




Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**MCO Transmittal No. 212**  
**Physician Transmittal No. 167**  
**Nurse Practitioner Transmittal No. 37**  
**Physician Assistant Transmittal No. 16**  
**Speech/Language Pathologist Transmittal No. 5**  
**Pharmacist Prescriber Transmittal No. 4**  
**April 23, 2024**

To: Managed Care Organizations  
Physicians  
Nurse Practitioners  
Licensed Clinical Social Workers  
Licensed Clinical Professional Counselors  
Licensed Electrologists  
Medical Tattoo Artists  
Physician Assistants  
Psychologists  
Psychiatrists  
Professional Counselors  
Social Workers  
Speech/Language Pathologists  
Pharmacists

From: Sandra Kick, Director   
Office of Medical Benefits Management

Re: Expanded Medicaid Coverage of Gender-Affirming Treatments: New Guidance on Provision of Electrology and Medical Tattoo Services

**Note: Please ensure that appropriate staff members in your organization are informed of the contents of this memorandum.**

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This transmittal provides additional guidance associated with the Maryland Department of Health's (MDH) previous guidance around the expansion of Medicaid Coverage of Gender-

Affirming Treatments, which was issued in [PT 52-24: Updated Guidance - Expanded Medicaid Coverage of Gender-Affirming Treatments, January 4, 2024](#). This transmittal provides a pathway for two new kinds of providers, Electrologists and Medical Tattoo Artists, to become enrolled with Maryland Medicaid, and be reimbursed for medically necessary gender affirming electrolysis and medical tattoo services. Effective immediately, Electrologists and Medical Tattoo Artists will be able to enroll with Maryland Medicaid under the provider type XV. This will be a temporary enrollment until a permanent provider type can be established for these providers. The permanent PT is expected to be effective October 1, 2024.

**Electrologists – Enrollment and Covered Services**

Hair removal services may be provided if appropriate documentation of medical necessity is obtained. For medical necessity guidance, please review the Gender Affirming Care Clinical Criteria at <https://bit.ly/485Hpti>.

Electrologists who are licensed by the Maryland Board of Nursing may now enroll with Maryland Medicaid through ePREP. Electrologists who have yet to enroll, may do so by completing the form at <https://bitly.ws/3geNU>. Note: In Table 1 below, eligible Electrology providers must use CPT code 17380 (Electrolysis Epilation, each 30 minutes - Reimbursement \$90).

**Table 1. Electrolysis Codes**

Code	Description	Reimbursement Amount	
		Facility Rate	Non Facility Rate
CPT 17999	Other Procedures on the Integumentary System (laser hair removal)	Priced by Report	
CPT 17380	Electrolysis Epilation, Each 30 Minutes	\$90.00	

**Medical Tattoo Artists – Enrollment and Covered Services**

Medical Tattooing Services must be approved as a medically necessary Gender-Affirming care service. Medical breast tattooing is the only currently covered benefit under Gender-Affirming care services. This service must be performed by Medical Tattoo Artists that have met Maryland-county specific licensing requirements and have enrolled with Maryland Medicaid through ePREP. Medical Tattoo Artists that have yet to enroll, may do so by completing the form

at <https://bitly.ws/3geNU>. Tables 1 and 2 below provide billing codes and reimbursement amounts for Electrolysis and Medical Tattoo Artist services.

For more information, please see the 2024 Professional Services Fee Schedule at <https://bitly.ws/3gfxX>.

**Table 2. Medical Tattoo Artist Codes**

Code	Description	Reimbursement Amount	
		Facility Rate	Non Facility Rate
CPT 11920	[Medical] Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	\$91.10	\$142.37
CPT 11921	[Medical] Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	\$107.22	\$161.06
CPT 11922	[Medical] Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	\$23.88	\$48.96

**Participant Eligibility Criteria**

To be eligible to receive medically necessary gender affirming hair-removal or medical tattooing services, a participant shall:

- Receive services through a HealthChoice Managed Care Organization or be enrolled in Fee-For-Service Medicaid
- Obtain documentation of medical necessity.

## **Reimbursement to Medicaid-Enrolled Gender-Affirming Care Providers**

MCOs are responsible for ensuring their networks include Electrologists and Medical Tattoo Artists. If MCOs do not have sufficient resources to contract with Electrologists or Medical Tattoo Artists, they should issue single-case agreements with those providers.

Please find updated clinical guidance and templates for providers that may be used prior to authorizing gender-affirming treatments attached to this transmittal, as well as a comprehensive CPT code list, and reimbursement rates for new additions to the Maryland Medicaid Fee-for-Service Fee Schedule, for Maryland Medicaid covered gender-affirming treatments:

<https://bit.ly/485Hpti>.

## **Atypical Provider Enrollment**

To enroll as an atypical provider, no NPI is needed; therefore, providers should not submit an NPI when enrolling. Providers who meet all the conditions of participation outlined in this Policy Transmittal are eligible to enroll as an individual or a group “Gender Affirming Treatment - Electrologists and Medical Tattoo Artists Provider” type through ePREP. To enroll as a gender affirming treatment provider, please visit <https://eprep.health.maryland.gov>. Interested providers will also need to complete the “Gender Affirming Treatment - Electrologists and Medical Tattoo Artists” addendum, which can be found at

<https://health.maryland.gov/mmcp/provider/Pages/eprepforms.aspx>.

MCOs should use the atypical NPI convention for processing claims and encounters, which is adding the number 5 to the provider’s nine digit Medicaid ID (e.g., 5XXXXXXXXXX). MCOs will need to either configure their systems to accept the atypical NPIs when they process the initial claims or edit encounters to include the atypical NPI before submitting them to MDH.

If you have questions regarding this transmittal, please contact the Program at [mdh.medicaidTHEA@maryland.gov](mailto:mdh.medicaidTHEA@maryland.gov).