BlueCross BlueShield
Federal Employee Program

Prior Authorization Request Form	***Gender Affirming Surgery (non 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.

☐ New Request For ☐ Modification Or ☐ 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: ☐ PCP ☐ Specialist Type:				

Servicing/Billing: Provider/Vendor/Lab ***If Referring or Prescribing Provider are the Same Check Here*** ☐

Name:			Tax ID:	NPI:
Street Address + Suite #:				
City:	State:	Zip:	Phone:	Fax:
Specialist Type:			Contact Name:	

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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:**

Place of Service: (Check One Box Only or If typing replace box with an "X"):

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

Please enter all codes requested; unlisted codes must have a description. (For example 49329: unlisted procedure of abdomen is being used for peritoneal pull through). 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: mastectomy (including nipple reconstruction), hysterectomy, vaginectomy, salpingo-oophorectomy, metoidioplasty, phalloplasty, urethroplasty, Scrotoplasty, electrolysis (hair removal at the covered operative site), and placement of testicular and erectile prosthesis

For male to female surgery: penectomy, orchiectomy, vaginoplasty, clitoroplasty, labiaplasty, breast augmentation, and electrolysis (hair removal at the covered operative site)

ICD-10 Code(s):

CPT/HCPC Code(s):

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	**Please note:** • For mastectomy member must be age 16 at the time of request. Hormone therapy is not required for mastectomy • For all other gender affirming surgical services member must be 18 at the time of the request
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	