



SPOTTING POTENTIAL FRAUD:
**HOW HEALTHCARE
PROVIDERS MAY SKIRT
CODING RULES TO GET PAID
FOR CHILD SEX CHANGES**

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SUMMARY

The rise of the child transgender industry over the past decade has relied, in no small part, on the financial incentives for physicians and hospitals to perform sex-denying medical interventions. These procedures offer a potentially lucrative revenue source.

But insurance coverage has been variable for medical procedures performed for the purpose of so-called “gender-affirming care” for minors. Further, dozens of states now restrict Medicaid funding for sex-denying interventions for minors or restrict minors’ access to the procedures themselves.

This report aims to show the avenues through which healthcare providers may be able to skirt official coding guidelines to secure insurance reimbursement for so-called “gender-affirming care.” By misrepresenting the medical procedures they are performing, providers can pass off transgender medicalization as, for example, routine endocrine care unrelated to pediatric medical transition. These “loopholes” may enable providers to get paid for procedures which otherwise may not be funded. In some cases, such practices may even be outright fraudulent or a means of evading state-level restrictions on child sex change interventions.

There is significant evidence showing that many of the organizations involved in the child transgender industry have (at the very least) promoted alternative billing practices to secure insurance reimbursement. Indeed, since at least five years ago, organizations such as the World Professional Association for Transgender Health (WPATH) have promoted the use of alternative diagnosis codes—unrelated to gender dysphoria—to facilitate billing and insurance reimbursement for so-called “gender-affirming care.” In its 2021 training materials, WPATH endorsed the application of endocrine-related ICD-10 diagnosis codes for sex change treatments and insurance reimbursement.¹ Similarly, the Campaign for Southern Equality formerly published a fact sheet on its website, which provided a list of “insurance coding alternatives for trans healthcare,” encouraging the use of these misleading codes to avoid scrutiny and obfuscate sex-denying medical interventions. That guide has since been removed from public view, last being accessible in March

¹ World Professional Association for Transgender Health (WPATH). (2021). *WPATH Training 2021: Applying and understanding the WPATH standards of care (SOC) through the healthcare provider lens*. https://wpath.org/wp-content/uploads/2024/11/Combined_Handouts.pdf

2025.^{2,3} Furthermore, Planned Parenthood of Southeastern Pennsylvania explicitly states that it uses endocrine disorder codes “in order to meet the needs of most insurance companies and patients” and only “occasionally” uses gender identity disorder codes.⁴ QueerDoc also notes on its website that “some providers use the code E34.9, *Endocrine disorder, unspecified*.”⁵

Yet, in these clinical encounters the focus is on providing medical or surgical interventions to someone with gender dysphoria, not a non-existent endocrine illness. Utilizing these “alternative” codes is misleading and contrary to the ICD-10-CM Official Guidelines for Coding and Reporting, which requires providers to “[c]ode to the highest level of specificity when supported by medical record documentation.”⁶ The F64 family of codes representing gender identity disorders should be used, or Z87.890 (personal history of sex reassignment).^{7,8}

Taken together, these examples raise legitimate concern that endocrine-related ICD-10 codes are possibly being used on their own to obtain reimbursement for so-called “gender-affirming care.”⁹ Additionally, Z codes, which are used to document factors influencing health and prior historical health services, may be used to capture—rather than contextualize—actively provided “therapies,” including hormone administration. These practices effectively circumvent official coding guidelines by misrepresenting “gender-affirming” interventions as routine endocrine care. Payors and regulators should be especially mindful of these issues to ensure workarounds are not being used to enable pediatric medical transition.



- 2 Campaign for Southern Equality. (n.d.). *Insurance Coding Alternatives for Trans Healthcare*. <https://web.archive.org/web/20250328104449/https://southernequality.org/wp-content/uploads/2019/03/InsuranceCoding.pdf>
- 3 Campaign for Southern Equality. (n.d.). *Insurance Coding Alternatives for Trans Healthcare*. <https://southernequality.org/wp-content/uploads/2019/03/InsuranceCoding.pdf>
- 4 Planned Parenthood Southeastern Pennsylvania. (n.d.). *GAC FAQ*. <https://www.plannedparenthood.org/planned-parenthood-southeastern-pennsylvania/patients/transgender-health-care/gender-affirming-care-faq>
- 5 QueerDoc. (2021, December 20). *Tips for Talking to Insurance: Procedures, Policies, Payments, and Appeals*. <https://queerdoc.com/tips-for-talking-to-insurance-procedures-policies-payments-and-appeals/>
- 6 Centers for Disease Control and Prevention. (2025, October 1). *ICD-10-CM Official Guidelines for Coding and Reporting FY 2026*. <https://www.cms.gov/files/document/fy-2026-icd-10-cm-coding-guidelines.pdf>
- 7 ICD10data.com. (n.d.). *2026 ICD-10-CM codes F64*: Gender identity disorders*. <https://www.icd10data.com/ICD10CM/Codes/F01-F99/F60-F69/F64->
- 8 ICD10data.com. (n.d.). *2026 ICD-10-CM Diagnosis Code Z87.890: Personal history of sex reassignment*. <https://www.icd10data.com/ICD10CM/Codes/Z00-Z99/Z77-Z99/Z87-/Z87.890>
- 9 Nightingale, H. (2025, October 9). *Philadelphia Children's Hospital cheated insurance codes to give “trans kids” puberty blockers: DOJ*. *The Post Millennial*. <https://thepostmillennial.com/philadelphia-childrens-hospital-cheated-insurance-codes-to-give-trans-kids-puberty-blockers-doj>

ANALYSIS

It can be a challenge to distinguish legitimate medical, particularly endocrinology, care from so-called “gender-affirming care” by simply examining ICD-10 diagnosis codes from health insurance claims data alone. Use of “alternative” ICD-10 diagnosis codes must be understood within the clinical context. Several factors within these claims may raise concern and thereby flag the possibility of fraud, which would need to be confirmed by a detailed review of the medical record.

For medical office visits bearing an ICD-10 diagnosis code, one must review and correlate two separate insurance claims databases—one containing pharmacy claims for prescription fulfillment and the other with medical office visit claims. National Drug Codes (NDCs) for prescription medications commonly associated with so-called “gender-affirming care” are found in Appendix A. Current Procedural Terminology (CPT) related to the office visit codes used to bill for medical services provided in the outpatient setting are found in Appendix B. To associate information within these two databases, one needs to match prescription claims to office visit claims utilizing the National Provider Identifier (NPI) of the prescriber from both the prescription and office visit. The narrower the timeframe between the prescription claim and office visit claim, the higher confidence in the association (i.e., the prescription was written at the time of the office visit). Keep in mind that prescription claims are typically submitted at the time the medication is picked up or shipped, and medical office visit claims are typically submitted within days to weeks after the visit is completed. Once the association is made, one can then review the ICD-10 diagnosis code on the office visit claim. For instance, a prescription claim for testosterone in an adolescent female within 3 days of an office visit without an F64 ICD-10 diagnosis code for that visit would raise concerns of potential miscoding of the office visit claim. Please note: In the United States there is no requirement nor allowance to provide an ICD-10 diagnosis or clinical indication for most prescriptions unless required by a payor; therefore, the prescription claim must be associated with an office visit to determine the clinical indications for the medication and diagnoses treated at the office visit.

For surgical and procedural data, the ICD-10 diagnosis code must be submitted along with the procedure CPT code. For administration of injectable medication (such as GnRH agonist puberty blockers or hormones) during a medical visit, the Healthcare Common Procedure Coding System (HCPCS) J codes are utilized. CPT codes for “gender-affirming” surgical procedures are listed in Appendix C. HCPCS J codes related to specific medications, including puberty blockers and injectable hormones, classified as HCPCS Level II codes are found in Appendix D. As with prescription medications, surgical procedures and J code medications may also have an appropriate use outside the context of pediatric medical transition. Therefore, it is critical to consider the clinical context. An otherwise healthy adolescent female, for instance, who has a CPT code for mastectomy and an ICD-10 diagnosis code for an endocrine disorder would arouse suspicion.

Please note there are limitations to this method of analysis. As stated, any of the above codes (ICD-10, NDC, CPT, HCPCS) could serve a valid medical purpose. The medical record remains the definitive source for verification and thus to differentiate appropriate use from potential misuse.

The use of longitudinal clinical review can also help to further determine confidence in the likelihood that a medical office visit, medication, or procedure is for “gender-affirming care” versus a legitimate

medical treatment. Taking a longitudinal approach, the entire timeframe of available data is reviewed for care instances at other healthcare organizations, services provided by different medical providers, or any further pharmacy claims. Additional medical visits or adjunctive medications used to change secondary sex characteristics increase the confidence that the initially identified encounter is for the purpose of pediatric medical transition. Conversely, diagnoses or treatment for severe congenital conditions, such as cerebral palsy, make the initial encounter more likely to be legitimate medical care for an endocrinological or other medical condition.

Additionally, sex markers in medical or pharmacy insurance claims data cannot always be trusted. Biological females may be coded as males and vice versa. This adds ambiguity when trying to determine whether a medication is being used for a legitimate medical purpose or for pediatric medical transition. The use of testosterone may be appropriate in a male with hypogonadism, whereas use in a female patient would indicate “gender-affirming care.” While the sex marker in insurance claims data may not be consistent with biological reality, there are methods to validate sex markers such as longitudinal searches for codes associated with sex-specific conditions or diseases. Certain ICD-10 codes are sex-specific and are designated as female only diagnosis codes and male only diagnosis codes.^{10,11} For example, gynecological ICD-10 codes, such as polycystic ovarian syndrome (E28.2), should only be assigned to a female, while a diagnosis of testicular hypofunction (E29.1) should only be assigned to a male. While some of these codes might be improperly used, codes related to contraception, pregnancy, as well as those codes which reference organs that are not created during gender surgeries (i.e., uterus, ovaries, prostate) can be taken as highly reliable indicators of biological sex. Additionally, since sex-denying surgical procedures on the genitals are rarely performed before age 15, a wider array of codes involving the genitalia (e.g., candidiasis of the vulva and vagina) are considered highly reliable markers of biological sex when found in childhood. In adulthood, these codes can represent complications of surgically created facsimiles of the genital organs.

Bearing in mind the considerations noted above, what follows are the ICD-10 diagnosis codes that may raise suspicion about misuse in the appropriate clinical context. To substantiate any such determination and confirm fraudulent billing practices, a longitudinal review of the claims data, and inspection of corresponding medical records would be required.

10 ICD10data.com. (n.d.). *Female ICD-10-CM codes*. https://www.icd10data.com/ICD10CM/Codes/Rules/Female_Diagnosis_Codes

11 ICD10data.com. (n.d.). *Male ICD-10-CM Codes*. https://www.icd10data.com/ICD10CM/Codes/Rules/Male_Diagnosis_Codes

ENDOCRINE AND OTHER MEDICAL CODES

As noted in an October 2025 article from City Journal, an individual who falsely believes he or she is the opposite sex may develop an iatrogenic (medically-induced) endocrine disorder due to taking hormonal interventions or receiving sex change surgeries.¹² This may include a male who underwent an orchiectomy and can no longer produce endogenous testosterone or a female who underwent an oophorectomy and can no longer produce endogenous estrogen. However, except in cases of detransition, where a patient seeks treatment for such iatrogenic endocrine disorders directly caused by prior “gender-affirming care,” assigning endocrine codes to individuals pursuing so-called “gender-affirming care” without an underlying endocrine disorder strongly suggests coding misuse. Again, a longitudinal review of claims data and medical records is typically required to ascertain a diagnosis code’s actual application, as these codes can and do have legitimate clinical purposes.

DETAILED BELOW ARE MEDICAL CODES THAT MAY RAISE SUSPICION FOR PEDIATRIC MEDICAL TRANSITION IN THE APPROPRIATE CLINICAL CONTEXT:

ICD-10 Code	Description
E23.0	Hypopituitarism
E28.39	Other primary ovarian failure
E29.1	Testicular hypofunction
E30.1	Precocious puberty
E34.8	Other specified endocrine disorders
E34.9	Endocrine disorder, unspecified
Z79.890	Hormone replacement therapy
N62	Hypertrophy of breast



¹² Sapir, L. (2025, October 30). *Insurance fraud is widespread in transgender medicine*. City Journal. https://www.city-journal.org/article/insurance-fraud-transgender-medicine?utm_source=substack&utm_medium=email&utm_campaign=cjmag

E23.0: HYPOPITUITARISM

Hypopituitarism is a “medical condition characterized by a deficiency in one or more of the hormones produced by the pituitary gland.” It is primarily due to pathology of the hypothalamus or pituitary itself. In the case of “gender-affirming care,” gonadotropin suppression is achieved through medication, i.e., puberty blockers. These medications represent an exogenous influence on the pituitary and are unrelated to any organic pathology. Use of this code in lieu of a gender diagnosis code (F64 family of codes, for example) when medications are prescribed for the purpose of pediatric medical transition is inappropriate. A review of the medical record would be necessary.

E28.39: OTHER PRIMARY OVARIAN FAILURE

Any biological male patient with a diagnosis of E28.39 would naturally raise suspicion. However, the sex marker on a medical record or insurance claim may be erroneous. Primary ovarian failure may be used to obscure hormone-modifying therapy to prescribe estrogen for biological males. For instance, any young “female” (as identified on the record/claim), particularly less than 30 years old, filling a prescription for unopposed estrogen may warrant suspicion for “gender-affirming care” as a biological male receiving cross sex hormones. A review of the medical record would be necessary.

E29.1: TESTICULAR HYPOFUNCTION

E29.1 may be used to indicate low testicular function in males, justifying testosterone therapy. It may also be misused to support testosterone therapy in biological females by incorrectly assigning a male sex marker. Any young “male” (as identified on the record/claim), particularly one in adolescence or young adulthood, filling a prescription for testosterone may warrant suspicion for “gender-affirming care” as a biological female receiving cross sex hormones. A review of the medical record would be necessary.

E30.1: PRECOCIOUS PUBERTY

Recent data indicate that the billing code for precocious puberty may have been used to obtain reimbursement for puberty blockers for so-called “gender-affirming care.” At the Children’s Hospital of Philadelphia between 2017 and 2024, 25 minors were diagnosed with central precocious puberty (CPP) between the ages of 10 and 18—an age range that at its upper end is well beyond the typical window for a CPP diagnosis.¹³ A similar suspicious spike in diagnoses of CPP for older adolescents has been seen at Boston Children’s Hospital. According to anonymized insurance data, the hospital issued hundreds of first-time diagnoses of CPP to children aged 10 or older since 2015, despite 10 being a normal age for the onset of puberty. The data also showed a sharp increase in these suspicious diagnoses from 2020 to 2023, including at least one patient diagnosed at age 22.¹⁴ Standard practice guidelines for treating CPP recommend discontinuation of therapy with a puberty blocker near the normal age of onset for puberty

13 Nightingale, H. (2025, October 9). *Philadelphia Children’s Hospital cheated insurance codes to give “trans kids” puberty blockers: DOJ.* The Post Millennial. <https://thepostmillennial.com/philadelphia-childrens-hospital-cheated-insurance-codes-to-give-trans-kids-puberty-blockers-doj>

14 Richardson, K., & Brock, M. (2025, October 10). *Boston Children’s Hospital could be illegally tricking insurers into covering sex changes, DOJ suggests.* The Daily Caller. <https://dailycaller.com/2025/10/10/boston-childrens-hospital-insurers-doj-case-sex-changes/>

(around age 11 in girls, 12 in boys), where WPATH Standard of Care 8 (SOC-8) allows ongoing suppression of puberty for adolescents with gender dysphoria.^{15,16} This discrepancy suggests possible misapplication of the CPP diagnosis code to support pediatric medical transition when a true diagnosis of CPP does not exist. A review of the medical record would be necessary.

E34.8 AND E34.9: OTHER SPECIFIED ENDOCRINE DISORDERS AND ENDOCRINE DISORDER, UNSPECIFIED

Both E34.8 and E34.9 are non-specific endocrine codes endorsed by WPATH to secure insurance coverage for so-called “gender-affirming care.” Should an individual truly have an “other specified” or “unspecified” endocrine disorder, one would anticipate extensive blood work and diagnostic evaluation to determine the actual underlying endocrine condition. Such would not be found in the case of “gender-affirming care.” A review of the medical record would be necessary.

Z79.890: HORMONE REPLACEMENT THERAPY

As previously noted, Z codes are typically used to contextualize medical data; however, they can also be misused to justify therapies associated with pediatric medical transition, such as administering testosterone to a female patient via hormone replacement therapy. Claims may also include endocrine diagnoses—like testicular hypofunction or unspecified endocrine disorder—in lieu of an F64 gender identity disorder code. Alternatively, Z79.890 may be used for a young “female” (as identified on the record/claim) who is actually a biological male filling a prescription for unopposed estrogen as part of “gender-affirming care.” These practices bypass official coding guidelines by recasting “gender-affirming care” as standard endocrine treatment. A review of the medical record would be necessary.

N62: HYPERTROPHY OF BREAST

In addition to the endocrine codes mentioned above, previous analyses have revealed that the ICD-10 code N62 (hypertrophy of breast) is frequently paired with F64.x (gender identity disorder) codes to support billing for mastectomies, commonly referred to as “top surgery.” N62 is a diagnosis code primarily intended for gynecomastia, which is male-specific, as well as hypertrophy of breast-unspecified and massive pubertal breast hypertrophy.¹⁷ Yet, evidence suggests that N62 has been inappropriately applied to female patients undergoing “top surgery” even when they do not meet the diagnostic criteria of “excessive enlargement of one or both breasts.”¹⁸ This is likely to facilitate insurance coverage or reimbursement and such use constitutes incorrect coding. Verification requires sex marker validation and longitudinal review to exclude obesity, for example. Medical record review most accurately assesses the clinical appropriateness of the N62 diagnosis.

15 Zevin, E. L., & Eugster, E. A. (2023). Central precocious puberty: A review of diagnosis, treatment, and outcomes. *The Lancet Child Adolescent Health*, 7(12), 886–896. [https://doi.org/10.1016/s2352-4642\(23\)00237-7](https://doi.org/10.1016/s2352-4642(23)00237-7)

16 Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). *Standards of care for the health of transgender and gender diverse people, version 8*. International Journal of Transgender Health, 23(sup1). <https://doi.org/10.1080/26895269.2022.2100644>

17 ICD10data.com. (n.d.). 2026 ICD-10-CM Diagnosis Code N62 Hypertrophy of breast. <https://www.icd10data.com/ICD10CM/Codes/N00-N99/N60-N65/N62-/N62>

18 ICD10data.com. (n.d.). 2026 ICD-10-CM Diagnosis Code N62 Hypertrophy of breast. <https://www.icd10data.com/ICD10CM/Codes/N00-N99/N60-N65/N62-/N62>

CONCLUSION

Organizations such as WPATH, the Campaign for Southern Equality, Planned Parenthood, and QueerDoc have publicly promoted the use of non-F64 diagnosis codes in connection with so-called “gender-affirming care.” Payers and regulators—particularly in states that restrict such interventions for minors—should remain vigilant for any misuse of endocrine or other medical ICD-10 codes to obtain reimbursement for sex-rejecting procedures. This false portrayal of sex change interventions under the guise of a legitimate endocrine disorder, for example, lacks medical validity. If anything, the F64 family of ICD-10 diagnosis codes representing gender identity disorders should be used. By framing these practices under conventional endocrinology or other non-F64 medical diagnoses, providers, at a minimum, circumvent official coding guidelines and ethical billing standards. Regulatory oversight and medical review are needed to ensure that ICD-10 diagnosis codes are not being misused, especially if that misuse may be masking banned interventions.

APPENDIX A

MEDICATIONS ASSOCIATED WITH SO-CALLED “GENDER-AFFIRMING CARE”

The medication lists below include only medications with the highest specificity for so-called “gender-affirming care,” deliberately excluding drugs like spironolactone (also used for acne, hirsutism, or hypertension) and oral contraceptives (primarily used for contraception or other gynecologic conditions) to avoid capturing patients receiving them for non-“gender-affirming care” indications.

1. TESTOSTERONE

Proprietary Name	NDC Package Code	Strength	Route
AndroGel	17139-562-88	16.2mg/g	TRANSDERMAL
Aveed	67979-511-43	250mg/mL	INTRAMUSCULAR
AZMIRO	24338-055-01	200mg/mL	INTRAMUSCULAR
AZMIRO	24338-056-01	200mg/mL	INTRAMUSCULAR
Depo-Testosterone	0009-0085-10	100mg/mL	INTRAMUSCULAR
Depo-Testosterone	0009-0086-01	200mg/mL	INTRAMUSCULAR
Depo-Testosterone	0009-0347-02	100mg/mL	INTRAMUSCULAR
Depo-Testosterone	0009-0417-01	200mg/mL	INTRAMUSCULAR
Depo-Testosterone	0009-0417-02	200mg/mL	INTRAMUSCULAR
Jatenzo	69087-158-12	158mg/1	ORAL
Jatenzo	69087-198-12	198mg/1	ORAL
Jatenzo	69087-237-12	237mg/1	ORAL
Jatenzo	69087-237-28	237mg/1	ORAL
Kyzatrex	80603-101-11	100mg/1	ORAL
Kyzatrex	80603-101-22	100mg/1	ORAL
Kyzatrex	80603-103-11	150mg/1	ORAL
Kyzatrex	80603-103-22	150mg/1	ORAL
Kyzatrex	80603-105-11	200mg/1	ORAL
Kyzatrex	80603-105-22	200mg/1	ORAL
Kyzatrex	80603-105-33	200mg/1	ORAL
METHITEST	0115-7037-01	10mg/1	ORAL
MethylTESTOSTERone	0115-1408-01	10mg/1	ORAL
MethylTESTOSTERone	0115-1408-03	10mg/1	ORAL
MethylTESTOSTERone	0115-1408-08	10mg/1	ORAL
Methyltestosterone	70954-255-10	10mg/1	ORAL
Natesto	42667-5511-1	5.5mg/.122g	NASAL
Testim	66887-001-05	50mg/5g	TRANSDERMAL
Testopel	66887-004-10	75mg/1	SUBCUTANEOUS
Testopel	66887-004-20	75mg/1	SUBCUTANEOUS
Testosterone	0591-2114-81	30mg/1.5mL	TOPICAL
Testosterone	0591-2363-60	10mg/.5g	TOPICAL
Testosterone	0591-2921-02	10mg/g	TOPICAL
Testosterone	0591-2924-18	16.2mg/g	TRANSDERMAL
Testosterone	0591-2926-30	16.2mg/g	TRANSDERMAL

Proprietary Name	NDC Package Code	Strength	Route
Testosterone	0591-3216-30	10mg/g	TOPICAL
Testosterone	0591-3217-30	10mg/g	TOPICAL
Testosterone	0591-3524-30	50mg/5g	TRANSDERMAL
Testosterone	0832-1120-05	50mg/5g	TOPICAL
Testosterone	0832-1120-35	50mg/5g	TOPICAL
Testosterone	0832-1121-42	12.5mg/1	TOPICAL
testosterone	16714-967-01	20.25mg/1.25g	TOPICAL
testosterone	16714-968-02	20.25mg/1.25g	TOPICAL
testosterone	16714-969-02	40.5mg/2.5g	TOPICAL
TESTOSTERONE	21922-030-20	16.2mg/g	TRANSDERMAL
Testosterone	24979-078-15	16.2mg/g	TRANSDERMAL
testosterone	24979-130-26	30mg/1.5mL	TOPICAL
Testosterone	43598-304-88	1.62mg/g	TRANSDERMAL
Testosterone	43742-1242-1	8[hp_X]/mL	ORAL
Testosterone	44117-0001-1	30[hp_X]/mg	ORAL
Testosterone	44117-0002-1	30[hp_X]/1	ORAL
Testosterone	44117-0003-1	30[hp_X]/1	ORAL
testosterone	45802-281-39	20.25mg/1.25g	TOPICAL
testosterone	45802-366-65	40.5mg/2.5g	TOPICAL
testosterone	45802-610-01	30mg/1.5mL	TOPICAL
testosterone	45802-754-01	16.2mg/g	TOPICAL
TESTOSTERONE	62332-488-11	30mg/1.5mL	TOPICAL
TESTOSTERONE	62332-552-88	16.2mg/g	TRANSDERMAL
Testosterone	63629-2352-1	20.25mg/1.25g	TRANSDERMAL
testosterone	63629-8455-1	16.2mg/g	TOPICAL
testosterone	63629-9310-1	30mg/1.5mL	TOPICAL
Testosterone	64380-151-02	25mg/2.5g	TRANSDERMAL
Testosterone	64380-152-02	50mg/5g	TRANSDERMAL
Testosterone	66993-951-88	16.2mg/g	TRANSDERMAL
Testosterone	66993-953-44	12.5mg/1.25g	TRANSDERMAL
Testosterone	68180-941-11	16.2mg/g	TRANSDERMAL
Testosterone	68180-943-11	30mg/1.5mL	TOPICAL
Testosterone	69097-363-44	30mg/1.5mL	TOPICAL
Testosterone	69238-1013-2	20.25mg/1.25g	TOPICAL
Testosterone	70700-112-21	20.25mg/1.25g	TRANSDERMAL
testosterone	71335-2742-1	16.2mg/g	TOPICAL
testosterone	72162-1421-2	30mg/1.5mL	TOPICAL
testosterone	72162-1426-2	16.2mg/g	TOPICAL
Testosterone	72162-1962-2	20.25mg/1.25g	TRANSDERMAL
Testosterone	72603-265-01	20.25mg/1.25g	TRANSDERMAL
Testosterone Cypionate	0143-9005-01	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	0143-9659-01	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	0143-9726-01	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	0409-6557-01	100mg/mL	INTRAMUSCULAR
Testosterone Cypionate	0409-6562-01	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	0409-6562-20	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	0517-1830-01	200mg/mL	INTRAMUSCULAR

Proprietary Name	NDC Package Code	Strength	Route
Testosterone Cypionate	0574-0820-01	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	0574-0820-10	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	0574-0827-01	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	0574-0827-10	200mg/mL	INTRAMUSCULAR
testosterone cypionate	47781-910-91	200mg/mL	INTRAMUSCULAR
testosterone cypionate	47781-911-93	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	50090-4147-0	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	50090-4920-0	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	50090-7435-0	200mg/mL	INTRAMUSCULAR
testosterone cypionate	50090-7584-0	200mg/mL	INTRAMUSCULAR
testosterone cypionate	50090-7585-0	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	52536-625-01	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	52536-625-10	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	55150-276-01	1000mg/10mL	INTRAMUSCULAR
Testosterone Cypionate	55150-277-01	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	55150-278-01	2000mg/10mL	INTRAMUSCULAR
Testosterone Cypionate	62756-015-40	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	62756-016-40	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	62756-017-40	100mg/mL	INTRAMUSCULAR
Testosterone Cypionate	63187-647-10	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	63629-8705-1	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	63629-8706-1	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	68071-3809-1	200mg/mL	INTRAMUSCULAR
testosterone cypionate	68071-3835-1	200mg/mL	INTRAMUSCULAR
testosterone cypionate	68071-3840-1	200mg/mL	INTRAMUSCULAR
TESTOSTERONE CYPIONATE	69097-536-37	100mg/mL	INTRAMUSCULAR
TESTOSTERONE CYPIONATE	69097-537-31	200mg/mL	INTRAMUSCULAR
TESTOSTERONE CYPIONATE	69097-537-37	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	69097-802-32	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	69097-802-37	200mg/mL	INTRAMUSCULAR
testosterone cypionate	70700-288-22	100mg/mL	INTRAMUSCULAR
testosterone cypionate	70700-289-22	200mg/mL	INTRAMUSCULAR
testosterone cypionate	70700-290-22	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	71205-289-01	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	71335-2470-1	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	71335-2473-1	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	72162-1119-2	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	72162-2348-2	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	72162-2348-4	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	72162-2375-2	200mg/mL	INTRAMUSCULAR
testosterone cypionate	72603-286-01	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	76420-065-10	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	76420-645-10	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	76420-741-10	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	76420-746-01	200mg/mL	INTRAMUSCULAR
Testosterone Cypionate	76420-746-10	200mg/mL	INTRAMUSCULAR
testosterone cypionate	76420-747-01	200mg/mL	INTRAMUSCULAR

Proprietary Name	NDC Package Code	Strength	Route
testosterone cypionate	76420-752-10	200mg/mL	INTRAMUSCULAR
TESTOSTERONE CYPIONATE (E)	76519-1210-0		
TESTOSTERONE ENANTHATE	0143-9750-01	200mg/mL	INTRAMUSCULAR
TESTOSTERONE ENANTHATE	55150-336-01	200mg/mL	INTRAMUSCULAR
Testosterone Gel, 1%	21922-019-02	10mg/g	TRANSDERMAL
Testosterone Gel, 1%	21922-019-47	10mg/g	TRANSDERMAL
Testosterone Gel, 1%	21922-019-52	10mg/g	TRANSDERMAL
Testosterone Gel, 1%	72162-1274-3	10mg/g	TRANSDERMAL
Tlando	54436-112-20	112.5mg/1	ORAL
Tlando	74676-0112-2	112.5mg/1	ORAL
Vogelxo	0245-0871-05	50mg/5g	TOPICAL
Vogelxo	0245-0871-35	50mg/5g	TOPICAL
Vogelxo	0245-0872-42	12.5mg/1	TOPICAL
XYOSTED	54436-200-01	100mg/.5mL	SUBCUTANEOUS
XYOSTED	54436-200-04	100mg/.5mL	SUBCUTANEOUS
XYOSTED	54436-200-05	100mg/.5mL	SUBCUTANEOUS
XYOSTED	54436-250-01	50mg/.5mL	SUBCUTANEOUS
XYOSTED	54436-250-04	50mg/.5mL	SUBCUTANEOUS
XYOSTED	54436-275-01	75mg/.5mL	SUBCUTANEOUS
XYOSTED	54436-275-04	75mg/.5mL	SUBCUTANEOUS
XYOSTED	54436-275-05	75mg/.5mL	SUBCUTANEOUS
Testosterone Patch	00023-5990-60	2 mg/24 hour	TRANSDERMAL
Testosterone Patch	52544-076-60	2 mg/24 hour	TRANSDERMAL
Testosterone Patch	00023-5992-30	4 mg/24 hour	TRANSDERMAL
Testosterone Patch	52544-077-30	4 mg/24 hour	TRANSDERMAL
androderm	52544-077		TRANSDERMAL

2. UNOPPOSED ESTROGEN

Proprietary Name	NDC Package Code	Strength	Route
Climara	50419-451-04	.05mg/d	TRANSDERMAL
Climara	50419-452-04	.1mg/d	TRANSDERMAL
Climara	50419-453-04	.075mg/d	TRANSDERMAL
Climara	50419-454-04	.025mg/d	TRANSDERMAL
Climara	50419-456-04	.0375mg/d	TRANSDERMAL
Climara	50419-459-04	.06mg/d	TRANSDERMAL
Delestrogen	42023-110-01	10mg/mL	INTRAMUSCULAR
Delestrogen	42023-111-01	20mg/mL	INTRAMUSCULAR
Depo-Estradiol	0009-0271-01	5mg/mL	INTRAMUSCULAR
DIVIGEL	68025-065-07	.25mg/.25g	TOPICAL
DIVIGEL	68025-065-30	.25mg/.25g	TOPICAL
DIVIGEL	68025-066-07	.5mg/.5g	TOPICAL
DIVIGEL	68025-066-30	.5mg/.5g	TOPICAL
DIVIGEL	68025-067-07	1mg/g	TOPICAL
DIVIGEL	68025-067-30	1mg/g	TOPICAL
DIVIGEL	68025-083-07	.75mg/.75g	TOPICAL
DIVIGEL	68025-083-30	.75mg/.75g	TOPICAL
DIVIGEL	68025-086-07	1.25mg/1.25g	TOPICAL
DIVIGEL	68025-086-30	1.25mg/1.25g	TOPICAL
DOTTI	65162-989-08	.025mg/d	TRANSDERMAL
DOTTI	65162-992-08	.0375mg/d	TRANSDERMAL
DOTTI	65162-993-08	.05mg/d	TRANSDERMAL
DOTTI	65162-995-08	.075mg/d	TRANSDERMAL
DOTTI	65162-997-08	.1mg/d	TRANSDERMAL
DOTTI	72162-2032-2	.025mg/d	TRANSDERMAL
DOTTI	72162-2033-2	.0375mg/d	TRANSDERMAL
DOTTI	72162-2034-2	.05mg/d	TRANSDERMAL
DOTTI	72162-2035-2	.075mg/d	TRANSDERMAL
DOTTI	72162-2036-2	.1mg/d	TRANSDERMAL
ELESTRIN	0037-4801-70	.52mg/.87g	TOPICAL
Estrace	0430-0720-24	.5mg/1	ORAL
Estrace	0430-0721-24	1mg/1	ORAL
Estrace	0430-0722-24	2mg/1	ORAL
Estradiol	0378-3349-99	.025mg/d	TRANSDERMAL
Estradiol	0378-3350-99	.05mg/d	TRANSDERMAL
Estradiol	0378-3351-99	.075mg/d	TRANSDERMAL
Estradiol	0378-3352-99	.1mg/d	TRANSDERMAL
Estradiol	0378-3360-99	.0375mg/d	TRANSDERMAL
Estradiol	0378-3361-99	.06mg/d	TRANSDERMAL
Estradiol	0378-4619-26	.025mg/d	TRANSDERMAL
Estradiol	0378-4620-26	.0375mg/d	TRANSDERMAL
Estradiol	0378-4621-26	.05mg/d	TRANSDERMAL
Estradiol	0378-4622-26	.075mg/d	TRANSDERMAL
Estradiol	0378-4623-26	.1mg/d	TRANSDERMAL

Proprietary Name	NDC Package Code	Strength	Route
Estradiol	0378-4640-26	.1mg/d	TRANSDERMAL
Estradiol	0378-4641-26	.075mg/d	TRANSDERMAL
Estradiol	0378-4642-26	.05mg/d	TRANSDERMAL
Estradiol	0378-4643-26	.0375mg/d	TRANSDERMAL
Estradiol	0378-4644-26	.025mg/d	TRANSDERMAL
Estradiol	0555-0886-02	1mg/1	ORAL
Estradiol	0555-0886-04	1mg/1	ORAL
Estradiol	0555-0887-02	2mg/1	ORAL
Estradiol	0555-0887-04	2mg/1	ORAL
Estradiol	0555-0899-02	.5mg/1	ORAL
Estradiol	0781-7129-83	.025mg/d	TRANSDERMAL
Estradiol	0781-7138-83	.0375mg/d	TRANSDERMAL
Estradiol	0781-7144-83	.05mg/d	TRANSDERMAL
Estradiol	0781-7156-83	.075mg/d	TRANSDERMAL
Estradiol	0781-7167-83	.1mg/d	TRANSDERMAL
Estradiol	13811-090-32	.25mg/.25g	TOPICAL
Estradiol	13811-091-32	.5mg/.5g	TOPICAL
Estradiol	13811-092-32	.75mg/.75g	TOPICAL
Estradiol	13811-093-32	1mg/g	TOPICAL
Estradiol	13811-094-32	1.25mg/1.25g	TOPICAL
ESTRADIOL	24658-702-01	.5mg/1	ORAL
ESTRADIOL	24658-702-05	.5mg/1	ORAL
ESTRADIOL	24658-703-01	1mg/1	ORAL
ESTRADIOL	24658-703-05	1mg/1	ORAL
ESTRADIOL	24658-704-01	2mg/1	ORAL
ESTRADIOL	24658-704-05	2mg/1	ORAL
ESTRADIOL	24658-704-90	2mg/1	ORAL
ESTRADIOL	42806-087-01	.5mg/1	ORAL
ESTRADIOL	42806-087-05	.5mg/1	ORAL
ESTRADIOL	42806-088-01	1mg/1	ORAL
ESTRADIOL	42806-088-05	1mg/1	ORAL
ESTRADIOL	42806-089-01	2mg/1	ORAL
ESTRADIOL	42806-089-05	2mg/1	ORAL
ESTRADIOL	42806-089-09	2mg/1	ORAL
ESTRADIOL	45802-134-30	.25mg/.25g	TOPICAL
ESTRADIOL	45802-202-30	.5mg/.5g	TOPICAL
ESTRADIOL	45802-310-30	.75mg/.75g	TOPICAL
ESTRADIOL	45802-452-30	1mg/g	TOPICAL
ESTRADIOL	45802-573-30	1.25mg/1.25g	TOPICAL
Estradiol	50090-1704-0	1mg/1	ORAL
Estradiol	50090-1704-1	1mg/1	ORAL
Estradiol	50090-1704-2	1mg/1	ORAL
Estradiol	50090-1882-0	.5mg/1	ORAL
Estradiol	50090-1882-1	.5mg/1	ORAL
ESTRADIOL	50090-5494-0	.5mg/1	ORAL
ESTRADIOL	50090-5494-1	.5mg/1	ORAL
ESTRADIOL	50090-6359-0	1mg/1	ORAL

Proprietary Name	NDC Package Code	Strength	Route
ESTRADIOL	50090-6359-2	1mg/1	ORAL
ESTRADIOL	50090-6363-0	2mg/1	ORAL
ESTRADIOL	50090-6363-2	2mg/1	ORAL
Estradiol	50090-6847-0	1mg/1	ORAL
ESTRADIOL	50090-7452-0	1mg/1	ORAL
Estradiol	50090-7480-0	1mg/1	ORAL
Estradiol	50090-7480-2	1mg/1	ORAL
Estradiol	50090-7481-0	1mg/1	ORAL
Estradiol	50090-7610-0	.0375mg/d	TRANSDERMAL
Estradiol	50090-7611-0	.05mg/d	TRANSDERMAL
Estradiol	51655-227-26	2mg/1	ORAL
Estradiol	51655-227-52	2mg/1	ORAL
Estradiol	51655-229-26	1mg/1	ORAL
Estradiol	51655-229-52	1mg/1	ORAL
ESTRADIOL	51655-860-26	.5mg/1	ORAL
ESTRADIOL	51655-860-52	.5mg/1	ORAL
Estradiol	54348-701-30	1mg/1	ORAL
Estradiol	54348-702-90	2mg/1	ORAL
Estradiol	60687-876-65	1mg/1	ORAL
Estradiol	63187-741-30	1mg/1	ORAL
Estradiol	63187-741-60	1mg/1	ORAL
Estradiol	63187-741-90	1mg/1	ORAL
ESTRADIOL	63629-4788-1	2mg/1	ORAL
ESTRADIOL	63629-4788-2	2mg/1	ORAL
ESTRADIOL	63629-4788-3	2mg/1	ORAL
ESTRADIOL	63629-4788-4	2mg/1	ORAL
ESTRADIOL	63629-4788-5	2mg/1	ORAL
Estradiol	63629-8802-1	.5mg/1	ORAL
Estradiol	67046-1568-3	.5mg/1	ORAL
Estradiol	68071-2675-3	2mg/1	ORAL
Estradiol	68071-2675-9	2mg/1	ORAL
ESTRADIOL	68071-3394-2	1mg/1	ORAL
ESTRADIOL	68071-3394-3	1mg/1	ORAL
ESTRADIOL	68071-3394-6	1mg/1	ORAL
ESTRADIOL	68071-3394-9	1mg/1	ORAL
Estradiol	68071-3629-3	1mg/1	ORAL
Estradiol	68071-3689-9	2mg/1	ORAL
ESTRADIOL	68071-4485-1	2mg/1	ORAL
ESTRADIOL	68071-4485-3	2mg/1	ORAL
ESTRADIOL	68071-4485-6	2mg/1	ORAL
ESTRADIOL	68071-4485-9	2mg/1	ORAL
estradiol	68382-323-04	.014mg/d	TRANSDERMAL
estradiol	68382-324-04	.025mg/d	TRANSDERMAL
estradiol	68382-325-04	.0375mg/d	TRANSDERMAL
estradiol	68382-326-04	.05mg/d	TRANSDERMAL
estradiol	68382-327-04	.06mg/d	TRANSDERMAL
estradiol	68382-328-04	.075mg/d	TRANSDERMAL
estradiol	68382-329-04	.1mg/d	TRANSDERMAL

Proprietary Name	NDC Package Code	Strength	Route
ESTRADIOL	68788-7102-1	1mg/1	ORAL
ESTRADIOL	68788-7102-3	1mg/1	ORAL
ESTRADIOL	68788-7102-6	1mg/1	ORAL
ESTRADIOL	68788-7102-9	1mg/1	ORAL
ESTRADIOL	68788-7332-1	.5mg/1	ORAL
ESTRADIOL	68788-7332-3	.5mg/1	ORAL
ESTRADIOL	68788-7332-6	.5mg/1	ORAL
ESTRADIOL	68788-7332-9	.5mg/1	ORAL
Estradiol	68788-8481-1	.5mg/1	ORAL
Estradiol	68788-8481-3	.5mg/1	ORAL
Estradiol	68788-8481-6	.5mg/1	ORAL
Estradiol	68788-8481-9	.5mg/1	ORAL
Estradiol	68788-8626-1	.5mg/1	ORAL
Estradiol	68788-8626-3	.5mg/1	ORAL
Estradiol	68788-8626-6	.5mg/1	ORAL
Estradiol	68788-8626-9	.5mg/1	ORAL
Estradiol	68788-8860-1	1mg/1	ORAL
Estradiol	68788-8860-3	1mg/1	ORAL
Estradiol	68788-8860-6	1mg/1	ORAL
Estradiol	68788-8860-9	1mg/1	ORAL
Estradiol	68968-3410-8	.1mg/d	TRANSDERMAL
Estradiol	68968-3425-8	.025mg/d	TRANSDERMAL
Estradiol	68968-3437-8	.0375mg/d	TRANSDERMAL
Estradiol	68968-3450-8	.05mg/d	TRANSDERMAL
Estradiol	68968-3475-8	.075mg/d	TRANSDERMAL
Estradiol	69238-1293-7	.0375mg/d	TRANSDERMAL
Estradiol	69238-1294-7	.075mg/d	TRANSDERMAL
Estradiol	69238-1295-7	.05mg/d	TRANSDERMAL
Estradiol	69238-1296-7	.1mg/d	TRANSDERMAL
Estradiol	69238-1447-7	.025mg/d	TRANSDERMAL
Estradiol	69238-1629-7	.025mg/d	TRANSDERMAL
Estradiol	69238-1630-7	.0375mg/d	TRANSDERMAL
Estradiol	69238-1631-7	.05mg/d	TRANSDERMAL
Estradiol	69238-1632-7	.075mg/d	TRANSDERMAL
Estradiol	69238-1633-7	.1mg/d	TRANSDERMAL
Estradiol	69238-2448-3	1.25mg/1.25g	TOPICAL
Estradiol	69238-2449-3	1mg/g	TOPICAL
Estradiol	69238-2450-3	.75mg/.75g	TOPICAL
Estradiol	69238-2451-3	.5mg/.5g	TOPICAL
Estradiol	69238-2452-3	.25mg/.25g	TOPICAL
Estradiol	70518-0834-0	1mg/1	ORAL
ESTRADIOL	70518-2829-0	2mg/1	ORAL
ESTRADIOL	70518-3818-0	1mg/1	ORAL
Estradiol	70518-3910-2	2mg/1	ORAL
Estradiol	70518-3922-0	1mg/1	ORAL
Estradiol	70518-3922-1	1mg/1	ORAL
Estradiol	70700-143-35	.25mg/.25g	TOPICAL

Proprietary Name	NDC Package Code	Strength	Route
Estradiol	70700-144-35	.5mg/.5g	TOPICAL
Estradiol	70700-145-35	1mg/g	TOPICAL
Estradiol	70700-194-35	.75mg/.75g	TOPICAL
Estradiol	70700-195-35	1.25mg/1.25g	TOPICAL
Estradiol	70710-1191-8	.025mg/d	TRANSDERMAL
Estradiol	70710-1192-8	.0375mg/d	TRANSDERMAL
Estradiol	70710-1193-8	.05mg/d	TRANSDERMAL
Estradiol	70710-1194-8	.075mg/d	TRANSDERMAL
Estradiol	70710-1195-8	.1mg/d	TRANSDERMAL
estradiol	70771-1400-4	.014mg/d	TRANSDERMAL
estradiol	70771-1401-4	.025mg/d	TRANSDERMAL
estradiol	70771-1402-4	.0375mg/d	TRANSDERMAL
estradiol	70771-1403-4	.05mg/d	TRANSDERMAL
estradiol	70771-1404-4	.06mg/d	TRANSDERMAL
estradiol	70771-1405-4	.075mg/d	TRANSDERMAL
estradiol	70771-1406-4	.1mg/d	TRANSDERMAL
Estradiol	70771-1563-8	.025mg/d	TRANSDERMAL
Estradiol	70771-1564-8	.0375mg/d	TRANSDERMAL
Estradiol	70771-1565-8	.05mg/d	TRANSDERMAL
Estradiol	70771-1566-8	.075mg/d	TRANSDERMAL
Estradiol	70771-1567-8	.1mg/d	TRANSDERMAL
Estradiol	70954-530-20	.5mg/.5g	TOPICAL
Estradiol	70954-531-20	.25mg/.25g	TOPICAL
Estradiol	70954-532-20	.75mg/.75g	TOPICAL
Estradiol	70954-533-20	1mg/g	TOPICAL
Estradiol	70954-534-20	1.25mg/1.25g	TOPICAL
Estradiol	70954-564-10	.5mg/1	ORAL
Estradiol	70954-565-10	1mg/1	ORAL
Estradiol	70954-565-20	1mg/1	ORAL
Estradiol	70954-566-10	2mg/1	ORAL
Estradiol	70954-566-20	2mg/1	ORAL
Estradiol	70954-646-10	.75mg/1.25g	TOPICAL
Estradiol	71335-0201-1	2mg/1	ORAL
Estradiol	71335-0201-2	2mg/1	ORAL
Estradiol	71335-0201-3	2mg/1	ORAL
Estradiol	71335-0201-4	2mg/1	ORAL
Estradiol	71335-0201-5	2mg/1	ORAL
ESTRADIOL	71335-0226-1	.5mg/1	ORAL
ESTRADIOL	71335-0226-2	.5mg/1	ORAL
ESTRADIOL	71335-0226-3	.5mg/1	ORAL
ESTRADIOL	71335-0226-4	.5mg/1	ORAL
Estradiol	71335-0430-1	.5mg/1	ORAL
Estradiol	71335-0430-2	.5mg/1	ORAL
Estradiol	71335-0430-3	.5mg/1	ORAL
Estradiol	71335-0430-4	.5mg/1	ORAL
Estradiol	71335-0445-1	1mg/1	ORAL
Estradiol	71335-0445-2	1mg/1	ORAL

Proprietary Name	NDC Package Code	Strength	Route
Estradiol	71335-0445-3	1mg/1	ORAL
Estradiol	71335-0445-4	1mg/1	ORAL
Estradiol	71335-0445-5	1mg/1	ORAL
Estradiol	71335-0445-6	1mg/1	ORAL
Estradiol	71335-0445-7	1mg/1	ORAL
ESTRADIOL	71335-0797-1	1mg/1	ORAL
ESTRADIOL	71335-0797-2	1mg/1	ORAL
ESTRADIOL	71335-0797-3	1mg/1	ORAL
ESTRADIOL	71335-0797-4	1mg/1	ORAL
ESTRADIOL	71335-0797-5	1mg/1	ORAL
ESTRADIOL	71335-0797-6	1mg/1	ORAL
ESTRADIOL	71335-0797-7	1mg/1	ORAL
Estradiol	71335-2387-1	1mg/1	ORAL
Estradiol	71335-2387-2	1mg/1	ORAL
Estradiol	71335-2387-3	1mg/1	ORAL
Estradiol	71335-2387-4	1mg/1	ORAL
Estradiol	71335-2387-5	1mg/1	ORAL
Estradiol	71335-2387-6	1mg/1	ORAL
Estradiol	71335-2387-7	1mg/1	ORAL
Estradiol	71335-2477-1	2mg/1	ORAL
Estradiol	71335-2477-2	2mg/1	ORAL
Estradiol	71335-2477-3	2mg/1	ORAL
Estradiol	71335-2477-4	2mg/1	ORAL
Estradiol	71335-2477-5	2mg/1	ORAL
ESTRADIOL	72162-2290-3	.25mg/.25g	TOPICAL
ESTRADIOL	72162-2291-3	.5mg/.5g	TOPICAL
ESTRADIOL	72162-2292-3	.75mg/.75g	TOPICAL
ESTRADIOL	72162-2293-3	1mg/g	TOPICAL
Estradiol	72189-502-60	1mg/1	ORAL
Estradiol	72189-502-90	1mg/1	ORAL
Estradiol	72189-508-90	2mg/1	ORAL
Estradiol	72603-241-30	.25mg/.25g	TOPICAL
Estradiol	72603-242-30	.5mg/.5g	TOPICAL
Estradiol	72603-243-30	.75mg/.75g	TOPICAL
Estradiol	72603-244-30	1mg/g	TOPICAL
Estradiol	72603-245-30	1.25mg/1.25g	TOPICAL
Estradiol	72603-273-01	.5mg/1	ORAL
Estradiol	72603-274-01	1mg/1	ORAL
Estradiol	72603-274-02	1mg/1	ORAL
Estradiol	72603-275-01	2mg/1	ORAL
Estradiol	72603-275-02	2mg/1	ORAL
Estradiol	72789-299-30	1mg/1	ORAL
Estradiol	72789-299-90	1mg/1	ORAL
Estradiol	72789-360-90	2mg/1	ORAL
Estradiol	72789-489-30	.5mg/1	ORAL
Estradiol	73473-308-50	.75mg/1.25g	TOPICAL
ESTRADIOL	76420-021-30	.5mg/1	ORAL
ESTRADIOL	76420-021-90	.5mg/1	ORAL

Proprietary Name	NDC Package Code	Strength	Route
ESTRADIOL	76420-021-10	.5mg/1	ORAL
ESTRADIOL	76420-021-30	.5mg/1	ORAL
ESTRADIOL	76420-021-90	.5mg/1	ORAL
ESTRADIOL	76420-021-10	.5mg/1	ORAL
ESTRADIOL	76420-022-30	1mg/1	ORAL
ESTRADIOL	76420-022-90	1mg/1	ORAL
ESTRADIOL	76420-022-10	1mg/1	ORAL
ESTRADIOL	76420-022-30	1mg/1	ORAL
ESTRADIOL	76420-022-90	1mg/1	ORAL
ESTRADIOL	76420-022-10	1mg/1	ORAL
ESTRADIOL	76420-023-30	2mg/1	ORAL
ESTRADIOL	76420-023-90	2mg/1	ORAL
ESTRADIOL	76420-023-10	2mg/1	ORAL
ESTRADIOL	76420-023-30	2mg/1	ORAL
ESTRADIOL	76420-023-90	2mg/1	ORAL
ESTRADIOL	76420-023-10	2mg/1	ORAL
Estradiol	82868-026-30	2mg/1	ORAL
Estradiol	82868-038-30	1mg/1	ORAL
Estradiol	82868-038-90	1mg/1	ORAL
Estradiol Gel	21922-086-52	.25mg/.25g	TOPICAL
Estradiol Gel	21922-087-52	.5mg/.5g	TOPICAL
Estradiol Gel	21922-088-52	.75mg/.75g	TOPICAL
Estradiol Gel	21922-089-52	1mg/g	TOPICAL
Estradiol Gel	21922-090-52	1.25mg/1.25g	TOPICAL
Estradiol Transdermal System	0781-7104-54	.1mg/d	TRANSDERMAL
Estradiol Transdermal System	0781-7119-54	.025mg/d	TRANSDERMAL
Estradiol Transdermal System	0781-7122-54	.0375mg/d	TRANSDERMAL
Estradiol Transdermal System	0781-7133-54	.05mg/d	TRANSDERMAL
Estradiol Transdermal System	0781-7134-54	.06mg/d	TRANSDERMAL
Estradiol Transdermal System	0781-7136-54	.075mg/d	TRANSDERMAL
Estradiol Transdermal System	59368-418-01	.06mg/d	TRANSDERMAL
Estradiol Transdermal System	59368-419-01	.075mg/d	TRANSDERMAL
Estradiol Transdermal System	59368-420-01	.05mg/d	TRANSDERMAL
Estradiol Transdermal System	59368-421-01	.025mg/d	TRANSDERMAL
Estradiol Transdermal System	59368-422-01	.1mg/d	TRANSDERMAL
Estradiol Transdermal System	59368-423-01	.0375mg/d	TRANSDERMAL
Estradiol Valerate	0143-9289-01	10mg/mL	INTRAMUSCULAR
Estradiol Valerate	0143-9290-01	20mg/mL	INTRAMUSCULAR
Estradiol Valerate	0143-9291-01	40mg/mL	INTRAMUSCULAR
ESTRADIOL VALERATE	0517-0420-01	20mg/mL	INTRAMUSCULAR
ESTRADIOL VALERATE	0517-0440-01	40mg/mL	INTRAMUSCULAR
Estradiol valerate	70700-273-22	10mg/mL	INTRAMUSCULAR
Estradiol valerate	70700-274-22	20mg/mL	INTRAMUSCULAR
Estradiol valerate	70700-275-22	40mg/mL	INTRAMUSCULAR
EstroGel	17139-617-40	.75mg/1.25g	TOPICAL
ESTROGEN PHENOLIC	44911-0199-1	6[hp_X]/mL	ORAL
Evamist	0574-2067-00	1.53mg/1	TRANSDERMAL

Proprietary Name	NDC Package Code	Strength	Route
Evamist	0574-2067-27	1.53mg/1	TRANSDERMAL
LYLLANA	65162-126-08	.025mg/d	TRANSDERMAL
LYLLANA	65162-148-08	.0375mg/d	TRANSDERMAL
LYLLANA	65162-149-08	.05mg/d	TRANSDERMAL
LYLLANA	65162-150-08	.075mg/d	TRANSDERMAL
LYLLANA	65162-228-08	.1mg/d	TRANSDERMAL
Menostar	50419-455-04	14ug/d	TRANSDERMAL
Minivelle	68968-6610-8	.1mg/d	TRANSDERMAL
Minivelle	68968-6625-8	.025mg/d	TRANSDERMAL
Minivelle	68968-6637-8	.0375mg/d	TRANSDERMAL
Minivelle	68968-6650-8	.05mg/d	TRANSDERMAL
Minivelle	68968-6675-8	.075mg/d	TRANSDERMAL
Vivelle-Dot	0078-0343-42	.0375mg/d	TRANSDERMAL
Vivelle-Dot	0078-0344-42	.05mg/d	TRANSDERMAL
Vivelle-Dot	0078-0345-42	.075mg/d	TRANSDERMAL
Vivelle-Dot	0078-0346-42	.1mg/d	TRANSDERMAL
Vivelle-Dot	0078-0365-42	.025mg/d	TRANSDERMAL
Vivelle-Dot	66758-145-83	.025mg/d	TRANSDERMAL
Vivelle-Dot	66758-146-83	.0375mg/d	TRANSDERMAL
Vivelle-Dot	66758-147-83	.05mg/d	TRANSDERMAL
Vivelle-Dot	66758-148-83	.075mg/d	TRANSDERMAL
Vivelle-Dot	66758-149-83	.1mg/d	TRANSDERMAL
Premarin	0046-1100-52	.3mg/1	ORAL
Premarin	0046-1100-81	.3mg/1	ORAL
Premarin	0046-1100-91	.3mg/1	ORAL
Premarin	0046-1101-81	.45mg/1	ORAL
Premarin	0046-1102-52	.625mg/1	ORAL
Premarin	0046-1102-81	.625mg/1	ORAL
Premarin	0046-1102-91	.625mg/1	ORAL
Premarin	0046-1103-81	.9mg/1	ORAL
Premarin	0046-1104-81	1.25mg/1	ORAL
Premarin	0046-1104-91	1.25mg/1	ORAL
Premarin	50090-0167-0	.625mg/1	ORAL
Premarin	50090-0167-5	.625mg/1	ORAL
PREMARIN	50090-1853-3	.3mg/1	ORAL

3. PUBERTY BLOCKERS

Proprietary Name	GnRH Type	NDC Package Code	Strength	Route
SUPPRELIN	GnRH agonist	67979-002-01	50mg/1	Implant
Synarel	GnRH agonist	0025-0166-08	2mg/mL	Nasal
Trelstar	GnRH agonist	74676-5902-1	N/A	Injection
Trelstar	GnRH agonist	74676-5904-1	N/A	Injection
Trelstar	GnRH agonist	74676-5906-1	N/A	Injection
ELIGARD	GnRH agonist	62935-223-05	N/A	Injection
Eligard	GnRH agonist	62935-227-10	22.5mg/.375mL	Injection
ELIGARD	GnRH agonist	62935-303-30	N/A	Injection
Eligard	GnRH agonist	62935-306-40	30mg/.5mL	Injection
ELIGARD	GnRH agonist	62935-453-45	N/A	Injection
Eligard	GnRH agonist	62935-461-50	45mg/.375mL	Injection
ELIGARD	GnRH agonist	62935-753-75	N/A	Injection
Eligard	GnRH agonist	62935-756-80	7.5mg/.25mL	Injection
Fensolvi	GnRH agonist	62935-153-50	N/A	Injection
Fensolvi	GnRH agonist	62935-163-60	45mg/.375mL	Injection
leuprolide acetate	GnRH agonist	0121-2106-02	N/A	Injection
Leuprolide Acetate	GnRH agonist	0781-4003-32	N/A	Injection
leuprolide acetate	GnRH agonist	47335-936-40	N/A	Injection
LEUPROLIDE ACETATE	GnRH agonist	55150-478-01	N/A	Injection
leuprolide acetate	GnRH agonist	70121-2537-6	N/A	Injection
Leuprolide Acetate	GnRH agonist	71288-569-90	N/A	Injection
Leuprolide Acetate	GnRH agonist	72603-344-01	N/A	Injection
Leuprolide Acetate	GnRH agonist	72664-611-28	N/A	Injection
leuprolide acetate	GnRH agonist	72843-591-99	N/A	Injection
Leuprolide Acetate	GnRH agonist	83634-454-61	N/A	Injection
LEUPROLIDE ACETATE DEPOT	GnRH agonist	69097-909-50	N/A	Injection
Lupron Depot	GnRH agonist	0074-3346-03	N/A	Injection
Lupron Depot	GnRH agonist	0074-3473-03	N/A	Injection
Lupron Depot	GnRH agonist	0074-3641-03	N/A	Injection
Lupron Depot	GnRH agonist	0074-3641-71	N/A	Injection
Lupron Depot	GnRH agonist	0074-3642-03	N/A	Injection
Lupron Depot	GnRH agonist	0074-3663-03	N/A	Injection
Lupron Depot	GnRH agonist	0074-3683-03	N/A	Injection
Lupron Depot-PED	GnRH agonist	0074-2108-03	N/A	Injection
Lupron Depot-PED	GnRH agonist	0074-2282-03	N/A	Injection
Lupron Depot-PED	GnRH agonist	0074-2440-03	N/A	Injection
Lupron Depot-PED	GnRH agonist	0074-3575-01	N/A	Injection
Lupron Depot-PED	GnRH agonist	0074-3779-03	N/A	Injection
Lupron Depot-PED	GnRH agonist	0074-9694-03	N/A	Injection
LUTRATE DEPOT	GnRH agonist	83831-134-01	N/A	Injection
TRIPTODUR	GnRH agonist	24338-150-20	N/A	Injection
TRIPTODUR	GnRH agonist	59368-404-01	N/A	Injection
FIRMAGON	GnRH antagonist	55566-8303-1	N/A	Injection
FIRMAGON	GnRH antagonist	55566-8403-1	N/A	Injection
ZOLADEX	GnRH agonist	70720-950-36	3.6mg/1	Implant
ZOLADEX	GnRH agonist	70720-951-30	10.8mg/1	Implant

4. ANTI-ANDROGENS (EXCLUDING SPIRONOLACTONE)

Proprietary Name	NDC Package Code	Strength	Route
Bicalutamide	0904-6019-46	50mg/1	ORAL
Bicalutamide	16714-816-01	50mg/1	ORAL
Bicalutamide	16714-816-02	50mg/1	ORAL
Bicalutamide	16729-023-01	50mg/1	ORAL
Bicalutamide	16729-023-10	50mg/1	ORAL
bicalutamide	47335-485-08	50mg/1	ORAL
bicalutamide	47335-485-18	50mg/1	ORAL
bicalutamide	47335-485-83	50mg/1	ORAL
bicalutamide	47335-485-88	50mg/1	ORAL
Bicalutamide	51407-010-30	50mg/1	ORAL
Bicalutamide	60429-177-05	50mg/1	ORAL
Bicalutamide	60429-177-30	50mg/1	ORAL
Bicalutamide	62559-890-30	50mg/1	ORAL
Bicalutamide	63629-8308-1	50mg/1	ORAL
Bicalutamide	63629-8308-2	50mg/1	ORAL
Bicalutamide	71205-577-30	50mg/1	ORAL
Bicalutamide	71205-577-60	50mg/1	ORAL
Bicalutamide	71205-577-90	50mg/1	ORAL
bicalutamide	82804-082-90	50mg/1	ORAL
CASODEX	62559-680-30	50mg/1	ORAL
Eulexin	80725-143-18	125mg/1	ORAL
Eulexin	80725-600-18	125mg/1	ORAL
FLUTAMIDE	69097-915-12	125mg/1	ORAL
FLUTAMIDE	69097-915-91	125mg/1	ORAL
Nilutamide	62559-173-31	150mg/1	ORAL
Nilutamide	66993-212-38	150mg/1	ORAL

5. DHT BLOCKERS

Proprietary Name	NDC Package Code	Strength	Route
AVODART	80725-712-04	.5mg/1	ORAL
AVODART	80725-712-15	.5mg/1	ORAL
Dutasteride	25000-011-03	.5mg/1	ORAL
Dutasteride	25000-011-07	.5mg/1	ORAL
Dutasteride	25000-011-27	.5mg/1	ORAL
Dutasteride	31722-131-30	.5mg/1	ORAL
Dutasteride	31722-131-90	.5mg/1	ORAL
Dutasteride	42806-549-09	.5mg/1	ORAL
Dutasteride	42806-549-30	.5mg/1	ORAL
Dutasteride	50090-4010-0	.5mg/1	ORAL
Dutasteride	50090-4010-1	.5mg/1	ORAL
Dutasteride	50090-7305-0	.5mg/1	ORAL
Dutasteride	50090-7305-1	.5mg/1	ORAL
Dutasteride	59651-021-30	.5mg/1	ORAL
Dutasteride	59651-021-90	.5mg/1	ORAL
Dutasteride	63629-1222-1	.5mg/1	ORAL
Dutasteride	63629-1223-1	.5mg/1	ORAL
Dutasteride	63629-8207-1	.5mg/1	ORAL
Dutasteride	63629-8207-2	.5mg/1	ORAL
Dutasteride	63629-8207-3	.5mg/1	ORAL
Dutasteride	65162-750-03	.5mg/1	ORAL
Dutasteride	65162-750-09	.5mg/1	ORAL
Dutasteride	68071-3732-6	.5mg/1	ORAL
Dutasteride	68071-3757-6	.5mg/1	ORAL
Dutasteride	68071-3857-9	.5mg/1	ORAL
Dutasteride	68071-4821-9	.5mg/1	ORAL
Dutasteride	70771-1347-3	.5mg/1	ORAL
Dutasteride	70771-1347-9	.5mg/1	ORAL
Dutasteride	71205-039-30	.5mg/1	ORAL
Dutasteride	71205-039-60	.5mg/1	ORAL
Dutasteride	71205-039-90	.5mg/1	ORAL
Dutasteride	71205-278-30	.5mg/1	ORAL
Dutasteride	71205-278-60	.5mg/1	ORAL
Dutasteride	71205-278-90	.5mg/1	ORAL
Dutasteride	72162-1296-3	.5mg/1	ORAL
Dutasteride	72162-1296-9	.5mg/1	ORAL
Dutasteride	72578-019-06	.5mg/1	ORAL
Dutasteride	72578-019-16	.5mg/1	ORAL
Dutasteride	72865-140-30	.5mg/1	ORAL
Dutasteride	72865-140-90	.5mg/1	ORAL
Finasteride	0093-7355-05	5mg/1	ORAL
Finasteride	0093-7355-56	5mg/1	ORAL
Finasteride	0093-7355-98	5mg/1	ORAL
Finasteride	0615-8562-05	5mg/1	ORAL
Finasteride	0615-8562-39	5mg/1	ORAL
Finasteride	0904-6830-06	5mg/1	ORAL

Proprietary Name	NDC Package Code	Strength	Route
Finasteride	0904-6830-61	5mg/1	ORAL
Finasteride	16729-090-01	5mg/1	ORAL
Finasteride	16729-090-10	5mg/1	ORAL
Finasteride	16729-090-15	5mg/1	ORAL
Finasteride	16729-090-16	5mg/1	ORAL
Finasteride	16729-090-17	5mg/1	ORAL
Finasteride	17856-0090-1	5mg/1	ORAL
Finasteride	31722-525-01	5mg/1	ORAL
Finasteride	31722-525-05	5mg/1	ORAL
Finasteride	31722-525-10	5mg/1	ORAL
Finasteride	31722-525-30	5mg/1	ORAL
Finasteride	31722-525-90	5mg/1	ORAL
Finasteride	43598-303-30	5mg/1	ORAL
Finasteride	43598-303-90	5mg/1	ORAL
FINASTERIDE	47335-715-08	5mg/1	ORAL
FINASTERIDE	47335-715-13	5mg/1	ORAL
FINASTERIDE	47335-715-18	5mg/1	ORAL
FINASTERIDE	47335-715-81	5mg/1	ORAL
FINASTERIDE	47335-715-83	5mg/1	ORAL
FINASTERIDE	47335-715-88	5mg/1	ORAL
Finasteride	50090-1936-0	5mg/1	ORAL
Finasteride	50090-1936-1	5mg/1	ORAL
Finasteride	50090-1936-2	5mg/1	ORAL
Finasteride	50090-4697-0	5mg/1	ORAL
Finasteride	50090-4697-1	5mg/1	ORAL
Finasteride	50090-4697-2	5mg/1	ORAL
Finasteride	50090-6940-0	5mg/1	ORAL
Finasteride	50090-6940-1	5mg/1	ORAL
Finasteride	50090-6940-2	5mg/1	ORAL
Finasteride	50090-6941-0	5mg/1	ORAL
Finasteride	50090-7086-0	5mg/1	ORAL
Finasteride	50090-7228-0	5mg/1	ORAL
Finasteride	50268-314-15	5mg/1	ORAL
Finasteride	55111-172-01	5mg/1	ORAL
Finasteride	55111-172-05	5mg/1	ORAL
Finasteride	55111-172-30	5mg/1	ORAL
Finasteride	55111-172-78	5mg/1	ORAL
Finasteride	55111-172-90	5mg/1	ORAL
Finasteride	55154-2639-0	5mg/1	ORAL
Finasteride	55154-8083-0	5mg/1	ORAL
Finasteride	57237-062-05	5mg/1	ORAL
Finasteride	57237-062-30	5mg/1	ORAL
Finasteride	57237-062-90	5mg/1	ORAL
Finasteride	60687-428-01	5mg/1	ORAL
Finasteride	60687-428-65	5mg/1	ORAL
Finasteride	63187-265-10	5mg/1	ORAL
Finasteride	63187-265-30	5mg/1	ORAL
Finasteride	63187-265-60	5mg/1	ORAL

Proprietary Name	NDC Package Code	Strength	Route
Finasteride	63187-265-90	5mg/1	ORAL
Finasteride	65862-149-01	5mg/1	ORAL
Finasteride	65862-149-05	5mg/1	ORAL
Finasteride	65862-149-30	5mg/1	ORAL
Finasteride	65862-149-90	5mg/1	ORAL
Finasteride	67296-2056-3	5mg/1	ORAL
Finasteride	67877-288-01	5mg/1	ORAL
Finasteride	67877-288-05	5mg/1	ORAL
Finasteride	67877-288-10	5mg/1	ORAL
Finasteride	67877-288-30	5mg/1	ORAL
Finasteride	67877-288-33	5mg/1	ORAL
Finasteride	67877-288-90	5mg/1	ORAL
Finasteride	68071-2999-9	5mg/1	ORAL
Finasteride	68071-3234-9	5mg/1	ORAL
Finasteride	68071-3354-9	5mg/1	ORAL
Finasteride	68071-3380-3	5mg/1	ORAL
Finasteride	68071-3417-3	5mg/1	ORAL
Finasteride	68071-3785-2	5mg/1	ORAL
Finasteride	68071-3785-8	5mg/1	ORAL
Finasteride	68645-541-54	5mg/1	ORAL
Finasteride	68788-8377-1	5mg/1	ORAL
Finasteride	68788-8377-3	5mg/1	ORAL
Finasteride	68788-8377-6	5mg/1	ORAL
Finasteride	68788-8377-9	5mg/1	ORAL
Finasteride	68788-8433-1	5mg/1	ORAL
Finasteride	68788-8433-3	5mg/1	ORAL
Finasteride	68788-8433-6	5mg/1	ORAL
Finasteride	68788-8433-9	5mg/1	ORAL
Finasteride	68788-8749-1	5mg/1	ORAL
Finasteride	68788-8749-3	5mg/1	ORAL
Finasteride	68788-8749-6	5mg/1	ORAL
Finasteride	68788-8749-9	5mg/1	ORAL
Finasteride	70518-1704-1	5mg/1	ORAL
Finasteride	70518-3182-0	5mg/1	ORAL
Finasteride	70518-3600-1	5mg/1	ORAL
Finasteride	70518-3600-3	5mg/1	ORAL
Finasteride	70518-3616-3	5mg/1	ORAL
Finasteride	70518-3616-4	5mg/1	ORAL
Finasteride	70518-3616-5	5mg/1	ORAL
Finasteride	71205-767-30	5mg/1	ORAL
Finasteride	71205-767-60	5mg/1	ORAL
Finasteride	71205-767-90	5mg/1	ORAL
Finasteride	71335-0433-1	5mg/1	ORAL
Finasteride	71335-0433-2	5mg/1	ORAL
Finasteride	71335-0433-3	5mg/1	ORAL
Finasteride	71335-0433-4	5mg/1	ORAL
Finasteride	71335-0433-5	5mg/1	ORAL

Proprietary Name	NDC Package Code	Strength	Route
Finasteride	71335-0433-6	5mg/1	ORAL
Finasteride	71335-1530-1	5mg/1	ORAL
Finasteride	71335-1530-2	5mg/1	ORAL
Finasteride	71335-1530-3	5mg/1	ORAL
Finasteride	71335-1530-4	5mg/1	ORAL
Finasteride	71335-1530-5	5mg/1	ORAL
Finasteride	71335-1530-6	5mg/1	ORAL
Finasteride	71335-1634-1	5mg/1	ORAL
Finasteride	71335-1634-2	5mg/1	ORAL
Finasteride	71335-1634-3	5mg/1	ORAL
Finasteride	71335-1634-4	5mg/1	ORAL
Finasteride	71335-1634-5	5mg/1	ORAL
Finasteride	71335-1634-6	5mg/1	ORAL
Finasteride	71335-1898-1	5mg/1	ORAL
Finasteride	71335-1898-2	5mg/1	ORAL
Finasteride	71335-1898-3	5mg/1	ORAL
Finasteride	71335-1898-4	5mg/1	ORAL
Finasteride	71335-1898-5	5mg/1	ORAL
Finasteride	71335-1898-6	5mg/1	ORAL
Finasteride	71610-515-30	5mg/1	ORAL
Finasteride	71610-515-53	5mg/1	ORAL
Finasteride	71610-515-60	5mg/1	ORAL
Finasteride	71610-520-30	5mg/1	ORAL
Finasteride	71610-520-60	5mg/1	ORAL
Finasteride	72189-542-90	5mg/1	ORAL
Finasteride	76282-412-05	5mg/1	ORAL
Finasteride	76282-412-10	5mg/1	ORAL
Finasteride	76282-412-30	5mg/1	ORAL
Finasteride	76282-412-90	5mg/1	ORAL
Finasteride	76420-154-30	5mg/1	ORAL
Finasteride	76420-154-90	5mg/1	ORAL
Finasteride	82009-061-05	5mg/1	ORAL
PROSCAR	78206-153-01	5mg/1	ORAL
PROSCAR	78206-153-02	5mg/1	ORAL

APPENDIX B

CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES

CPT Codes	Description
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service.
99201	Office Visit New Patient
99202	Office Visit New Patient
99203	Office Visit New Patient
99204	Office Visit New Patient
99205	Office Visit New Patient
99211	Office Visit Established Patient
99212	Office Visit Established Patient
99213	Office Visit Established Patient
99214	Office Visit Established Patient
99215	Office Visit Established Patient
99242	Office or Other Outpatient Consultation
99243	Office or Other Outpatient Consultation
99244	Office or Other Outpatient Consultation
99245	Office or Other Outpatient Consultation
99381	Well-Child New Patient Visit < 1yr
99382	Well-Child New Patient Visit 1-4
99383	Well-Child New Patient Visit 5-11
99384	Well-Child New Patient Visit 12-17
99385	Well-Child New Patient Visit 18-39
99391	Well-Child Established Patient Visit < 1yr
99392	Well-Child Established Patient Visit 1-4
99393	Well-Child Established Patient Visit 5-11
99394	Well-Child Established Patient Visit 12-17
99395	Well-Child Established Patient Visit 18-39
99401	Preventive medicine counseling
99402	Preventive medicine counseling
99403	Preventive medicine counseling
99404	Preventive medicine counseling
99421	Online digital E/M service, for an established patient
99422	Online digital E/M service, for an established patient
99423	Online digital E/M service, for an established patient
99441	Telephone evaluation and management
99442	Telephone evaluation and management
99443	Telephone evaluation and management
99492	Initial psychiatric collaborative care management

CPT Codes	Description
99493	Subsequent psychiatric collaborative care management
Telehealth CPT Modifiers (Pre 7/1/2025)	
-95	Video-Audio Telehealth
-93	Audio-Only Telehealth
-GQ	Telehealth service via an asynchronous telecommunications system
-GT	Telehealth service via interactive audio and video telecommunications systems
-FQ	Audio only
Telehealth Codes (Effective 7/1/2025)	
98000	Telehealth Video New Patient
98001	Telehealth Video New Patient
98002	Telehealth Video New Patient
98003	Telehealth Video New Patient
98004	Telehealth Video Established Patient
98005	Telehealth Video Established Patient
98006	Telehealth Video Established Patient
98007	Telehealth Video Established Patient
98008	Telehealth Audio New Patient
98009	Telehealth Audio New Patient
98010	Telehealth Audio New Patient
98011	Telehealth Audio New Patient
98012	Telehealth Audio Established Patient
98013	Telehealth Audio Established Patient
98014	Telehealth Audio Established Patient
98015	Telehealth Audio Established Patient
98016	Brief communication technology-based service
Psychiatric Codes	
90791	Psychiatric Diagnostic Evaluation Services
90792	Psychiatric Diagnostic Evaluation Services

APPENDIX C

CPT CODES FOR “GENDER-AFFIRMING” SURGICAL PROCEDURES

Drug-Delivery Implant Codes	
Procedure Code	Description
11981	Insertion, drug-delivery implant (i.e., bioresorbable, biodegradable, non-biodegradable)
11982	Removal, non biodegradable drug delivery implant
11983	Removal with reinsertion, non biodegradable drug delivery implant
Hormone Code	
Procedure Code	Description
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
Facial & Voice Surgeries	
Procedure Code	Description
11950	Injection of filling material under skin, 1.0 cc or less
11951	Injection of filling material under skin, 1.1-5.0 cc
11952	Injection of filling material under skin, 5.1-10.0 cc
11954	Injection of filling material under skin, more than 10.0 cc
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq. cm or less
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq. cm to 30.0 sq. cm
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq. cm or less
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq. cm to 30.0 sq. cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq. cm or less
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq. cm to 30.0 sq. cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq. cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq. cm to 30.0 sq. cm
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq. cm to 60.0 sq. cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq. cm, or part thereof (List separately in addition to code for primary procedure)
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15770	Derma-fat-fascia graft
15775	Hair transplant, 1-15 punch grafts

15776	Hair transplant, more than 15 punch grafts
15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e., breast, trunk)(List separately in addition to code for primary procedure
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15819	Cervicoplasty
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid, with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid, with excessive skin weighting down lid
15824	Removal of wrinkles and extra skin of forehead
15825	Removal of wrinkles and extra skin of neck
15826	Rhytidectomy; forehead, glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; forehead, superficial musculoaponeurotic system flap
15838	Removal of extra skin and tissue of chin
15876	Suction assisted removal of fat of head and neck
17380	Hair removal by electrolysis, each 30 minutes
21120	Implantation of graft to enlarge chin bone
21121	Enlargement of chin by movement of bone
21122	Enlargement of chin by movement of multiple bones
21123	Insertion of sliding bone graft to enlarge chin bone, additional bone graft
21125	Enlargement of lower jaw with implant
21127	Insertion of bone grafts between portions of bone to enlarge lower jaw bone
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction; without bone graft
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts)(eg, ungrafted unilateral alveolar cleft)

21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autograft); without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
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 (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
21270	Malar augmentation, prosthetic material
21899	Unlisted procedure, neck or thorax
30400	Reshaping of tip of nose
30410	Reshaping of bone, cartilage, and/or tip of nose
30420	Reshaping of bony cartilage dividing nasal passages
30430	Revision to reshape nose or small amount of tip of nose after previous repair
30435	Revision to reshape nasal bones after previous repair
30450	Revision to reshape nasal bones and tip of nose after previous repair
31573	Laryngoscopy with therapeutic injection(s); (chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral

31574	Laryngoscopy with injection(s) for augmentation (e.g., percutaneous, transoral), unilateral
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion
31587	Laryngoplasty, cricoid split, without graft placement
31599	Other procedure on voice box
31750	Tracheoplasty; cervical (Adam's apple surgery)
31899	Other procedure on windpipe or lung airway
40808	Biopsy, vestibule of mouth
40818	Excision of mucosa of vestibule of mouth as donor graft
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)
69300	Otoplasty, protruding ear, with or without size reduction

Chest/Breast Surgeries

Procedure Code	Description
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
15600	Delay of flap or sectioning of flap (division and inset); at trunk
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15877	Suction assisted lipectomy; trunk
19300	Mastectomy for gynecomastia
19303	Simple complete removal of breast
19304	Subcutaneous mastectomy (nipple sparing for peri-areolar techniques)
19316	Repair for sagging of the breast
19318	Breast reduction
19324	Breast augmentation without prosthetic implant
19325	Breast augmentation with implant
19340	Placement of implant on same day of breast reconstruction
19342	Mammoplasty, augmentation with prosthetic implant.
19350	Reconstruction of nipple or area around nipple
19357	Reconstruction of breast using tissue expander
19361	Breast reconconstruction; with latissimus dorsi flap
19364	Breast reconconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)
19366	Breast reconstruction with other technique
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap

19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	Revision of reconstruction 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

Genital Surgeries

Procedure Code	Description
20926	Peritoneal graft for neo-vaginal canal
45399	Unlisted procedure, colon
45999	Unlisted procedure, rectum
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum [graft from colon for vaginoplasty]
51040	Incision of bladder with drainage
51102	Aspiration of bladder; with insertion of suprapubic catheter
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (e.g., Johanssen type)
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion
53410	Reconstruction of urethra in male
53415	Urethropasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
53420	Reconstruction or repair of urethra, stage 1 of 2
53425	Reconstruction or repair of urethra, stage 2 of 2
53430	Reconstruction of urethra in female
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (e.g., Tenago, Leadbetter procedure)
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion
53450	Urethromeatoplasty, with mucosal advancement
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
54120	Amputation of penis; partial
54125	Amputation of penis
54130	Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)

54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
54336	1-hyphenstage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
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 pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54520	Simple removal of testicle
54520.5	Orchiectomy, bilateral
54660	Insertion of testicular implant
54690	Removal of testicles using an endoscope
55150	Resection of scrotum
55175	Simple repair of scrotum
55180	Complicated repair of scrotum
55866	Surgical removal of prostate and surrounding lymph nodes using an endoscope
55899	Other procedure on male genital system
55970	Operation to change sex male to female
55980	Operation to change sex female to male
56620	Vulvectomy simple; partial
56625	Removal of external female genitals
56800	Plastic repair of vaginal opening
56805	Reconstruction or creation of the external female sexual organ for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106	Partial removal of vaginal wall
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)

57110	Vaginectomy, complete removal of vaginal wall
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57291	Construction of artificial vagina
57292	Construction of artificial vagina using tissue graft
57295	Revision of prosthetic vaginal graft
57296	Revision or removal of prosthetic vaginal graft
57335	Plastic repair of vagina for intersex state
57425	Surgical repair of vaginal defect using an endoscope
57426	Revision or removal of prosthetic vaginal graft using an endoscope
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
58150	Removal of uterus and cervix through abdomen
58180	Removal of uterus through abdomen
58260	Removal of uterus through vagina, 250.0 g or less
58262	Removal of uterus, tubes, and/or ovaries through vagina, 250.0 g or less
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58275	Removal of uterus and vagina
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285	Vaginal hysterectomy, radical (Schauta type operation)
58290	Removal of uterus through vagina, more than 250.0 g
58291	Removal of uterus, tubes, and/or ovaries through vagina, more than 250.0 g
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58541	Partial removal of uterus with retention of cervix using an endoscope, 250.0 g or less
58542	Partial removal of uterus, tubes, and/or ovaries with retention of cervix using an endoscope, 250.0 g or less
58543	Partial removal of uterus with retention of cervix using an endoscope, more than 250.0 g
58544	Partial removal of uterus, tubes, and/or ovaries with retention of cervix using an endoscope, more than 250.0 g
58550	Removal of uterus through vagina using an endoscope, 250.0 g or less
58552	Removal of uterus, tubes, and/or ovaries through vagina using an endoscope, 250.0 g or less
58553	Removal of uterus through vagina using an endoscope, more than 250.0
58554	Removal of uterus, tubes, and/or ovaries through vagina using an endoscope, more than 250.0 g
58570	Removal of uterus through abdomen using an endoscope, 250.0 g or less

58571	Removal of uterus, tubes, and/or ovaries through abdomen using an endoscope, 250.0 g or less
58572	Removal of uterus through abdomen using an endoscope, more than 250.0 g
58573	Removal of uterus, tubes, and/or ovaries through abdomen using an endoscope, more than 250.0 g
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Removal of uterine tubes and ovaries
58940	Oophorectomy, partial or total, unilateral or bilateral
58954	Removal of lining of abdomen, uterus, ovaries, fallopian tubes, and lymph nodes of pelvis and aorta for reduction of growth
58999	Unlisted procedure, female genital system (nonobstetrical)[metoidioplasty]

Other body surgeries

Procedure Code	Description
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent implant
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
14021	Adjacent tissue transfer or rearrangement, scalp, arms, and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children. + each additional
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)

15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15120	Split-hyphen thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15200	Full thickness skin graft to trunk, 20.0 sq cm or less
15201	Full thickness skin graft to trunk, each additional 20.0 sq cm
15240	Full thickness skin graft to forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, or feet, 20.0 sq cm or less
15241	Full thickness skin graft to forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, or feet, each additional 20.0 sq cm
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children.
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

15570	Formation of direct or tubed pedicle, with or without transfer; trunk
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
15750	Neurovascular pedicle flap
15756	Free muscle or myocutaneous flap with microvascular anastomosis
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15769	Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)
15771	Graft using patient's fat removed by liposuction and inserted into trunk, breasts, scalp, arms, or legs, 50.0 cc or less
15772	Graft using patient's fat removed by liposuction and inserted into trunk, breasts, scalp, arms, or legs, each additional 50.0 cc
15773	Graft using patient's fat removed by liposuction and inserted into face, eyelids, mouth, neck, ears, around eyes, genitals, hands, or feet, 25.0 cc or less
15774	Graft using patient's fat removed by liposuction and inserted into face, eyelids, mouth, neck, ears, around eyes, genitals, hands, or feet, each additional 25.0 cc
15830	Removal of extra skin and tissue of abdomen
15832	Removal of extra skin and tissue of thigh
15833	Removal of extra skin and tissue of leg
15834	Removal of extra skin and tissue of hip
15835	Removal of extra skin and tissue of buttock
15836	Removal of extra skin and tissue of arm
15837	Removal of extra skin and tissue of forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Removal of extra skin and tissue of other area
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)
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted removal of fat of body
15878	Suction assisted removal of fat of arm
15879	Suction assisted removal of fat of leg
17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue [laser hair removal]
20969	Placement of skin and bone flap with microvascular connection
20970	Placement of bone and skin flap from hip bone with connection of small blood vessels

20972	Placement of bone and skin flap from foot bone with connection of small blood vessels
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified
64856	Suture and relocation of arm or leg peripheral nerve
64859	Suture of each additional major peripheral nerve
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve

APPENDIX D

J CODES

Code	Code Type	Category	Classification
J1000	HCPCS	Depo-estradiol cypionate injection	Hormone
J1071	HCPCS	Injection testosterone cypionate	Hormone
J1072	HCPCS	Injection, testosterone cypionate (azmiro), 1 mg	Hormone
J1380	HCPCS	Estradiol valerate 10 mg injection	Hormone
J1410	HCPCS	Injection estrogen conjugate 25 mg	Hormone
J1950	HCPCS	Leuprolide Ace	Puberty Blocker
J1951	HCPCS	Leuprolide Ace	Puberty Blocker
J1952	HCPCS	Leuprolide injection, camcevi, 1m	Puberty Blocker
J1954	HCPCS	Leuprolide depot cipla 7.5mg	Puberty Blocker
J3121	HCPCS	Injection testosterone enanthate 1mg	Hormone
J3145	HCPCS	Testosterone undecanoate 1mg	Hormone
J3315	HCPCS	Triptorelin	Puberty Blocker
J3316	HCPCS	Triptorelin	Puberty Blocker
J3490	HCPCS	Unclassified drugs (used for Testosterone pellet for Medicare)	
J7295	HCPCS	Ethinyl estradiol and etonogestrel monthly	Hormone
J9155	HCPCS	Injection, degarelix, 1 mg	Puberty Blocker
J9202	HCPCS	Goserelin acetate implant	Puberty Blocker
J9217	HCPCS	Leuprolide Ace	Puberty Blocker
J9218	HCPCS	Leuprolide acetate injection	Puberty Blocker
J9219	HCPCS	Leuprolide acetate implant	Puberty Blocker
J9225	HCPCS	Histrelin (Vantas Implant)	Puberty Blocker
J9226	HCPCS	Histrelin	Puberty Blocker
S0189	HCPCS	Testosterone pellet, 75 mg (Not recognized by Medicare- J3490 is used instead)	Hormone



Do No Harm