



## MEDICAID REIMBURSEMENT POLICY

### Hair Removal for Gender Affirming Procedures

Active

**Section:** General Coding  
**Policy Number:** 079  
**Effective Date:** 06/03/2024

#### Description

This policy addresses the coding and reimbursement of hair removal procedures performed in conjunction with gender dysphoria treatment. This policy applies to professional (837P) claims.

#### Policy Statement

Hair removal procedures will be considered for reimbursement when performed in conjunction with gender dysphoria treatment.

The appropriate gender dysphoria diagnosis code and one of the following CPT procedure code(s) should be submitted to report hair removal procedures.

For the initial hair removal consultation:  
17380-CG – Initial hair removal consultation

For hair removal procedures:  
17380 – Electrolysis epilation  
17999 – Laser hair removal

One unit should be billed for each 30-minute increment. A maximum of 2 units will be allowed for the consultation.

#### Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

#### Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

#### The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).



In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

### Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

**CPT/HCPCS Modifier:** CG  
**ICD-10 Diagnosis:** F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890  
**ICD-10 Procedure:** N/A  
**CPT/HCPCS:** 17380 17999  
**Revenue Codes:** N/A

### Resources

Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

### Policy History

07/25/2023	Initial Committee Approval
05/28/2024	Annual Policy Review

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