

BEFORE THE NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE

IN THE MATTER OF ESTABLISHING)
 PARAMETERS FOR DEFRAIDAL UNDER)
 13.10.41 NMAC, COVERAGE FOR SPECIFIED)
SEX TRAIT MODIFICATION PROCEDURE)

Docket No.: 2026-0167

**ORDER ESTABLISHING PARAMETERS FOR DEFRAIDAL UNDER
 13.10.41 NMAC, COVERAGE FOR SPECIFIED SEX TRAIT MODIFICATION
 PROCEDURE**

Pursuant to NMSA, Section 59A-2-8 *General powers and duties of superintendent*, this order provides an initial interpretation of what specified sex trait modification procedures and prescriptions are eligible for defrayal starting Plan Year 2027 for health plans sold on the New Mexico BeWell Exchange. Office of Superintendent of Insurance (OSI) staff may revisit this interpretation periodically as new medical practices and prescriptions become available.

THE SUPERINTENDENT OF INSURANCE FINDS AND CONCLUDES:

1. New Mexico law protects an individual seeking any specified sex trait modification procedures from experiencing discrimination under Sections 59A-23E-11 and 59A-16-13, NMSA 1978.
2. On May 5, 2026, OSI published emergency rule 13.10.41 NMAC, *Specified Sex Trait Modification Procedure* to communicate an expectation that an individual seeking specified sex trait modification procedures would not be subject to discrimination for medically necessary procedures and prescriptions, which became effective on that date.
3. Emergency rule Subpart D. of 13.10.41.10 NMAC indicates that the superintendent shall determine diagnosis, procedure, and drug codes for plans eligible for defrayal after consultation with the health insurers. Prior efforts to facilitate a health insurer consultation workshop on May 15, 2026, from 1:00-3:00 pm MST by the OSI Medical Director were

unsuccessful due to a lack of interest from all invitees except for one. However, a bureau chief within OSI's Life and Health Division successfully engaged the insurers through data calls regarding diagnostic and procedure codes for specified sex trait modification, enabling OSI staff to ascertain current practices among the health insurers.

4. Emergency rule subpart E. of 13.10.41.10 indicates that the Superintendent shall publish the diagnosis, procedure, and drug codes for plans eligible for defrayal on the OSI website. Publication of this order fulfills this requirement.

5. For defrayal of medically necessary procedures, OSI staff have recommended a requirement for insurers to submit an International Classification of Disease (ICD) diagnosis code, diagnosis description, Current Procedure Technology (CPT) Healthcare Common Procedure Coding (HCPC) procedure code, and procedure description for every claim.

6. For defrayal of medically necessary prescriptions, OSI staff have recommended a requirement for insurers to submit an ICD diagnosis code, diagnosis description, and drug code for every claim.

7. OSI staff have recommended that the Superintendent adopt a standard list of ICD diagnosis codes, diagnosis descriptions, procedure codes, and procedure descriptions, attached as Appendix 1 and incorporated by reference herein.

8. OSI staff have recommended that the Superintendent consider the standard list attached as Appendix 1 to be fixed with some equitable exceptions, as determined on a case by case basis.

IT IS THEREFORE ORDERED:

A. For defrayal of medically necessary procedures, insurers shall submit an International Classification of Disease (ICD) diagnosis code, diagnosis description, CPT HCPC

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procedure code, and procedure description for every claim. See Appendix 1 for reference, as incorporated herein.

B. For defrayal of medically necessary prescriptions, insurers shall submit an ICD diagnosis code, diagnosis description, and drug code for every claim. See Appendix 1 for reference.

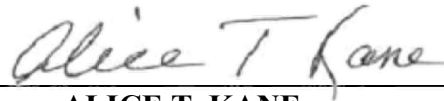
C. The standard list attached as Appendix 1 shall be considered fixed with allowances for some equitable exceptions, as determined on a case-by-case basis.

D. This order expires December 31, 2027, unless it is reauthorized through a subsequent agency action.

E. Nothing in this order shall be construed as a regulation or limit on an insured's access to healthcare.

DONE AND ORDERED this 10th day of August 2026.

SUPERINTENDENT OF INSURANCE

A handwritten signature in cursive script that reads "Alice T. Kane". The signature is written in dark ink and is positioned above a horizontal line.

ALICE T. KANE

Appendix 1

ICD Diagnosis Code	Diagnosis Description
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.9	Gender identity disorder, unspecified
F64.8	Other gender identity disorders
F64.2	Gender identity disorder of childhood
Z79.890	Drug, long-term (current) (prophylactic) hormone replacement

Appendix 1 (Continued)

Procedure CPT HCPC Code	Procedure Description
19303	Complete simple mastectomy (breast removal)
19325	Surgery to enlarge the breasts using implants
19350	Rebuilding the nipple and areola
52000	Look inside the bladder and urethra using a small camera
53430	Surgery to rebuild the urethra
54125	Surgery to remove the penis
54520	Surgery to remove a testicle
55970	Male-to-female gender affirming surgery
55980	Female-to-male gender affirming surgery
56805	Surgery to reshape the clitoral area for intersex anatomy
57292	Surgery to create a vagina using grafted tissue
58550	Laparoscopic-assisted removal of the uterus vaginally
58571	Laparoscopic hysterectomy for a small uterus
58661	Laparoscopic removal of ovaries and/or fallopian tubes

Appendix 1 (Continued)

Drug Code	Generic Drug
F64.0	Generic Drug Labels
F64.1	Estradiol Cypionate Oil
F64.9	Estradiol Gel
F64.8	Estradiol Micronized Cream
F64.2	Estradiol Patch Twice Weekly
Z79.890	Estradiol Patch Weekly
	Estradiol Pellet
	Estradiol Solution
	Estradiol Tablet
	Estradiol Valerate Oil
	Estrogens, Conjugated Reconstituted Solution
	Estrogens, Conjugated Tablet
	Ethinyl Estradiol Powder
	Medroxyprogesterone Acetate Tablet
	Megestrol Acetate (Appetite) Suspension
	Methyltestosterone Capsule
	Methyltestosterone Powder
	Methyltestosterone Tablet
	Norethindrone Acetate Powder
	Norethindrone Acetate Tablet
	Progesterone Capsule
	Progesterone Micronized Cream
	Progesterone Oil
	Spironolactone Powder
	Spironolactone Suspension
	Spironolactone Tablet
	Testosterone Cream
	Testosterone Cypionate Kit
	Testosterone Cypionate Solution
	Testosterone Cypionate Solution Prefilled Syringe
	Testosterone Enanthate Solution
	Testosterone Enanthate Solution Auto-injector
	Testosterone Gel
	Testosterone Pellet
	Testosterone Solution
	Testosterone Undecanoate Capsule
	Testosterone Undecanoate Solution

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 10th day of August 2026, I filed the foregoing *Order Establishing Parameters for Defrayal Under 13.10.41 NMAC, Coverage for Specified Sex Trait Modification Procedure* through the OSI's e-filing system, <https://edocket.osi.state.nm.us/home>, which caused the individuals indicated below to be served by electronic means.

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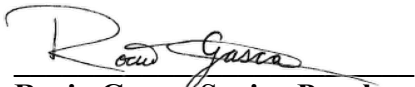
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