)

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Definitions

This policy addresses gender affirming services for transgender and gender diverse individuals when gender identity differs from assigned sex at birth.

Please Note: According to the American Psychiatric Association, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) defines gender dysphoria as a condition where a person’s gender at birth is “contrary to the one they identify with.” This definition replaces the criteria for gender identity disorder which will no longer be used in DSM-5. However, ICD-10 codes continue to use the term gender identity disorder, and providers will need to submit claims for coverage using this diagnosis.

Policy¹ and Products

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Hormone Therapy

Puberty Blockers

Gonadotropin-releasing hormone (GnRH) analog treatment for gender non-conforming adolescents seeking to delay puberty **is covered** at the discretion of the treating provider*. GnRH analogs may be used to either allow members more time for decision making purposes or as an initial step prior to further gender affirming services such as hormone therapy.

Treatment options include but are not limited to:

- Lupron
- Supprelin LA
- Vantas
- Triptodur (triptorelin).

*The following criteria are recommended by World Professional Association for Transgender Health (WPATH) Standards of Care 8th edition as minimum criteria prior to starting puberty suppressing hormones:

1. The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed)
2. Gender dysphoria emerged or worsened with the onset of puberty
3. Any co-existing psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent’s situation and functioning are stable enough to start treatment
4. The adolescent has given informed consent and, particularly when the adolescent has not reached the age of medical consent, the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.

Gender Affirming Hormone Therapy

Gender affirming hormone therapy **is covered** at the discretion of the treating provider. Gender affirming hormone therapy options include but are not limited to:

- Estrogen, androgen reducing medications (bicalutamide, spironolactone, GnRH agonists, 5-alpha reductase inhibitors), progestins and testosterone.

Methods of administration vary between these products and may be subject to formulary or tiering restrictions.

Behavioral Health

Supportive behavioral health services for transgender and gender diverse members with or without additional behavioral health diagnoses **are covered**.

Examples of covered behavioral health services include:

- Initial evaluation
- Counseling
- Psychotherapy.

Behavioral health or substance use disorder services related to diagnoses other than gender identity disorder or gender dysphoria may be governed by other medical policies or the member's subscriber certificate based on the service being rendered. [Please see related policies section.](#)

Fertility Preservation

Oocyte, embryo, or sperm retrieval, freezing and storage for up to 24 months for transgender members prior to undergoing genital gender affirming surgery or hormone therapy* may be considered **MEDICALLY NECESSARY**. Adequate sperm or egg evaluation would be needed to be eligible. (See medical policy #086, Infertility Diagnosis and Treatment)

Per medical policy #086 Infertility Diagnosis and Treatment, cryopreservation is limited to one cycle only.

*Inclusive of members who have already started hormone therapy. These members are expected to stop and assess sperm/egg quality prior to cryopreservation.

Surgical Services

Gender affirming surgeries are considered **MEDICALLY NECESSARY** when criteria in [Table 1](#) are met **AND** any additional criteria specific to surgical types in [Table 2](#) are met.

Table 1
<p>All gender affirming surgical services must meet ALL of the following criteria to be considered MEDICALLY NECESSARY</p> <ul style="list-style-type: none"> • Age ≥ 18 • The member has been diagnosed with gender dysphoria (ICD-10 codes F64.0-F64.9 gender identity-disorder), and meets ALL the following indications: <ul style="list-style-type: none"> ○ The desire to live and be accepted as a member of another gender other than one's assigned sex, typically accompanied by the desire to make the physical body as congruent as possible with the identified gender through surgery and hormone treatment. ○ The new gender identity should be present for at least 12 months. ○ The member has a consistent, stable gender identity that is well documented by their treating providers, and when possible, lives as their affirmed gender in places where it is safe to do so. ○ The gender dysphoria (ICD-10 codes F64.0-F64.9 gender identity disorder) is not a symptom of another mental disorder.

Table 2		
Procedure Category	Covered Procedures	Additional Criteria/Notes

<p>Facial feminization or Masculinization</p>	<ul style="list-style-type: none"> • Forehead contouring • Orbital contouring/Osteoplasty facial reduction • Scalp advancement (only as needed in conjunction with forehead contouring). • Rhinoplasty • Mandible reconstruction • Trachea shave • Blepharoplasty • Brow lift • Cheek augmentation • Face lift or liposuction (only as needed in conjunction with one of the above procedures). • Neck lift (only if the excess skin impairs the outcome of the covered facial feminization or masculinization procedures). • 	<p>Surgical procedures may be done in stages as needed.</p>
<p>Vocal Cord Surgery</p>	<p>Wendler Glottoplasty for transfeminine members</p>	<p>The treating surgeon must hold board certification in Otolaryngology-Head and Neck Surgery.</p> <p>It is recommended that members undergoing voice feminization surgery also consult a voice and communication specialist to maximize the surgical outcome, help protect vocal health and learn non-pitch related aspects of communication.</p>
<p>Chest Procedures</p>	<ul style="list-style-type: none"> • Mastectomy and/or creation of a male chest (with or without body contouring) for transmasculine or gender diverse members. • Breast augmentation (with or without body contouring) for transfeminine members. 	<p>Hormone therapy is not required for transmasculine or gender diverse members requesting surgical chest procedures.</p> <p>For those candidates without a medical contraindication, the candidate has undergone a minimum of 12 months of continuous hormonal therapy that is provided under the supervision of a licensed clinician.</p>

Genital Procedures	<ul style="list-style-type: none"> • Genital gender affirming surgery for transmasculine, transfeminine or gender diverse members. • Penile construction following transgender surgery using Alloderm is covered.¹ 	<p>For those candidates without a medical contraindication, the candidate has undergone a minimum of 6 months of continuous hormonal therapy that is provided under the supervision of a licensed clinician.</p> <p>Genital surgery for transmasculine, transfeminine or gender diverse members may be considered medically necessary when above medically necessary criteria are met as documented by two licensed and treating clinicians (e.g., behavioral health professional, primary care provider, or surgeon).</p> <p>Surgical procedures may be done in stages as needed.</p> <p>Genital surgery for Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome (a disorder that occurs in females and mainly affects the reproductive system) does not require two letters of medical necessity.</p>
Electrolysis	Electrolysis and/or laser hair removal performed by a licensed and/or certified provider, for the removal of hair on skin being used for genital gender affirmation surgery.	<p>Up to 12 electrolysis and/or laser hair removal treatments may be used following the approval of genital surgery for transmasculine, transfeminine or gender diverse members.</p> <p>Greater than 12 electrolysis and/or laser hair removal treatments will require prior authorization with a subsequent letter of medical necessity.</p> <p>Please refer to the Electrolysis for Gender Affirming Services (Transgender Services) Prior Authorization Request Form #902.</p> <p>Electrolysis and/or laser hair removal for any other part of the body for any other indication is not covered.</p>

Surgical Revisions/Reconstruction

Reconstructive surgery following gender affirmation surgery (including facial surgery) may be considered **MEDICALLY NECESSARY** when it is performed to:

- Correct complications resulting from the initial surgery **OR**
- Correct functional impairment resulting from initial surgery.

Reconstructive surgery following gender affirmation surgery is **NOT MEDICALLY NECESSARY** to reverse natural signs of aging or if the member is not satisfied with the surgical result.

Surgical Services for Adolescents

Members <18 years of age will be considered on a case-by-case basis.

In addition to meeting the above criteria, providers requesting surgery for members <18 will need to provide documentation supporting **ALL** of the following:

- The member has adequate home support.
- The member has realistic expectations regarding the possibilities and limitations of surgery and a full understanding of the long-term consequences of surgical procedures.
- The member has been assessed for any co-existing mental health concerns and is not requesting surgery as an initial response to gender dysphoric puberty.

Speech Therapy/Voice Training

Feminizing or masculinizing speech therapy and/or voice training services for transgender and gender diverse members with or without additional health diagnoses **are covered** services.

Not Medically Necessary/Not Covered Services

The following procedures are considered **INVESTIGATIONAL** and **are not covered** including but not limited to:

- Body contouring unrelated to chest surgery
- Buttocks enhancement
- Tracheal implant
- Breast lift
- Lip enhancement as a standalone procedure
- Lip lift
- Monsplasty
- Neck lift (as a stand-alone procedure)
- Dermabrasion
- Chemical peel
- Hair transplant
- Electrolysis (except for genital surgery as noted above).

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	<ul style="list-style-type: none">• Prior authorization is required for surgical services* and fertility preservation.• Prior authorization is not required for surgically implanted puberty blockers.
Commercial PPO and Indemnity	<ul style="list-style-type: none">• Prior authorization is required for surgical services* and fertility preservation.• Prior authorization is not required for surgically implanted puberty blockers.
Medicare HMO BlueSM	<ul style="list-style-type: none">• Prior authorization is required for surgical services, speech therapy and/or voice training services only.*• Prior authorization is not required for surgically implanted puberty blockers.
Medicare PPO BlueSM	Prior authorization is not required .

Note: Prior authorization is **not** required on HCPCS codes: J3316, J9219, J9225, and J9226.

***Prior Authorization Request Form: Gender Affirming Services (Transgender Services)**
The relevant form must be completed and faxed to: Medical and Surgical: 1-888-282-0780; Medicare Advantage: 1-800-447-2994; BCBSMA Employees: 617-246-4299
 Click here for:

- [Prior Authorization Request for Gender Affirming Services \(Transgender Services\) Form #901](#)
- [Prior Authorization Request for Electrolysis for Gender Affirming Services \(Transgender Services\) Form #902](#)

Policy History

Date	Action
1/2025	Investigational indications revised.
6/2024	Policy updated to clarify coverage for facial feminization procedures ie., orbital contouring. Clarified non-covered services list to specify monsplasty. 6/1/2024.
12/2023	Investigational/non-covered services added to non-covered section. Coding section clarified. Removal of hysterectomy and orchiectomy codes from prior authorization coding section. 12/2023.
2/2023	Annual policy update. WPATH version 8 (9/2022) guidelines and references reviewed and added. Clarifications made to section on hormone therapy. Clarified coding information. 2/2023.
12/2021	Policy statement on surgical procedures revised to clarify that surgical procedures may be done in stages as needed. Policy statement on facial feminization or masculinization clarified to include scalp advancement (only as needed in conjunction with forehead contouring). Policy statement revised to clarify that hormone therapy is not required for transmasculine or gender diverse members requesting surgical chest procedures. Effective 12/2021
10/2021	Policy revised. Effective 10/1/2021. <ul style="list-style-type: none"> • To include new medically necessary statements for vocal cord surgery for transfeminine members. Policy clarified. Effective 10/1/2021. <ul style="list-style-type: none"> • To indicate chest procedures may be done with or without body contouring. Policy reformatted for clarity.
6/2021	Policy statement clarified to include neck lift as a covered procedure only if the excess skin impairs the outcome of the covered facial feminization or masculinization procedures. Prior authorization table updated to clarify that prior authorization is not required for surgically implanted puberty blockers.
5/2021	Policy statement on fertility preservation clarified to meet the intent of the policy. Inclusive of members prior to gender affirmation surgery or hormone treatment (for members who have already started hormone therapy, they are expected to stop and assess sperm/egg quality prior to cryopreservation). Prior authorization is required for fertility preservation.
4/2021	Policy statement on oocyte, embryo, or sperm retrieval, freezing and storage for transgender members revised to clarify fertility preservation criteria prior to genital gender affirming surgery. Clarified that adequate sperm or egg evaluation would be needed to be eligible.
1/2021	Clarified coding information.
12/2020	Penile construction following transgender surgery using Alloderm is covered. Clarified coding information. Effective 12/9/2020.
10/2020	Clarified coding information.
8/2020	Clarified coding information.
5/2020	Electrolysis and/or laser hair removal treatments revised. Up to 12 electrolysis and/or laser hair removal treatments may be used following the approval of genital

	surgery for transmasculine, transfeminine or gender diverse members. Greater than 12 electrolysis and/or laser hair removal treatments will require prior authorization with subsequent letter of medical necessity. Effective 5/1/2020.
1/2020	Clarified coding information.
11/2019	Clarified coding information.
9/2019	<p>Policy revised. Effective 9/1/2019.</p> <ul style="list-style-type: none"> To include not medically necessary statements on breast lift. To include new medically necessary statements for feminizing or masculinizing speech therapy and/or voice training services. To indicate that prior authorization is required for Medicare HMO. <p>Policy clarified. Effective 9/1/2019.</p> <ul style="list-style-type: none"> To reflect current terminology i.e., gender identity, gender diverse. To include bicalutamide for gender affirming hormone therapy Medically necessary statement on electrolysis or laser hair removal edited to remove skin graft donor site.
3/2019	Policy updated to include clarifications to surgical revisions. Effective 3/1/2019.
2/2019	<p>Policy revised: Effective 2/1/2019.</p> <ul style="list-style-type: none"> To include new medically necessary statements on hormone therapy/puberty blockers; gender-affirming hormone therapy; surgical services for adolescents; supportive behavioral health services. To include vocal cord surgery as investigational procedure. Revised policy statements on facial procedures; chest procedures; genital procedures and electrolysis. Speech therapy/voice training feminizing or masculinizing speech therapy added as not covered. New references added
10/2018	Clarified coding information.
12/2017	Medically necessary criteria revised. New investigational indications described. Clarified coding information. New references added. Effective 12/1/2017.
4/2017	Clarified coding information.
2/2017	Clarified coding information.
4/2016	Electrolysis added as medically necessary prior to sex reassignment surgery. Clarified coding information. Clarified cryopreservation statement. Effective 4/1/2016.
10/2015	Clarified coding information.
9/2015	Clarified coding information.
8/2015	Ongoing coverage on cryopreservation for transgender members added. Statement transferred from medical policy #086, Infertility Diagnosis and Treatment.
4/2015	Coverage for facial surgical procedures and documentation requirement clarified. Effective 4/1/2015.
11/2014	Medically necessary statement clarified. Effective 11/14/2014.
10/2014	Coding information clarified.
9/2014	Coding information clarified.
8/2014	Updated criteria for SRS qualification. Added facial feminization to non-cosmetic surgery section. Coding information clarified. Effective 8/27/2014.
6/2014	Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.
4/2014	Language on benefit riders added.
4/2014	Coding information clarified.
1/2/2010	New policy describing covered and non-covered services. Effective 1/2/2010.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

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CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above [medical necessity criteria \(pp. 2-5\)](#) **MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

CPT Codes

Male to Female Surgery

CPT codes	Code Description
17380	Electrolysis epilation, each 30 minutes
19325	Breast augmentation with implant
19350	Nipple/areola reconstruction
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
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)
53410	Urethroplasty, 1-stage reconstruction of male anterior 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
54120	Amputation of penis; partial
54125	Amputation of penis; complete
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
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
57335	Vaginoplasty for intersex state

Gender Affirming Facial Surgery

Brow Reconstruction

CPT codes	Code Description
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
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)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21299	Unlisted craniofacial and maxillofacial procedure
21499	Unlisted musculoskeletal procedure, head

Brow Lift

CPT codes	Code Description
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)

Blepharoplasty

CPT codes	Code Description
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

Rhinoplasty

CPT codes	Code Description
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

Cheek Augmentation

CPT codes	Code Description
21270	Malar augmentation, prosthetic material
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction

Jaw Reconstruction

CPT codes	Code Description
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21299	Unlisted craniofacial and maxillofacial procedure
21499	Unlisted musculoskeletal procedure, head

Chin Reconstruction

CPT codes	Code Description
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21299	Unlisted craniofacial and maxillofacial procedure
21499	Unlisted musculoskeletal procedure, head

Face Lift

The following codes are covered when required as part of a medically necessary facial feminization procedure.

CPT codes	Code Description
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck

Liposuction

The following codes are covered when required as part of a medically necessary facial feminization procedure.

CPT codes	Code Description
15876	Suction assisted lipectomy; head and neck

Trachea Shave

CPT codes	Code Description
31599	Unlisted procedure, larynx

Vocal Cord Surgery

CPT codes	Code Description
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31599	Unlisted procedure, larynx
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Female to Male Surgery

CPT codes:	Code Description
15877	Suction assisted lipectomy; trunk
19303	Mastectomy, simple, complete
19316	Mastopexy
19318	Breast reduction
19350	Nipple/areola reconstruction
53430	Urethroplasty, reconstruction of female urethra
54660	Insertion testicular prosthesis
55175	Scrotoplasty; simple
55180	Scrotoplasty; complex
55980	Intersex surgery; female to male
56620	Vulvectomy; simple
56625	Vulvectomy; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical
57110	Vaginectomy; complete removal of vaginal wall
57111	Vaginectomy; with removal of paravaginal tissue (radical vaginectomy)

HCPCS Codes

HCPCS codes	Code Description
Q4116	AlloDerm, per sq cm

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT code above if above medical necessity criteria on pp. 1-2 are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes	Code Description
F64.0	Transsexualism
F64.1	Gender identity disorder in adolescence and adulthood
F64.2	Gender identity disorder of childhood
F64.8	Other identity disorders
F64.9	Gender identity disorder, unspecified

The above [medical necessity criteria](#) on pp. 2-7 **MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

ICD-10 Procedure Codes

Male to Female Surgery

ICD-10-PCS procedure codes	Code Description
0VTC0ZZ	Resection of Bilateral Testes, Open Approach
0H0T0ZZ	Alteration of Right Breast, Open Approach
0H0T3ZZ	Alteration of Right Breast, Percutaneous Approach

0H0U0ZZ	Alteration of Left Breast, Open Approach
0H0U3ZZ	Alteration of Left Breast, Percutaneous Approach
0H0V07Z	Alteration of Bilateral Breast with Autologous Tissue Substitute, Open Approach
0H0V0JZ	Alteration of Bilateral Breast with Synthetic Substitute, Open Approach
0H0V0KZ	Alteration of Bilateral Breast with Nonautologous Tissue Substitute, Open Approach
0H0V0ZZ	Alteration of Bilateral Breast, Open Approach
0H0V37Z	Alteration of Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach
0H0V3JZ	Alteration of Bilateral Breast with Synthetic Substitute, Percutaneous Approach
0H0V3KZ	Alteration of Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0H0V3ZZ	Alteration of Bilateral Breast, Percutaneous Approach
0HDSXZZ	Extraction of Hair, External Approach
0HMTXZZ	Reattachment of Right Breast, External Approach
0HMUXZZ	Reattachment of Left Breast, External Approach
0HMXVZZ	Reattachment of Bilateral Breast, External Approach
0HMXWZZ	Reattachment of Right Nipple, External Approach
0HMXZZ	Reattachment of Left Nipple, External Approach
0U5J0ZZ	Destruction of Clitoris, Open Approach
0U5JXZZ	Destruction of Clitoris, External Approach
0U9J00Z	Drainage of Clitoris with Drainage Device, Open Approach
0U9J0ZZ	Drainage of Clitoris, Open Approach
0U9JX0Z	Drainage of Clitoris with Drainage Device, External Approach
0U9JXZZ	Drainage of Clitoris, External Approach
0UBJ0ZX	Excision of Clitoris, Open Approach, Diagnostic
0UBJ0ZZ	Excision of Clitoris, Open Approach
0UBJXZX	Excision of Clitoris, External Approach, Diagnostic
0UBJXZZ	Excision of Clitoris, External Approach
0UCJ0ZZ	Extirpation of Matter from Clitoris, Open Approach
0UCJXZZ	Extirpation of Matter from Clitoris, External Approach
0UMJXZZ	Reattachment of Clitoris, External Approach
0UNJ0ZZ	Release Clitoris, Open Approach
0UNJXZZ	Release Clitoris, External Approach
0UQG0ZZ	Repair Vagina, Open Approach
0UQJ0ZZ	Repair Clitoris, Open Approach
0UQJXZZ	Repair Clitoris, External Approach
0UTJ0ZZ	Resection of Clitoris, Open Approach
0UTJXZZ	Resection of Clitoris, External Approach
0UUG07Z	Supplement Vagina with Autologous Tissue Substitute, Open Approach
0UUG0JZ	Supplement Vagina with Synthetic Substitute, Open Approach
0UUG0KZ	Supplement Vagina with Nonautologous Tissue Substitute, Open Approach
0UUG47Z	Supplement Vagina with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0UUG4JZ	Supplement Vagina with Synthetic Substitute, Percutaneous Endoscopic Approach
0UUG4KZ	Supplement Vagina with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0UUG77Z	Supplement Vagina with Autologous Tissue Substitute, Via Natural or Artificial Opening
0UUG7JZ	Supplement Vagina with Synthetic Substitute, Via Natural or Artificial Opening
0UUG7KZ	Supplement Vagina with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0UUG87Z	Supplement Vagina with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic

0UUG8JZ	Supplement Vagina with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0UUG8KZ	Supplement Vagina with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0UUGX7Z	Supplement Vagina with Autologous Tissue Substitute, External Approach
0UUGXJZ	Supplement Vagina with Synthetic Substitute, External Approach
0UUGXKZ	Supplement Vagina with Nonautologous Tissue Substitute, External Approach
0UUJ07Z	Supplement Clitoris with Autologous Tissue Substitute, Open Approach
0UUJ0JZ	Supplement Clitoris with Synthetic Substitute, Open Approach
0UUJ0KZ	Supplement Clitoris with Nonautologous Tissue Substitute, Open Approach
0UUJX7Z	Supplement Clitoris with Autologous Tissue Substitute, External Approach
0UUJXJZ	Supplement Clitoris with Synthetic Substitute, External Approach
0UUJXKZ	Supplement Clitoris with Nonautologous Tissue Substitute, External Approach
0VT90ZZ	Resection of Right Testis, Open Approach
0VT94ZZ	Resection of Right Testis, Percutaneous Endoscopic Approach
0VTB0ZZ	Resection of Left Testis, Open Approach
0VTB4ZZ	Resection of Left Testis, Percutaneous Endoscopic 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
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

Gender affirming Facial Surgery

ICD-10-PCS procedure codes	Code Description
080N0ZZ	Alteration of Right Upper Eyelid, Open Approach
080N3ZZ	Alteration of Right Upper Eyelid, Percutaneous Approach
080NXZZ	Alteration of Right Upper Eyelid, External Approach
080P0ZZ	Alteration of Left Upper Eyelid, Open Approach
080P3ZZ	Alteration of Left Upper Eyelid, Percutaneous Approach
080PXZZ	Alteration of Left Upper Eyelid, External Approach
080Q0ZZ	Alteration of Right Lower Eyelid, Open Approach
080Q3ZZ	Alteration of Right Lower Eyelid, Percutaneous Approach
080QXZZ	Alteration of Right Lower Eyelid, External Approach
080R0ZZ	Alteration of Left Lower Eyelid, Open Approach
080R3ZZ	Alteration of Left Lower Eyelid, Percutaneous Approach
080RXZZ	Alteration of Left Lower Eyelid, External Approach
090K0ZZ	Alteration of Nose, Open Approach
090K3ZZ	Alteration of Nose, Percutaneous Approach
090K4ZZ	Alteration of Nose, Percutaneous Endoscopic Approach
090KXZZ	Alteration of Nose, External Approach
09QM0ZZ	Repair Nasal Septum, Open Approach
09QM3ZZ	Repair Nasal Septum, Percutaneous Approach
09QM4ZZ	Repair Nasal Septum, Percutaneous Endoscopic Approach
0J040ZZ	Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J043ZZ	Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach

0J050ZZ	Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J053ZZ	Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
08SN0ZZ	Reposition Right Upper Eyelid, Open Approach
08SN3ZZ	Reposition Right Upper Eyelid, Percutaneous Approach
08SNXZZ	Reposition Right Upper Eyelid, External Approach
08SP0ZZ	Reposition Left Upper Eyelid, Open Approach
08SP3ZZ	Reposition Left Upper Eyelid, Percutaneous Approach
08SPXZZ	Reposition Left Upper Eyelid, External Approach
08SQ0ZZ	Reposition Right Lower Eyelid, Open Approach
08SQ3ZZ	Reposition Right Lower Eyelid, Percutaneous Approach
08SQXZZ	Reposition Right Lower Eyelid, External Approach
08SR0ZZ	Reposition Left Lower Eyelid, Open Approach
08SR3ZZ	Reposition Left Lower Eyelid, Percutaneous Approach
08SRXZZ	Reposition Left Lower Eyelid, External Approach
0KS10ZZ	Reposition Facial Muscle, Open Approach
0KS14ZZ	Reposition Facial Muscle, Percutaneous Endoscopic Approach
0NNC0ZZ	Release Right Sphenoid Bone, Open Approach
0NNC3ZZ	Release Right Sphenoid Bone, Percutaneous Approach
0NNC4ZZ	Release Right Sphenoid Bone, Percutaneous Endoscopic Approach
0NNF0ZZ	Release Right Ethmoid Bone, Open Approach
0NNF3ZZ	Release Right Ethmoid Bone, Percutaneous Approach
0NNF4ZZ	Release Right Ethmoid Bone, Percutaneous Endoscopic Approach
0NNG0ZZ	Release Left Ethmoid Bone, Open Approach
0NNG3ZZ	Release Left Ethmoid Bone, Percutaneous Approach
0NNG4ZZ	Release Left Ethmoid Bone, Percutaneous Endoscopic Approach
0NNH0ZZ	Release Right Lacrimal Bone, Open Approach
0NNH3ZZ	Release Right Lacrimal Bone, Percutaneous Approach
0NNH4ZZ	Release Right Lacrimal Bone, Percutaneous Endoscopic Approach
0NNJ0ZZ	Release Left Lacrimal Bone, Open Approach
0NNJ3ZZ	Release Left Lacrimal Bone, Percutaneous Approach
0NNJ4ZZ	Release Left Lacrimal Bone, Percutaneous Endoscopic Approach
0NNK0ZZ	Release Right Palatine Bone, Open Approach
0NNK3ZZ	Release Right Palatine Bone, Percutaneous Approach
0NNK4ZZ	Release Right Palatine Bone, Percutaneous Endoscopic Approach
0NNL0ZZ	Release Left Palatine Bone, Open Approach
0NNL3ZZ	Release Left Palatine Bone, Percutaneous Approach
0NNL4ZZ	Release Left Palatine Bone, Percutaneous Endoscopic Approach
0NNM0ZZ	Release Right Zygomatic Bone, Open Approach
0NNM3ZZ	Release Right Zygomatic Bone, Percutaneous Approach
0NNM4ZZ	Release Right Zygomatic Bone, Percutaneous Endoscopic Approach
0NNN0ZZ	Release Left Zygomatic Bone, Open Approach
0NNN3ZZ	Release Left Zygomatic Bone, Percutaneous Approach
0NNN4ZZ	Release Left Zygomatic Bone, Percutaneous Endoscopic Approach
0NNP0ZZ	Release Right Orbit, Open Approach
0NNP3ZZ	Release Right Orbit, Percutaneous Approach
0NNP4ZZ	Release Right Orbit, Percutaneous Endoscopic Approach
0NNQ0ZZ	Release Left Orbit, Open Approach
0NNQ3ZZ	Release Left Orbit, Percutaneous Approach
0NNQ4ZZ	Release Left Orbit, Percutaneous Endoscopic Approach
0NNR0ZZ	Release Right Maxilla, Open Approach
0NNR3ZZ	Release Right Maxilla, Percutaneous Approach

0NNR4ZZ	Release Right Maxilla, Percutaneous Endoscopic Approach
0NNT0ZZ	Release Right Mandible, Open Approach
0NNT3ZZ	Release Right Mandible, Percutaneous Approach
0NNT4ZZ	Release Right Mandible, Percutaneous Endoscopic Approach
0NNV0ZZ	Release Left Mandible, Open Approach
0NNV3ZZ	Release Left Mandible, Percutaneous Approach
0NNV4ZZ	Release Left Mandible, Percutaneous Endoscopic Approach
0NQC0ZZ	Repair Right Sphenoid Bone, Open Approach
0NQC3ZZ	Repair Right Sphenoid Bone, Percutaneous Approach
0NQC4ZZ	Repair Right Sphenoid Bone, Percutaneous Endoscopic Approach
0NQCXZZ	Repair Right Sphenoid Bone, External Approach
0NQF0ZZ	Repair Right Ethmoid Bone, Open Approach
0NQF3ZZ	Repair Right Ethmoid Bone, Percutaneous Approach
0NQF4ZZ	Repair Right Ethmoid Bone, Percutaneous Endoscopic Approach
0NQFXZZ	Repair Right Ethmoid Bone, External Approach
0NQG0ZZ	Repair Left Ethmoid Bone, Open Approach
0NQG3ZZ	Repair Left Ethmoid Bone, Percutaneous Approach
0NQG4ZZ	Repair Left Ethmoid Bone, Percutaneous Endoscopic Approach
0NQGXZZ	Repair Left Ethmoid Bone, External Approach
0NQH0ZZ	Repair Right Lacrimal Bone, Open Approach
0NQH3ZZ	Repair Right Lacrimal Bone, Percutaneous Approach
0NQH4ZZ	Repair Right Lacrimal Bone, Percutaneous Endoscopic Approach
0NQHXZZ	Repair Right Lacrimal Bone, External Approach
0NQJ0ZZ	Repair Left Lacrimal Bone, Open Approach
0NQJ3ZZ	Repair Left Lacrimal Bone, Percutaneous Approach
0NQJ4ZZ	Repair Left Lacrimal Bone, Percutaneous Endoscopic Approach
0NQJXZZ	Repair Left Lacrimal Bone, External Approach
0NQK0ZZ	Repair Right Palatine Bone, Open Approach
0NQK3ZZ	Repair Right Palatine Bone, Percutaneous Approach
0NQK4ZZ	Repair Right Palatine Bone, Percutaneous Endoscopic Approach
0NQKXZZ	Repair Right Palatine Bone, External Approach
0NQL0ZZ	Repair Left Palatine Bone, Open Approach
0NQL3ZZ	Repair Left Palatine Bone, Percutaneous Approach
0NQL4ZZ	Repair Left Palatine Bone, Percutaneous Endoscopic Approach
0NQLXZZ	Repair Left Palatine Bone, External Approach
0NQM0ZZ	Repair Right Zygomatic Bone, Open Approach
0NQM3ZZ	Repair Right Zygomatic Bone, Percutaneous Approach
0NQM4ZZ	Repair Right Zygomatic Bone, Percutaneous Endoscopic Approach
0NQMXZZ	Repair Right Zygomatic Bone, External Approach
0NQN0ZZ	Repair Left Zygomatic Bone, Open Approach
0NQN3ZZ	Repair Left Zygomatic Bone, Percutaneous Approach
0NQN4ZZ	Repair Left Zygomatic Bone, Percutaneous Endoscopic Approach
0NQNXZZ	Repair Left Zygomatic Bone, External Approach
0NQX0ZZ	Repair Hyoid Bone, Open Approach
0NQX3ZZ	Repair Hyoid Bone, Percutaneous Approach
0NQX4ZZ	Repair Hyoid Bone, Percutaneous Endoscopic Approach
0NQXXZZ	Repair Hyoid Bone, External Approach
0NRC07Z	Replacement of Right Sphenoid Bone with Autologous Tissue Substitute, Open Approach
0NRC0JZ	Replacement of Right Sphenoid Bone with Synthetic Substitute, Open Approach

0NRC0KZ	Replacement of Right Sphenoid Bone with Nonautologous Tissue Substitute, Open Approach
0NRC37Z	Replacement of Right Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRC3JZ	Replacement of Right Sphenoid Bone with Synthetic Substitute, Percutaneous Approach
0NRC3KZ	Replacement of Right Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRC47Z	Replacement of Right Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRC4JZ	Replacement of Right Sphenoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRC4KZ	Replacement of Right Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRF07Z	Replacement of Right Ethmoid Bone with Autologous Tissue Substitute, Open Approach
0NRF0JZ	Replacement of Right Ethmoid Bone with Synthetic Substitute, Open Approach
0NRF0KZ	Replacement of Right Ethmoid Bone with Nonautologous Tissue Substitute, Open Approach
0NRF37Z	Replacement of Right Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRF3JZ	Replacement of Right Ethmoid Bone with Synthetic Substitute, Percutaneous Approach
0NRF3KZ	Replacement of Right Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRF47Z	Replacement of Right Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRF4JZ	Replacement of Right Ethmoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRF4KZ	Replacement of Right Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRG07Z	Replacement of Left Ethmoid Bone with Autologous Tissue Substitute, Open Approach
0NRG0JZ	Replacement of Left Ethmoid Bone with Synthetic Substitute, Open Approach
0NRG0KZ	Replacement of Left Ethmoid Bone with Nonautologous Tissue Substitute, Open Approach
0NRG37Z	Replacement of Left Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRG3JZ	Replacement of Left Ethmoid Bone with Synthetic Substitute, Percutaneous Approach
0NRG3KZ	Replacement of Left Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRG47Z	Replacement of Left Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRG4JZ	Replacement of Left Ethmoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRG4KZ	Replacement of Left Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRH07Z	Replacement of Right Lacrimal Bone with Autologous Tissue Substitute, Open Approach
0NRH0JZ	Replacement of Right Lacrimal Bone with Synthetic Substitute, Open Approach
0NRH0KZ	Replacement of Right Lacrimal Bone with Nonautologous Tissue Substitute, Open Approach
0NRH37Z	Replacement of Right Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRH3JZ	Replacement of Right Lacrimal Bone with Synthetic Substitute, Percutaneous Approach
0NRH3KZ	Replacement of Right Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRH47Z	Replacement of Right Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

0NRH4JZ	Replacement of Right Lacrimal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRH4KZ	Replacement of Right Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRJ07Z	Replacement of Left Lacrimal Bone with Autologous Tissue Substitute, Open Approach
0NRJ0JZ	Replacement of Left Lacrimal Bone with Synthetic Substitute, Open Approach
0NRJ0KZ	Replacement of Left Lacrimal Bone with Nonautologous Tissue Substitute, Open Approach
0NRJ37Z	Replacement of Left Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRJ3JZ	Replacement of Left Lacrimal Bone with Synthetic Substitute, Percutaneous Approach
0NRJ3KZ	Replacement of Left Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRJ47Z	Replacement of Left Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRJ4JZ	Replacement of Left Lacrimal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRJ4KZ	Replacement of Left Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRK07Z	Replacement of Right Palatine Bone with Autologous Tissue Substitute, Open Approach
0NRK0JZ	Replacement of Right Palatine Bone with Synthetic Substitute, Open Approach
0NRK0KZ	Replacement of Right Palatine Bone with Nonautologous Tissue Substitute, Open Approach
0NRK37Z	Replacement of Right Palatine Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRK3JZ	Replacement of Right Palatine Bone with Synthetic Substitute, Percutaneous Approach
0NRK3KZ	Replacement of Right Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRK47Z	Replacement of Right Palatine Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRK4JZ	Replacement of Right Palatine Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRK4KZ	Replacement of Right Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRL07Z	Replacement of Left Palatine Bone with Autologous Tissue Substitute, Open Approach
0NRL0JZ	Replacement of Left Palatine Bone with Synthetic Substitute, Open Approach
0NRL0KZ	Replacement of Left Palatine Bone with Nonautologous Tissue Substitute, Open Approach
0NRL37Z	Replacement of Left Palatine Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRL3JZ	Replacement of Left Palatine Bone with Synthetic Substitute, Percutaneous Approach
0NRL3KZ	Replacement of Left Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRL47Z	Replacement of Left Palatine Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRL4JZ	Replacement of Left Palatine Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRL4KZ	Replacement of Left Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRM07Z	Replacement of Right Zygomatic Bone with Autologous Tissue Substitute, Open Approach
0NRM0JZ	Replacement of Right Zygomatic Bone with Synthetic Substitute, Open Approach
0NRM0KZ	Replacement of Right Zygomatic Bone with Nonautologous Tissue Substitute, Open Approach

0NRM37Z	Replacement of Right Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRM3JZ	Replacement of Right Zygomatic Bone with Synthetic Substitute, Percutaneous Approach
0NRM3KZ	Replacement of Right Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRM47Z	Replacement of Right Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRM4JZ	Replacement of Right Zygomatic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRM4KZ	Replacement of Right Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRN07Z	Replacement of Left Zygomatic Bone with Autologous Tissue Substitute, Open Approach
0NRN0JZ	Replacement of Left Zygomatic Bone with Synthetic Substitute, Open Approach
0NRN0KZ	Replacement of Left Zygomatic Bone with Nonautologous Tissue Substitute, Open Approach
0NRN37Z	Replacement of Left Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRN3JZ	Replacement of Left Zygomatic Bone with Synthetic Substitute, Percutaneous Approach
0NRN3KZ	Replacement of Left Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRN47Z	Replacement of Left Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRN4JZ	Replacement of Left Zygomatic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRN4KZ	Replacement of Left Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRP0KZ	Replacement of Right Orbit with Nonautologous Tissue Substitute, Open Approach
0NRP3KZ	Replacement of Right Orbit with Nonautologous Tissue Substitute, Percutaneous Approach
0NRP4KZ	Replacement of Right Orbit with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRQ0KZ	Replacement of Left Orbit with Nonautologous Tissue Substitute, Open Approach
0NRQ3KZ	Replacement of Left Orbit with Nonautologous Tissue Substitute, Percutaneous Approach
0NRQ4KZ	Replacement of Left Orbit with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRR07Z	Replacement of Right Maxilla with Autologous Tissue Substitute, Open Approach
0NRR0JZ	Replacement of Right Maxilla with Synthetic Substitute, Open Approach
0NRR0KZ	Replacement of Right Maxilla with Nonautologous Tissue Substitute, Open Approach
0NRR37Z	Replacement of Right Maxilla with Autologous Tissue Substitute, Percutaneous Approach
0NRR3JZ	Replacement of Right Maxilla with Synthetic Substitute, Percutaneous Approach
0NRR3KZ	Replacement of Right Maxilla with Nonautologous Tissue Substitute, Percutaneous Approach
0NRR47Z	Replacement of Right Maxilla with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRR4JZ	Replacement of Right Maxilla with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRR4KZ	Replacement of Right Maxilla with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRX07Z	Replacement of Hyoid Bone with Autologous Tissue Substitute, Open Approach
0NRX0JZ	Replacement of Hyoid Bone with Synthetic Substitute, Open Approach
0NRX0KZ	Replacement of Hyoid Bone with Nonautologous Tissue Substitute, Open Approach

0NRX37Z	Replacement of Hyoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRX3JZ	Replacement of Hyoid Bone with Synthetic Substitute, Percutaneous Approach
0NRX3KZ	Replacement of Hyoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRX47Z	Replacement of Hyoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRX4JZ	Replacement of Hyoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRX4KZ	Replacement of Hyoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUC07Z	Supplement Right Sphenoid Bone with Autologous Tissue Substitute, Open Approach
0NUC0JZ	Supplement Right Sphenoid Bone with Synthetic Substitute, Open Approach
0NUC0KZ	Supplement Right Sphenoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUC37Z	Supplement Right Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUC3JZ	Supplement Right Sphenoid Bone with Synthetic Substitute, Percutaneous Approach
0NUC3KZ	Supplement Right Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUC47Z	Supplement Right Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUC4JZ	Supplement Right Sphenoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUC4KZ	Supplement Right Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUF07Z	Supplement Right Ethmoid Bone with Autologous Tissue Substitute, Open Approach
0NUF0JZ	Supplement Right Ethmoid Bone with Synthetic Substitute, Open Approach
0NUF0KZ	Supplement Right Ethmoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUF37Z	Supplement Right Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUF3JZ	Supplement Right Ethmoid Bone with Synthetic Substitute, Percutaneous Approach
0NUF3KZ	Supplement Right Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUF47Z	Supplement Right Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUF4JZ	Supplement Right Ethmoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUF4KZ	Supplement Right Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUG07Z	Supplement Left Ethmoid Bone with Autologous Tissue Substitute, Open Approach
0NUG0JZ	Supplement Left Ethmoid Bone with Synthetic Substitute, Open Approach
0NUG0KZ	Supplement Left Ethmoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUG37Z	Supplement Left Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUG3JZ	Supplement Left Ethmoid Bone with Synthetic Substitute, Percutaneous Approach
0NUG3KZ	Supplement Left Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUG47Z	Supplement Left Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUG4JZ	Supplement Left Ethmoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUG4KZ	Supplement Left Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUH07Z	Supplement Right Lacrimal Bone with Autologous Tissue Substitute, Open Approach

0NUH0JZ	Supplement Right Lacrimal Bone with Synthetic Substitute, Open Approach
0NUH0KZ	Supplement Right Lacrimal Bone with Nonautologous Tissue Substitute, Open Approach
0NUH37Z	Supplement Right Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUH3JZ	Supplement Right Lacrimal Bone with Synthetic Substitute, Percutaneous Approach
0NUH3KZ	Supplement Right Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUH47Z	Supplement Right Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUH4JZ	Supplement Right Lacrimal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUH4KZ	Supplement Right Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUJ07Z	Supplement Left Lacrimal Bone with Autologous Tissue Substitute, Open Approach
0NUJ0JZ	Supplement Left Lacrimal Bone with Synthetic Substitute, Open Approach
0NUJ0KZ	Supplement Left Lacrimal Bone with Nonautologous Tissue Substitute, Open Approach
0NUJ37Z	Supplement Left Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUJ3JZ	Supplement Left Lacrimal Bone with Synthetic Substitute, Percutaneous Approach
0NUJ3KZ	Supplement Left Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUJ47Z	Supplement Left Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUJ4JZ	Supplement Left Lacrimal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUJ4KZ	Supplement Left Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUK07Z	Supplement Right Palatine Bone with Autologous Tissue Substitute, Open Approach
0NUK0JZ	Supplement Right Palatine Bone with Synthetic Substitute, Open Approach
0NUK0KZ	Supplement Right Palatine Bone with Nonautologous Tissue Substitute, Open Approach
0NUK37Z	Supplement Right Palatine Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUK3JZ	Supplement Right Palatine Bone with Synthetic Substitute, Percutaneous Approach
0NUK3KZ	Supplement Right Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUK47Z	Supplement Right Palatine Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUK4JZ	Supplement Right Palatine Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUK4KZ	Supplement Right Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUL07Z	Supplement Left Palatine Bone with Autologous Tissue Substitute, Open Approach
0NUL0JZ	Supplement Left Palatine Bone with Synthetic Substitute, Open Approach
0NUL0KZ	Supplement Left Palatine Bone with Nonautologous Tissue Substitute, Open Approach
0NUL37Z	Supplement Left Palatine Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUL3JZ	Supplement Left Palatine Bone with Synthetic Substitute, Percutaneous Approach
0NUL3KZ	Supplement Left Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUL47Z	Supplement Left Palatine Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUL4JZ	Supplement Left Palatine Bone with Synthetic Substitute, Percutaneous Endoscopic Approach

0NUL4KZ	Supplement Left Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUM07Z	Supplement Right Zygomatic Bone with Autologous Tissue Substitute, Open Approach
0NUM0JZ	Supplement Right Zygomatic Bone with Synthetic Substitute, Open Approach
0NUM0KZ	Supplement Right Zygomatic Bone with Nonautologous Tissue Substitute, Open Approach
0NUM37Z	Supplement Right Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUM3JZ	Supplement Right Zygomatic Bone with Synthetic Substitute, Percutaneous Approach
0NUM3KZ	Supplement Right Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUM47Z	Supplement Right Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUM4JZ	Supplement Right Zygomatic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUM4KZ	Supplement Right Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUN07Z	Supplement Left Zygomatic Bone with Autologous Tissue Substitute, Open Approach
0NUN0JZ	Supplement Left Zygomatic Bone with Synthetic Substitute, Open Approach
0NUN0KZ	Supplement Left Zygomatic Bone with Nonautologous Tissue Substitute, Open Approach
0NUN37Z	Supplement Left Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUN3JZ	Supplement Left Zygomatic Bone with Synthetic Substitute, Percutaneous Approach
0NUN3KZ	Supplement Left Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUN47Z	Supplement Left Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUN4JZ	Supplement Left Zygomatic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUN4KZ	Supplement Left Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUP07Z	Supplement Right Orbit with Autologous Tissue Substitute, Open Approach
0NUP0KZ	Supplement Right Orbit with Nonautologous Tissue Substitute, Open Approach
0NUP37Z	Supplement Right Orbit with Autologous Tissue Substitute, Percutaneous Approach
0NUP3KZ	Supplement Right Orbit with Nonautologous Tissue Substitute, Percutaneous Approach
0NUP47Z	Supplement Right Orbit with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUP4KZ	Supplement Right Orbit with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUQ07Z	Supplement Left Orbit with Autologous Tissue Substitute, Open Approach
0NUQ0KZ	Supplement Left Orbit with Nonautologous Tissue Substitute, Open Approach
0NUQ37Z	Supplement Left Orbit with Autologous Tissue Substitute, Percutaneous Approach
0NUQ3KZ	Supplement Left Orbit with Nonautologous Tissue Substitute, Percutaneous Approach
0NUQ47Z	Supplement Left Orbit with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUQ4KZ	Supplement Left Orbit with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUR07Z	Supplement Right Maxilla with Autologous Tissue Substitute, Open Approach
0NUR0JZ	Supplement Right Maxilla with Synthetic Substitute, Open Approach
0NUR0KZ	Supplement Right Maxilla with Nonautologous Tissue Substitute, Open Approach
0NUR37Z	Supplement Right Maxilla with Autologous Tissue Substitute, Percutaneous Approach
0NUR3JZ	Supplement Right Maxilla with Synthetic Substitute, Percutaneous Approach

0NUR3KZ	Supplement Right Maxilla with Nonautologous Tissue Substitute, Percutaneous Approach
0NUR47Z	Supplement Right Maxilla with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUR4JZ	Supplement Right Maxilla with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUR4KZ	Supplement Right Maxilla with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUX07Z	Supplement Hyoid Bone with Autologous Tissue Substitute, Open Approach
0NUX0JZ	Supplement Hyoid Bone with Synthetic Substitute, Open Approach
0NUX0KZ	Supplement Hyoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUX37Z	Supplement Hyoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUX3JZ	Supplement Hyoid Bone with Synthetic Substitute, Percutaneous Approach
0NUX3KZ	Supplement Hyoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUX47Z	Supplement Hyoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUX4JZ	Supplement Hyoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUX4KZ	Supplement Hyoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RNC0ZZ	Release Right Temporomandibular Joint, Open Approach
0RNC3ZZ	Release Right Temporomandibular Joint, Percutaneous Approach
0RNC4ZZ	Release Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RND0ZZ	Release Left Temporomandibular Joint, Open Approach
0RND3ZZ	Release Left Temporomandibular Joint, Percutaneous Approach
0RND4ZZ	Release Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0W0407Z	Alteration of Upper Jaw with Autologous Tissue Substitute, Open Approach
0W040JZ	Alteration of Upper Jaw with Synthetic Substitute, Open Approach
0W040KZ	Alteration of Upper Jaw with Nonautologous Tissue Substitute, Open Approach
0W040ZZ	Alteration of Upper Jaw, Open Approach
0W0437Z	Alteration of Upper Jaw with Autologous Tissue Substitute, Percutaneous Approach
0W043JZ	Alteration of Upper Jaw with Synthetic Substitute, Percutaneous Approach
0W043KZ	Alteration of Upper Jaw with Nonautologous Tissue Substitute, Percutaneous Approach
0W043ZZ	Alteration of Upper Jaw, Percutaneous Approach
0W0447Z	Alteration of Upper Jaw with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W044JZ	Alteration of Upper Jaw with Synthetic Substitute, Percutaneous Endoscopic Approach
0W044KZ	Alteration of Upper Jaw with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W044ZZ	Alteration of Upper Jaw, Percutaneous Endoscopic Approach
0W0507Z	Alteration of Lower Jaw with Autologous Tissue Substitute, Open Approach
0W050JZ	Alteration of Lower Jaw with Synthetic Substitute, Open Approach
0W050KZ	Alteration of Lower Jaw with Nonautologous Tissue Substitute, Open Approach
0W050ZZ	Alteration of Lower Jaw, Open Approach
0W0537Z	Alteration of Lower Jaw with Autologous Tissue Substitute, Percutaneous Approach
0W053JZ	Alteration of Lower Jaw with Synthetic Substitute, Percutaneous Approach
0W053KZ	Alteration of Lower Jaw with Nonautologous Tissue Substitute, Percutaneous Approach
0W053ZZ	Alteration of Lower Jaw, Percutaneous Approach
0W0547Z	Alteration of Lower Jaw with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W054JZ	Alteration of Lower Jaw with Synthetic Substitute, Percutaneous Endoscopic Approach
0W054KZ	Alteration of Lower Jaw with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W054ZZ	Alteration of Lower Jaw, Percutaneous Endoscopic Approach

0W020ZZ	Alteration of Face, Open Approach
0W0207Z	Alteration of Face with Autologous Tissue Substitute, Open Approach
0W020JZ	Alteration of Face with Synthetic Substitute, Open Approach
0W020KZ	Alteration of Face with Nonautologous Tissue Substitute, Open Approach
0W023ZZ	Alteration of Face, Percutaneous Approach
0W0247Z	Alteration of Face with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W024JZ	Alteration of Face with Synthetic Substitute, Percutaneous Endoscopic Approach
0W024KZ	Alteration of Face with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W024ZZ	Alteration of Face, Percutaneous Endoscopic Approach
0NS104Z	Reposition Right Frontal Bone with Internal Fixation Device, Open Approach

Female to Male Surgery

ICD-10-PCS procedure codes	Code Description
0VTC0ZZ	Resection of Bilateral Testes, Open Approach
0H0T0ZZ	Alteration of Right Breast, Open Approach
0H0T3ZZ	Alteration of Right Breast, Percutaneous Approach
0H0U0ZZ	Alteration of Left Breast, Open Approach
0H0U3ZZ	Alteration of Left Breast, Percutaneous Approach
0H0V07Z	Alteration of Bilateral Breast with Autologous Tissue Substitute, Open Approach
0H0V0JZ	Alteration of Bilateral Breast with Synthetic Substitute, Open Approach
0H0V0KZ	Alteration of Bilateral Breast with Nonautologous Tissue Substitute, Open Approach
0H0V0ZZ	Alteration of Bilateral Breast, Open Approach
0H0V37Z	Alteration of Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach
0H0V3JZ	Alteration of Bilateral Breast with Synthetic Substitute, Percutaneous Approach
0H0V3KZ	Alteration of Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0H0V3ZZ	Alteration of Bilateral Breast, Percutaneous Approach
0HDSXZZ	Extraction of Hair, External Approach
0HMTXZZ	Reattachment of Right Breast, External Approach
0HMUXZZ	Reattachment of Left Breast, External Approach
0HMVXZZ	Reattachment of Bilateral Breast, External Approach
0HMWXZZ	Reattachment of Right Nipple, External Approach
0HMXXZZ	Reattachment of Left Nipple, External Approach
0HNT0ZZ	Release Right Breast, Open Approach
0HNT3ZZ	Release Right Breast, Percutaneous Approach
0HNT7ZZ	Release Right Breast, Via Natural or Artificial Opening
0HNT8ZZ	Release Right Breast, Via Natural or Artificial Opening Endoscopic
0HNTXZZ	Release Right Breast, External Approach
0HNU0ZZ	Release Left Breast, Open Approach
0HNU3ZZ	Release Left Breast, Percutaneous Approach
0HNU7ZZ	Release Left Breast, Via Natural or Artificial Opening
0HNU8ZZ	Release Left Breast, Via Natural or Artificial Opening Endoscopic
0HNV0ZZ	Release Bilateral Breast, Open Approach
0HNV3ZZ	Release Bilateral Breast, Percutaneous Approach
0HNV7ZZ	Release Bilateral Breast, Via Natural or Artificial Opening
0HNV8ZZ	Release Bilateral Breast, Via Natural or Artificial Opening Endoscopic
0HNVXZZ	Release Bilateral Breast, External Approach

0HNW0ZZ	Release Right Nipple, Open Approach
0HNW3ZZ	Release Right Nipple, Percutaneous Approach
0HNW7ZZ	Release Right Nipple, Via Natural or Artificial Opening
0HNW8ZZ	Release Right Nipple, Via Natural or Artificial Opening Endoscopic
0HNWXZZ	Release Right Nipple, External Approach
0HNX0ZZ	Release Left Nipple, Open Approach
0HNX3ZZ	Release Left Nipple, Percutaneous Approach
0HNX7ZZ	Release Left Nipple, Via Natural or Artificial Opening
0HNX8ZZ	Release Left Nipple, Via Natural or Artificial Opening Endoscopic
0HNXXZZ	Release Left Nipple, External Approach
0HQT0ZZ	Repair Right Breast, Open Approach
0HQT3ZZ	Repair Right Breast, Percutaneous Approach
0HQT7ZZ	Repair Right Breast, Via Natural or Artificial Opening
0HQT8ZZ	Repair Right Breast, Via Natural or Artificial Opening Endoscopic
0HQU0ZZ	Repair Left Breast, Open Approach
0HQU3ZZ	Repair Left Breast, Percutaneous Approach
0HQU7ZZ	Repair Left Breast, Via Natural or Artificial Opening
0HQU8ZZ	Repair Left Breast, Via Natural or Artificial Opening Endoscopic
0HQV0ZZ	Repair Bilateral Breast, Open Approach
0HQV3ZZ	Repair Bilateral Breast, Percutaneous Approach
0HQV7ZZ	Repair Bilateral Breast, Via Natural or Artificial Opening
0HQV8ZZ	Repair Bilateral Breast, Via Natural or Artificial Opening Endoscopic
0HQW0ZZ	Repair Right Nipple, Open Approach
0HQW3ZZ	Repair Right Nipple, Percutaneous Approach
0HQW7ZZ	Repair Right Nipple, Via Natural or Artificial Opening
0HQW8ZZ	Repair Right Nipple, Via Natural or Artificial Opening Endoscopic
0HQWXZZ	Repair Right Nipple, External Approach
0HQX0ZZ	Repair Left Nipple, Open Approach
0HQX3ZZ	Repair Left Nipple, Percutaneous Approach
0HQX7ZZ	Repair Left Nipple, Via Natural or Artificial Opening
0HQX8ZZ	Repair Left Nipple, Via Natural or Artificial Opening Endoscopic
0HQXXZZ	Repair Left Nipple, External Approach
0HQY0ZZ	Repair Supernumerary Breast, Open Approach
0HQY3ZZ	Repair Supernumerary Breast, Percutaneous Approach
0HQY7ZZ	Repair Supernumerary Breast, Via Natural or Artificial Opening
0HQY8ZZ	Repair Supernumerary Breast, Via Natural or Artificial Opening Endoscopic
0HRT07Z	Replacement of Right Breast with Autologous Tissue Substitute, Open Approach
0HRT0KZ	Replacement of Right Breast with Nonautologous Tissue Substitute, Open Approach
0HRT37Z	Replacement of Right Breast with Autologous Tissue Substitute, Percutaneous Approach
0HRT3KZ	Replacement of Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HRU07Z	Replacement of Left Breast with Autologous Tissue Substitute, Open Approach
0HRU0KZ	Replacement of Left Breast with Nonautologous Tissue Substitute, Open Approach
0HRU37Z	Replacement of Left Breast with Autologous Tissue Substitute, Percutaneous Approach
0HRU3KZ	Replacement of Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HRV07Z	Replacement of Bilateral Breast with Autologous Tissue Substitute, Open Approach
0HRV0KZ	Replacement of Bilateral Breast with Nonautologous Tissue Substitute, Open Approach
0HRV37Z	Replacement of Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach

0HRV3KZ	Replacement of Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HRW07Z	Replacement of Right Nipple with Autologous Tissue Substitute, Open Approach
0HRW0JZ	Replacement of Right Nipple with Synthetic Substitute, Open Approach
0HRW0KZ	Replacement of Right Nipple with Nonautologous Tissue Substitute, Open Approach
0HRW37Z	Replacement of Right Nipple with Autologous Tissue Substitute, Percutaneous Approach
0HRW3JZ	Replacement of Right Nipple with Synthetic Substitute, Percutaneous Approach
0HRW3KZ	Replacement of Right Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HRWX7Z	Replacement of Right Nipple with Autologous Tissue Substitute, External Approach
0HRWXJZ	Replacement of Right Nipple with Synthetic Substitute, External Approach
0HRWXKZ	Replacement of Right Nipple with Nonautologous Tissue Substitute, External Approach
0HRX07Z	Replacement of Left Nipple with Autologous Tissue Substitute, Open Approach
0HRX0JZ	Replacement of Left Nipple with Synthetic Substitute, Open Approach
0HRX0KZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, Open Approach
0HRX37Z	Replacement of Left Nipple with Autologous Tissue Substitute, Percutaneous Approach
0HRX3JZ	Replacement of Left Nipple with Synthetic Substitute, Percutaneous Approach
0HRX3KZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HRXX7Z	Replacement of Left Nipple with Autologous Tissue Substitute, External Approach
0HRXXJZ	Replacement of Left Nipple with Synthetic Substitute, External Approach
0HRXXKZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, External Approach
0HUT07Z	Supplement Right Breast with Autologous Tissue Substitute, Open Approach
0HUT0JZ	Supplement Right Breast with Synthetic Substitute, Open Approach
0HUT0KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Open Approach
0HUT37Z	Supplement Right Breast with Autologous Tissue Substitute, Percutaneous Approach
0HUT3JZ	Supplement Right Breast with Synthetic Substitute, Percutaneous Approach
0HUT3KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUT77Z	Supplement Right Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUT7JZ	Supplement Right Breast with Synthetic Substitute, Via Natural or Artificial Opening
0HUT7KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUT87Z	Supplement Right Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUT8JZ	Supplement Right Breast with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUT8KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUU07Z	Supplement Left Breast with Autologous Tissue Substitute, Open Approach
0HUU0JZ	Supplement Left Breast with Synthetic Substitute, Open Approach
0HUU0KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Open Approach
0HUU37Z	Supplement Left Breast with Autologous Tissue Substitute, Percutaneous Approach
0HUU3JZ	Supplement Left Breast with Synthetic Substitute, Percutaneous Approach
0HUU3KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUU77Z	Supplement Left Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUU7JZ	Supplement Left Breast with Synthetic Substitute, Via Natural or Artificial Opening
0HUU7KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUU87Z	Supplement Left Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic

0HUU8JZ	Supplement Left Breast with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUU8KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUV07Z	Supplement Bilateral Breast with Autologous Tissue Substitute, Open Approach
0HUV0JZ	Supplement Bilateral Breast with Synthetic Substitute, Open Approach
0HUV0KZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, Open Approach
0HUV37Z	Supplement Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach
0HUV3JZ	Supplement Bilateral Breast with Synthetic Substitute, Percutaneous Approach
0HUV3KZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUV77Z	Supplement Bilateral Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUV7JZ	Supplement Bilateral Breast with Synthetic Substitute, Via Natural or Artificial Opening
0HUV7KZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUV87Z	Supplement Bilateral Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUV8JZ	Supplement Bilateral Breast with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUV8KZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUUW07Z	Supplement Right Nipple with Autologous Tissue Substitute, Open Approach
0HUUW0JZ	Supplement Right Nipple with Synthetic Substitute, Open Approach
0HUUW0KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Open Approach
0HUUW37Z	Supplement Right Nipple with Autologous Tissue Substitute, Percutaneous Approach
0HUUW3JZ	Supplement Right Nipple with Synthetic Substitute, Percutaneous Approach
0HUUW3KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HUUW77Z	Supplement Right Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUUW7JZ	Supplement Right Nipple with Synthetic Substitute, Via Natural or Artificial Opening
0HUUW7KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUUW87Z	Supplement Right Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUUW8JZ	Supplement Right Nipple with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUUW8KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUUWX7Z	Supplement Right Nipple with Autologous Tissue Substitute, External Approach
0HUUWXJZ	Supplement Right Nipple with Synthetic Substitute, External Approach
0HUUWXKZ	Supplement Right Nipple with Nonautologous Tissue Substitute, External Approach
0HUX07Z	Supplement Left Nipple with Autologous Tissue Substitute, Open Approach
0HUX0JZ	Supplement Left Nipple with Synthetic Substitute, Open Approach
0HUX0KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Open Approach
0HUX37Z	Supplement Left Nipple with Autologous Tissue Substitute, Percutaneous Approach
0HUX3JZ	Supplement Left Nipple with Synthetic Substitute, Percutaneous Approach
0HUX3KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HUX77Z	Supplement Left Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUX7JZ	Supplement Left Nipple with Synthetic Substitute, Via Natural or Artificial Opening
0HUX7KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening

0HUX87Z	Supplement Left Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUX8JZ	Supplement Left Nipple with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUX8KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUXX7Z	Supplement Left Nipple with Autologous Tissue Substitute, External Approach
0HUXXJZ	Supplement Left Nipple with Synthetic Substitute, External Approach
0HUXXKZ	Supplement Left Nipple with Nonautologous Tissue Substitute, External Approach
0U5J0ZZ	Destruction of Clitoris, Open Approach
0U5JXZZ	Destruction of Clitoris, External Approach
0U9J00Z	Drainage of Clitoris with Drainage Device, Open Approach
0U9J0ZZ	Drainage of Clitoris, Open Approach
0U9JX0Z	Drainage of Clitoris with Drainage Device, External Approach
0U9JXZZ	Drainage of Clitoris, External Approach
0UBJ0ZX	Excision of Clitoris, Open Approach, Diagnostic
0UBJ0ZZ	Excision of Clitoris, Open Approach
0UBJXZX	Excision of Clitoris, External Approach, Diagnostic
0UBJXZZ	Excision of Clitoris, External Approach
0UCJ0ZZ	Extirpation of Matter from Clitoris, Open Approach
0UCJXZZ	Extirpation of Matter from Clitoris, External Approach
0UMJXZZ	Reattachment of Clitoris, External Approach
0UNJ0ZZ	Release Clitoris, Open Approach
0UNJXZZ	Release Clitoris, External Approach
0UQG0ZZ	Repair Vagina, Open Approach
0UQJ0ZZ	Repair Clitoris, Open Approach
0UQJXZZ	Repair Clitoris, External Approach
0UTJ0ZZ	Resection of Clitoris, Open Approach
0UTJXZZ	Resection of Clitoris, External Approach
0UUG07Z	Supplement Vagina with Autologous Tissue Substitute, Open Approach
0UUG0JZ	Supplement Vagina with Synthetic Substitute, Open Approach
0UUG0KZ	Supplement Vagina with Nonautologous Tissue Substitute, Open Approach
0UUG47Z	Supplement Vagina with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0UUG4JZ	Supplement Vagina with Synthetic Substitute, Percutaneous Endoscopic Approach
0UUG4KZ	Supplement Vagina with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0UUG77Z	Supplement Vagina with Autologous Tissue Substitute, Via Natural or Artificial Opening
0UUG7JZ	Supplement Vagina with Synthetic Substitute, Via Natural or Artificial Opening
0UUG7KZ	Supplement Vagina with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0UUG87Z	Supplement Vagina with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0UUG8JZ	Supplement Vagina with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0UUG8KZ	Supplement Vagina with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0UUGX7Z	Supplement Vagina with Autologous Tissue Substitute, External Approach
0UUGXJZ	Supplement Vagina with Synthetic Substitute, External Approach
0UUGXKZ	Supplement Vagina with Nonautologous Tissue Substitute, External Approach
0UUJ07Z	Supplement Clitoris with Autologous Tissue Substitute, Open Approach
0UUJ0JZ	Supplement Clitoris with Synthetic Substitute, Open Approach

0UUJ0KZ	Supplement Clitoris with Nonautologous Tissue Substitute, Open Approach
0UUJX7Z	Supplement Clitoris with Autologous Tissue Substitute, External Approach
0UUJXJZ	Supplement Clitoris with Synthetic Substitute, External Approach
0UUJXKZ	Supplement Clitoris with Nonautologous Tissue Substitute, External Approach
0VT90ZZ	Resection of Right Testis, Open Approach
0VT94ZZ	Resection of Right Testis, Percutaneous Endoscopic Approach
0VTB0ZZ	Resection of Left Testis, Open Approach
0VTB4ZZ	Resection of Left Testis, Percutaneous Endoscopic 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
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

The following CPT codes are considered investigational for the conditions listed for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT codes	Code Description
15771	Liposuction/fat transfer to buttocks
15773	Liposuction/fat transfer to labia and lips
15839	Buccal fat pad removal
53899	Removal of urethral

Endnotes

¹ Based on expert opinion