

INFORMATIONAL LETTER NO. 2693 MC-FFS

DATE: June 30, 2025

TO: All Medicaid Medical Providers and Pharmacies

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Health and Human Services (HHS),
Iowa Medicaid

RE: Implementation of House File 1049-Gender Transition Surgeries or
Associated Procedures

EFFECTIVE: July 1, 2025

House File 1049 [HF1049¹](#) is an act signed into law by Governor Kim Reynolds on June 11, 2025, related to prohibiting reimbursement for sex reassignment surgeries or associated procedures.

All claims for reimbursement by Iowa Medicaid Managed Care (MC) and Fee For Service (FFS) for sex reassignment surgery or associated procedures, including hormone therapy or other medical interventions intended to alter primary or secondary sex characteristics related to an individual's gender dysphoria will be denied as of July 1, 2025. As noted, the denial will include all hormonal pharmacotherapy through the pharmacy point-of-sale system that is incongruent with the sex of the member and has no other documented medical necessity.

In order to comply with HF1049, all Iowa Medicaid systems have been updated to deny medical claims for the following Current Procedural Terminology (CPT) codes if any of the following ICD-10 diagnosis codes appear anywhere on the claim. The pharmacy point-of-sale system shall deny all pharmacy claims if the sex of the member is incongruent with the Benefit, Enrollment and Maintenance File (834).

¹ https://www.legis.iowa.gov/docs/publications/LGE/91/Attachments/HF1049_GovLetter.pdf

The ICD-10 Codes and CPT Codes below will be reviewed quarterly, and changes communicated if necessary.

ICD-10 CODE	DESCRIPTION
F64	Gender identity disorders
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
Z87.890	Personal history of sex assignment

CPT CODE	DESCRIPTION
00103	Anesthesia for reconstructive procedures of eyelid
00160	Anesthesia for procedures on nose and accessory sinuses
00190	Anesthesia for procedures on facial bones or skull
00300	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum;
00402	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast
00700	Anesthesia for procedures on upper anterior abdominal wall
00730	Anesthesia for procedures on upper posterior abdominal wall
00800	Anesthesia for procedures on lower anterior abdominal wall
00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy
00820	Anesthesia for procedures on lower posterior abdominal wall

00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy
00846	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy
00860	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract
00904	Anesthesia for; radical perineal procedure
00906	Anesthesia for; vulvectomy
00910	Anesthesia for transurethral procedures
00920	Anesthesia for procedures on male genitalia
00926	Anesthesia for radical orchiectomy, inguinal
00928	Anesthesia for radical orchiectomy, abdominal
00932	Anesthesia for complete amputation of penis
00934	Anesthesia for radical amputation of penis with bilateral inguinal lymphadenectomy
00936	Anesthesia for radical amputation of penis with bilateral inguinal and iliac lymphadenectomy
00938	Anesthesia for insertion of penile prosthesis (perineal approach)
00940	Anesthesia for vaginal procedures
00942	Anesthesia for vaginal procedures
00944	Anesthesia for vaginal procedures
01250	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg
01320	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area
01470	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified
01610	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla

01710	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow
01810	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand
01999	Unlisted anesthesia procedure(s)
11920-11922	Tattooing To Correct Color Defects; 6.0 Sq Cm/<
11950-11952	Subq Injection, Filling Matl; 1 Cc/<
11954	Subq Injection, Filling Matl; > 10.0 Cc
11960	Insertion, Tissue Expander(S), Other Than Breast, W/Subsequent Expansion
11970	Replacement, Tissue Expander W/Permanent Prosthesis
11980-11983	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
14000-14001	Adjacent Tissue Transfer/Rearrangement, Trunk; Defect 10 Sq Cm/<
14040-14041	Adjacent Tissue Transfer, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; 10 Sq Cm/<
15100-15101	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and child
15120-15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits
15200-15201	Full Thickness Graft, Free, W/Direct Closure, Donor Site, Trunk; 20 Sq Cm/<
15570	Formation, Direct/Tubed Pedicle, W/Wo Transfer; Trunk
15574	Formation, Direct/Tubed Pedicle W/Wo Transf; Face/Cheeks/Chin/Mouth/Neck/Axillae/Genit/Hands/Feet
15600	Delay, Flap/Sectioning, Flap (Division & Inset); Trunk
15620	Delay, Flap/Sectioning, Flap (Division & Inset); Forehead/Cheeks/Chin/Neck/Axillae/Genit/Hands/Feet
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity

15750	Flap; neurovascular pedicle
15757	Free skin flap with microvascular anastomosis
15758	Free Fascial Flap W/Microvascular Anastomosis
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
15771-15777	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15780-15783	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15786-15789	Abrasion; Single Lesion
15792-- 15793	Chemical Peel, Nonfacial; Epidermal
15819	Cervicoplasty
15820-15826	Blepharoplasty, Lower Eyelid
15828-15830	Rhytidectomy; Cheek, Chin, & Neck
15832-15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
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)
15876-15879	Suction Assisted Lipectomy; Head & Neck
17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19300	Mastectomy for gynecomastia
19303	Mastectomy , simple, complete
19316	Mastopexy
19318	Breast reduction
19325	Breast augmentation with implant
19328	Removal of intact breast implant

19340	Insertion of breast implant on same day of mastectomy (ie, immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy
19350	Nipple/areola reconstruction
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
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)
19499	Unlisted procedure, breast
21087	Impression & Custom Preparation; Nasal Prosthesis
21120-21123	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137-21139	Reduction forehead; contouring only
21141-21143; 21145-21147	Reconstruction Midface, LeFort I; 1, 2, or 3 or more pieces; with or without bone graft
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 (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179-21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21188	Reconstruction, Midface, Osteotomies (Non-Lefort Type), W/Grafts, W/Obtaining Autografts

21193-21196	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
21198	Osteotomy, Mandible, Segmental
21208-21210	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21215	Graft, Bone; Mandible (Includes Obtaining Graft)
21230	Graft; Rib Cartilage, Autogenous, Face/Chin/Nose/Ear (Includes Obtaining Graft)
21235	Graft; Ear Cartilage, Autogenous, Nose/Ear (Includes Obtaining Graft)
21270	Malar Augmentation, Prosthetic Matl
21295-21296	Reduction, Masseter Muscle/Bone; Extraoral, Intraoral Approach
21899	Unlisted procedure, neck or thorax
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
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
31599	Unlisted procedure, larynx
31899	Unlisted procedure, trachea, bronchi
40500	Vermilionectomy (Lip Shave), W/Mucosal Advancement
40510	Excision, Lip; Transverse Wedge Excision W/Primary Closure
40520	Excision, Lip; V-Excision W/Primary Direct Linear Closure
40525	Excision, Lip; Full Thickness, Reconstruction W/Local Flap
40527	Excision, Lip; Full Thickness, Reconstruction W/Cross Lip Flap

40799	Unlisted Proc, Lips
51040	Cystostomy, Cystotomy W/Drainage
51102	Aspiration of bladder, with insertion of suprapubic catheter
51880	Closure, Cystostomy (Sep Proc)
51925	Closure of vesicouterine fistula; with hysterectomy
53210	Urethrectomy, total, including cystostomy; female
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous 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
53430	Urethroplasty, Reconstruction, Female Urethra
53460	Urethromeatoplasty, W/Partial Excision, Distal Urethral Segment
53520	Closure, Urethrostomy/Urethrocuteaneous Fistula, Male (Sep Proc)
54120	Amputation of penis; partial
54125	Amputation of penis; complete
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
54406	Removal of all components of a multi-component, inflatable penile prosthesis without
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410-54411	Removal and replacement of all component(s) of a multi-component, inflatable penile
54415-54417	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis,

54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis,
54522	Orchiectomy, partial
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopy, surgical; orchiectomy
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis
55150	Resection of scrotum
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55559	Unlisted laparoscopy procedure, spermatic cord
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55899	Unlisted procedure, male genital system
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56620	Vulvectomy; simple
56625; 56630	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical
57106-57107; 57109-57111	Vaginectomy, Partial Removal, Vaginal Wall;
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)
57291-57292	Construction of artificial vagina; without graft
57295-57296	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57335	Vaginoplasty for intersex state

57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without
58210	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without
58260; 58262; 58263; 58267; 58270; 58275; 58280; 58285; 58290-58292; 58294	Vaginal hysterectomy, for uterus 250 g or less
58541-58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58550; 58552-58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
58570-58573	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with
58661	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate
58940	Oophorectomy, partial or total, unilateral or bilateral;
58999	Unlisted Proc, Female Genital System (Nonobstetrical)
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming

64856	Suture, Major Peripheral Nerve, Arm/Leg, Except Sciatic; W/Transposition
64892	Nerve Graft (Includes Obtaining Graft), Single Strand, Arm/Leg; Up To 4 Cm Length
64896	Nerve Graft (Includes Obtaining Graft), Multiple Strands, Hand/Foot; > 4 Cm Length
67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)
80414	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)
82570	Dehydroepiandrosterone (DHEA)
82627	Dehydroepiandrosterone-sulfate (DHEA-S)
82633	Estradiol; total
82642	Dihydrotestosterone (DHT)
82670-82672	Estrogens
82677	Etiol (estrogen)
82679	Etiol (estrogen)
82681	Estradiol; free, direct measurement (eg, equilibrium dialysis) (estrogen)
83001-83002	Gonadotropin; follicle stimulating hormone (FSH) and luteinizing hormone (LH)
83498	Hydroxyprogesterone, 17-d
84144	Progesterone
84270	Sex hormone binding globulin (SHBG)
84402-84403	Testosterone; free and total
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)
84702-84703	Gonadotropin, chorionic (hCG); quantitative and qualitativ
89259	Cryopreservation; sperm
89320	Semen analysis; volume, count, motility, and differential

92507-92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92524	Behavioral and qualitative analysis of voice and resonance
C1789	Prosthesis, breast (implantable)
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, noninflatable
C9399	Unclassified Drugs or Biologicals
J0725	Injection, chorionic gonadotropin, per 1,000 USP units
J1000	Injection, chorionic gonadotropin, per 1,000 USP units
J1050	Injection, chorionic gonadotropin, per 1,000 USP units
J1071	Injection, chorionic gonadotropin, per 1,000 USP units
J1100	Injection, dexamethasone sodium phosphate, 1 mg
J1380	Injection, estradiol valerate, up to 10 mg
J1410	Injection, estrogen conjugated, per 25 mg
J1435	Injection, estrone, per 1 mg
J1620	Injection, gonadorelin HCl, per 100 mcg
J1675	Injection, histrelin acetate, 10 mcg
J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg
J1952	Leuprolide injectable, camcevi, 1 mg
J1954	Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg
J2320	Injection, nandrolone decanoate, up to 50 mg
J2675	Injection, progesterone, per 50 mg
J3121	Injection, testosterone enanthate, 1 mg
J3145	Injection, testosterone undecanoate, 1 mg

J3315	Injection, triptorelin pamoate, 3.75 mg
J3316	Injection, triptorelin, extended-release, 3.75 mg
J3490	Unclassified drugs
J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system
J7295-J7298	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, (Kyleena) (Liletta) (Mirena)
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg
J7304	Contraceptive supply, hormone containing patch, each
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
J7999	Compounded drug, not otherwise classified
J8499	Prescription drug, oral, non-chemotherapeutic, NOS [when specified as clomiphene citrate (Clomid, Serophene)]
J9155	Injection, degarelix, 1 mg
J9165	Injection, diethylstilbestrol diphosphate, 250 mg
J9202	Goserelin acetate implant, per 3.6 mg
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Leuprolide acetate injeciton
J9219	Leuprolide acetate implant
J9225	Histrelin implant (Vantas), 50 mg
J9226	Histrelin implant (Supprelin LA), 50 mg
J9393	Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg
J9394	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg
J9395	Injection, fulvestrant, 25 mg

L8600	Implant Breast Silicone/Eq
L8699	Prosthetic Implant Nos
Q2026	Injection, Radiesse, 0.1ml
Q2028	Injection, sculptra, 0.5 mg
S0122	Injection, menotropins, 75 IU
S0126	Injection, follitropin alfa, 75 IU
S0128	Injection, follitropin beta, 75 IU
S0132	Injection, ganirelix acetate, 250 mcg
S0138	Finasteride, 5 mg
S0156	Exemestane, 25 mg
S0170	Anastrozole, oral, 1 mg
S0175	Flutamide, oral, 125 mg
S0179	Megestrol acetate, oral, 20 mg
S0187	Tamoxifen citrate, oral, 10 mg
S0189	Testosterone pellet, 75 mg
S4993	Contraceptive Pills for Birth Control
S9560	Home injectable therapy: hormonal therapy (e.g. leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

INCLUDED PHARMACOTHERAPY CATEGORIES	
Androgens (testosterone cypionate, testosterone enanthate, testosterone undecanoate, Androderm, and AndroGel)	
Gonadotropin-releasing hormone (GnRH) analogs (Eligard, Lupron Depot, Lupron Depot-Ped, and Zoladex)	
Estrogen Derivatives	
Progestins	
Aldosterone Antagonists, Selective (spironolactone)	
Antiandrogen Antineoplastics (flutamide)	
Contraceptives	

If you have questions, please contact Iowa Medicaid Provider Services or the appropriate managed care organization (MCO):

Iowa Medicaid Provider Services:

- Phone: 1-800-338-7909
- Email: imeproviderservices@hhs.iowa.gov

Managed Care Organizations (MCOs):

Iowa Total Care:

- Phone: 1-833-404-1061
- Email: providerrelations@iowatotalcare.com
- Website: <https://www.iowatotalcare.com>

Molina Healthcare of Iowa:

- Phone: 1-844-236-1464
- Email: iaproviderrelations@molinahealthcare.com
- Website: <https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx>
- Provider Portal: <https://www.availity.com/molinahealthcare>

Wellpoint Iowa, Inc.:

- Phone: 1-833-731-2143
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