



**BlueCross
BlueShield**

Federal Employee Program.

Prior Authorization Request Form		Gender Affirming Surgery (facial)	
Fax Number: 1 (855) 895-3504		Phone Number: 1 (800) 633-4581	
Use AuthAccel - Blue Shield's online authorization system - to complete, submit, attach documentation, track status, and receive determinations for both medical and pharmacy authorizations. Visit Provider Connection (www.blueshieldca.com/provider) and click the Authorizations tab to get started.			
Notice: The Federal Employee Program has a 15 Day turn-around time on all Prior Authorization Requests according to the Blue Cross Blue Shield Service Benefit Plan. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.			
<input type="checkbox"/> New Request For <input type="checkbox"/> Modification Or <input type="checkbox"/> Extension Requests Complete the Section Below:			
Date Last Authorized:		Previous Authorization Number:	
MD/NP/PA justification for modification or Extension:			
Patient Information:			
First Name:		Last Name:	
Date of Birth:		ID Number:	
Referring/Prescribing Provider:			
Name:		Tax ID:	NPI:
Street Address + Suite #:			
City:	State:	Zip:	Phone: Fax:
Type of Provider: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist Type:			
Servicing/Billing: Provider/Vendor/Lab <i>If Referring or Prescribing Provider are the Same Check Here</i> <input type="checkbox"/>			
Name:		Tax ID:	NPI:
Street Address + Suite #:			
City:	State:	Zip:	Phone: Fax:
Specialist Type:		Contact Name:	

If Servicing Provider is billing as part of a Group Contract enter the Group Name and Address:

Group Name:		Tax ID:	NPI:
Street Address + Suite #:			
City:	State:	Zip:	

Billing Facility (If Applicable):

Facility Name:		Tax ID:	NPI:
Street Address + Suite #:			
City:	State:	Zip:	Phone:
			Fax:

Contact Name:

Anticipated Date of Service:	If Lab, Draw Date:
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Place of Service: (Check One Box Only or If typing replace box with an "X"):

<input type="checkbox"/> Office	<input type="checkbox"/> Group Home	<input type="checkbox"/> Nursing Facility
<input type="checkbox"/> Acute Rehab	<input type="checkbox"/> Home	<input type="checkbox"/> Off Campus OP Hosp
<input type="checkbox"/> Ambulance- Air or Water	<input type="checkbox"/> Hospice	<input type="checkbox"/> PHP
<input type="checkbox"/> Ambulance-Land	<input type="checkbox"/> Independent Clinic	<input type="checkbox"/> RTC – Psychiatric
<input type="checkbox"/> Ambulatory Surgical Center	<input type="checkbox"/> Independent Laboratory	<input type="checkbox"/> RTC – SUD
<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Inpatient Hospital	<input type="checkbox"/> Skilled Nursing Facility
<input type="checkbox"/> Birthing Center	<input type="checkbox"/> Intermediate Care Facility	<input type="checkbox"/> Telehealth
<input type="checkbox"/> Custodial Care Facility	<input type="checkbox"/> IOP	<input type="checkbox"/> Urgent Care Facility
<input type="checkbox"/> End Stage Renal Disease Tx	<input type="checkbox"/> IP Psychiatric Facility	<input type="checkbox"/> Other - Please Specify:

Please enter all codes requested; unlisted codes must have a description. (For example 31899: unlisted procedure of abdomen is being used for tracheal shave). Please include the quantity for each code requested and if applicable, left, right or bilateral designations.

Benefits are available for:

For female to male surgery: facial gender affirming surgery (limited to forehead lengthening, cheek augmentation, rhinoplasty, jaw reshaping, chin contouring, Adam's apple enhancement (thyroid cartilage enhancement or implant), pitch lowering masculinization voice surgery, cosmetic fillers, botulinum toxin, fat grafting, and liposuction)

For male to female surgery: facial gender affirming surgery (limited to chondrolaryngoplasty, rhinoplasty, contouring or augmentation of the jaw, chin, and forehead; facelift, hair removal and transplantation, pitch raising surgery/Wendler glottoplasty, cosmetic fillers, botulinum toxin, fat grafting and liposuction)

ICD-10 Code(s):

CPT/HCPC Code(s):

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Please provide the following documentation:

History and physical and/or consultation notes including:

- Confirmation of diagnosis of gender dysphoria by a qualified healthcare professional with well-documented persistent gender incongruence, including documentation that other possible causes of gender incongruence have been excluded
- Confirmation of 6 months of continuous hormone therapy appropriate to the member's gender identity (unless medically contraindicated)
- Documentation of informed consent and fulfillment of the program's criteria for gender affirming surgical treatment
- Must have a written psychological assessment from a qualified mental health professional documenting the diagnosis of persistent gender dysphoria with a well-documented, persistent gender incongruence between the assigned gender and the experienced/expressed gender or some alternative gender, support of surgical procedure (s), and well-controlled physical and mental health conditions
- Surgical treatment plan must include timing, technique, and duration of aftercare
- Contract specific information for billing, such as case rate codes, trigger codes and other contracted codes for listed procedures

- Documentation from a professional (e.g., surgeon, primary care provider, mental health clinician) who has evaluated the member or has been treating the member, that the proposed revision is expected to improve the member's feminine, masculine, or non-binary appearance, whichever is appropriate, and, that the revision is expected to decrease the member's gender dysphoria
- At least one pre-surgery evaluation (within the past 6 months) by the surgeon (in-person or virtual) with documentation of medical contraindication to surgery as discussed with the member, or of any necessary medical evaluations or treatment or clearance prior to surgery, or of any healthcare action that is necessary (e.g., weight loss) prior to surgery.

Other pertinent multidisciplinary notes/reports: (e.g., psychological or psychiatric evaluation, physical therapy, multidisciplinary pain management) when applicable.

View our Medical Policy online at <https://www.fepblue.org/legal/policies-guidelines>