

# Table of Contents

**Coding Guidance**

- A. Facial Feminization Surgery (page 1)
- B. Facial Masculinization Surgery (page 3)
- C. Feminizing Body Contouring (page 4)
- D. Masculinizing Body Contouring (page 5)
- E. Hair Transplantation (page 6)
- F. Laser Hair Removal/Electrolysis (page 6)
- G. Lymphatic Massage (page 6)
- H. Vaginoplasty (page 6)
- I. Breast Augmentation/Mammoplasty (page 7)
- J. Mastectomy with Chest Reconstruction (page 7)
- K. Metoidioplasty, Phalloplasty (page 8)
- L. Coding for Revisions (page 8)
- M. Review Process & Implant Invoicing (page 8)

## A. Coding Guidance – Facial Feminization Surgery

Below are the codes for procedures recognized by Amida Care as treatments for gender dysphoria that are listed in the Gender Affirming Surgery Clinical Criteria document for facial feminization surgery. Please note alternate codes for these procedures will NOT be accepted

**Table A1. Codes for Procedures Recognized by Amida Care:**

<b>CPT</b>	<b>Description/Procedure:</b>
31899-V1	Tracheal shave
30420	Rhino-septoplasty, including graft placement
30430	Rhinoplasty, minor revision (small amount of nasal tip work)

30435	Rhinoplasty, intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, major revision (nasal tip work and osteotomies)
21235	Harvesting of cartilage graft for nasal septum – ear cartilage
21230	Harvesting of cartilage graft for nasal septum – rib cartilage
21270	Cheek augmentation (bone graft or implant)
21209-V1	Mandible reduction, any method
21137	Forehead contouring/shaving ONLY (do not report 21139)
21139	Forehead reduction, frontal sinus setback (do not report 21137)
21122	Sliding genioplasty with osteotomy and/or implants
21209-V2	Chin contouring
15824	Browlift and hairline lowering
21172	Orbital contouring (do not report 21256)
15773	Fat grafting, including obtaining via liposuction (cheek augmentation) EXCLUDED Areas: temple, jaw, undereye, nasolabial folds
15769	Lip augmentation (fascia, fat)
40799	Lip lift
31599-V1	Vocal feminization
+50	Bilateral

The following tables include two categories of procedures, both of which are reviewed for medical necessity. Table A2 contains codes for procedures that are rarely covered but may be considered necessary in cases where they are treatments for sequelae of silicone injections. The procedures in Table A3 are not considered treatments for gender dysphoria but may treat body dysmorphia or the effects of aging. These procedures are not considered medically necessary as they are not treatments for gender dysphoria

**Table A2. Procedures Reviewed for Medical Necessity Related to Silicone:**

<b>CPT</b>	<b>Description:</b>
15876	Suction lipectomy/submental liposuction (neck) or face
10121	Silicone removal from subcutaneous tissue
15839	Buccal (cheek) fat reduction
15838	Submental fat removal
15829	Face lift
15825	Platysmaplasty (neck lift)

**Table A3. Procedures Reviewed for Medically Necessity Not Related to Gender Dysphoria:**

<b>CPT</b>	<b>Description:</b>
69300	Otoplasty (ear reduction)
42440	Submandibular gland resection
21282	Lateral canthopexy of eyes (eye shaping)
15822	Upper lid blepharoplasty, bilateral
15820	Lower lid blepharoplasty, bilateral
15786	Removal of forehead wrinkles/abrasion/skin repair procedure
21125, 21127	Mandibular angle augmentation (masculinizing)
21296	Surgical reduction of masseter
J0585, 64612	Botox
J0588, 64612	Xeomin
J0586, 64612	Dysport
J0589, 64612	Daxxify
J0591, 96372	Kybella for face or neck
15780, 15781	Microdermabrasion for wrinkles/rhytids of total or segmental face

**B. Coding Guidance – Facial Masculinization Surgery**

Below are the codes for procedures recognized by Amida Care as treatments for gender dysphoria that are listed in the Gender Affirming Surgery Clinical Criteria document for facial masculinization surgery. Please note alternate codes for these procedures will NOT be accepted

**Table B1. Codes for Procedures Recognized by Amida Care:**

<b>CPT</b>	<b>Description:</b>
21299-V1	Frontal cranioplasty/brow augmentation
21127	Mandibular angle augmentation (prosthetic or bone graft)
21120	Chin implant
21125	Mandibular body/jaw augmentation (prosthetic or bone graft)
30410	Masculinizing rhinoplasty/nose broadening
31899-V2	Thyroid cartilage augmentation
+50	Bilateral

## C. Coding Guidance – Feminizing Body Contouring

**Table C1. Codes for Procedures Recognized by Amida Care:**

<b>CPT</b>	<b>Description:</b>	<b>Procedure</b>
15877	Suction assisted lipectomy; trunk	Liposuction without concurrent grafting
15879	Suction assisted lipectomy; Lower Extremity	Liposuction without concurrent grafting
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Liposuction with concurrent grafting
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Liposuction with concurrent grafting
20999-V1	Unlisted procedure, musculoskeletal system, general	Buttock Implants
27299-V1	Unlisted procedure, pelvis or hip joint	Hip Implants

**Table C2. Procedures Reviewed for Medical Necessity:**

<b>CPT</b>	<b>Description:</b>	<b>Procedure</b>
15878	Suction assisted lipectomy; Upper Extremity	Liposuction without concurrent grafting
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Panniculectomy
15830 +15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g. abdominoplasty) (includes umbilical transposition and fascial plication) (List	Abdominoplasty

	separately in addition to code for primary procedure)	
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## D. Coding Guidance – Masculinizing Body Contouring

**Table D1. Codes for Procedures Recognized by Amida Care:**

<b>CPT</b>	<b>Description:</b>	<b>Procedure</b>
15877	Suction assisted lipectomy; trunk	Liposuction without concurrent grafting
15879	Suction assisted lipectomy; Lower Extremity	Liposuction without concurrent grafting

**Table D2. Procedures Reviewed for Medical Necessity:**

<b>CPT</b>	<b>Description:</b>	<b>Procedure</b>
15878	Suction assisted lipectomy; Upper Extremity	Liposuction without concurrent grafting
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Panniculectomy
15830 +15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	Abdominoplasty

## E. Coding Guidance – Hair Transplantation

**Table E1. Codes for Procedures Recognized by Amida Care:**

<b>CPT</b>	<b>Description:</b>
15776	Punch graft for hair transplant; more than 15 punch grafts; 1 unit = 10 punch grafts

## F. Coding Guidance – Laser Hair Removal/Electrolysis

**Table F1. Codes for Procedures Recognized by Amida Care:**

<b>CPT</b>	<b>Description:</b>	<b>Procedure</b>
17999	Skin/Tissue Procedure	Laser hair removal
17380	Electrolysis	Electrolysis hair removal

## G. Coding Guidance – Lymphatic Massage

**Table G1. Codes for Procedures Recognized by Amida Care:**

<b>CPT</b>	<b>Description:</b>
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

## H. Coding Guidance – Vaginoplasty

**Table H1. Codes for Procedures Recognized by Amida Care:**

<b>CPT</b>	<b>Description:</b>
55970-V1	Penile inversion vaginoplasty
55970-V2	Colo-vaginoplasty
55970-V3	Peritoneal pull through vaginoplasty
+V4	Vaginoplasty revision
55970-52	No-depth vaginoplasty

## I. Coding Guidance – Breast Augmentation/Mammoplasty

Please note that the universal revision modifier “V4” should not be reported with any of the codes in Table I1 below

**Table I1. Codes for Procedures Recognized by Amida Care:**

<b>CPT</b>	<b>Description:</b>
19325	Breast augmentation with implant(s)
19328	Removal of intact breast implant(s)
19330	Removal of ruptured breast implant(s)
19370	Revision of peri-implant capsule less than total capsulectomy, includes intact implant removal & same size implant
19371	Peri-implant total capsulectomy, includes intact implant removal & same-size replacement
19342	Replacement of implant with new size or shape implant (at time of revision)
10121	Removal of silicone, breast reconstruction
+50	Bilateral

**Table I2. Procedures Reviewed for Medically Necessity**

<b>CPT</b>	<b>Description:</b>
19316	Mastopexy
+50	Bilateral

## J. Coding Guidance – Mastectomy with Chest Reconstruction

**Table J1. Codes for Procedures Recognized by Amida Care:**

<b>CPT</b>	<b>Description:</b>	<b>Procedure</b>
19318	Reduction mammoplasty, nipple shaping	Top surgery
19350	Nipple/areola reconstruction ONLY	
+50	Bilateral	

## K. Coding Guidance – Metoidioplasty, Phalloplasty

**Table K1. Codes for Procedures Recognized by Amida Care:**

<b>CPT</b>	<b>Description:</b>
55899-V1	Metoidioplasty, simple release
55899-V2	Metoidioplasty with vaginectomy and urethroplasty
53400	Urethroplasty (do not report 55899-V2 or 55899-V3 series)
57106	Vaginectomy (do not report 55899-V2 or 55899-V3 series)
55180	Scrotoplasty with or without testicular prosthesis

**Table K2. Codes for Phalloplasty Recognized by Amida Care**

<b>CPT</b>	<b>Procedure Stage</b>	<b>Techniques</b>
55899-V3	STAGE 1	Radial forearm free flap or lower extremity/thigh free flap
55899-V3,V2	STAGE 2	
55899-V3,V3	+/- STAGE 3 (If planned)	

*\*Procedures included in stages to be defined within individual contracts. Do not report any additional codes for procedures included in various stages*

## L. Coding Guidance – Revision Surgeries

For all revision surgeries use the coding above for the procedure being done a second time/revised as well as the modifier “V4.” V4 is our standard modifier for all gender affirming surgery revisions with the exception of the codes in Table I1

## M. Review Process & Implants

Please note that all procedures, even those in Tables A1, B1, C1, D1, E, F1, G1, are reviewed to confirm medical necessity even if recognized by Amida Care. For any surgeries involving an implant, the initial authorization request must include invoicing of the implant itself