



Federal Employee Program.

Prior Authorization Request Form		Gender Reassignment Surgery	
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.			
Provider Information		Patient Information	
Servicing Provider/Vendor/Lab's Name and Address: Tax ID Number: NPI:		Patient's Name: Birth Date:	
Referring/Prescribing Physician's Name: <input type="checkbox"/> PCP; <input type="checkbox"/> Specialist: PLEASE IDENTIFY SPECIALTY		Blue Shield ID Number:	
Servicing Facility Name and Address: Tax ID Number: NPI:		Place of Service: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Freestanding Ambulatory Surgery Center <input type="checkbox"/> Patient's Home <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Outpatient Hospital Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Inpatient Hospital Care <input type="checkbox"/> Other (explain): _____	
Office Contact:		Anticipated Date of Service:	
Phone: ())			
Fax: ())			
Please enter all codes requested; "by report" codes must have a description of why the code is being used			
ICD-10 CODE(S):			
CPT CODE(S):			
HCPCS CODE(S):			
PATIENT CLINICAL INFORMATION			
Please provide the following documentation: You have been identified as the primary care provider for the above member. This member is requesting gender reassignment surgery, and must have "Gender Reassignment Surgery Benefit Approval" prior to requesting surgery. In order to process this request we require additional information. Complete this fax form and fax the complete form and the required clinical information to the number on the bottom of this form. We will process your request within 15 days of receipt. Once the member is approved for the Gender Reassignment Benefit, surgical requests may be submitted for review.			
Surgical services cannot be approved without authorization for the Gender Reassignment benefit. Inpatient Hospital Stays require a separate Authorization.			
<i>Note: Gender reassignment surgery is limited to once per lifetime, for adult members age 18 or older. Prior approval is also required even if you are admitting to a hospital outside of the United States for any part of this process, you have another group health plan that is paying primary or you have Medicare Part A. Reversal of gender reassignment surgery is not covered.</i>			

An Independent Member of the Blue Shield Association

Fax Number: 1-844-224-0226	Phone Number: 1-800-633-4581
<small>This facsimile transmission may contain protected and privileged, highly confidential medical, Personal and Health Information (PHI) and/or legal information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this material, you may not use, publish, discuss, disseminate or otherwise distribute it. If you are not the intended recipient, or if you have received this transmission in error, please notify the sender immediately and confidentially destroy the information that faxed in error. Thank you for your help in maintaining appropriate confidentiality.</small>	



Federal Employee Program.

- Gender reassignment surgical benefits are limited to the following:
 - For female to male surgery: mastectomy, hysterectomy, vaginectomy, salpingo-oophorectomy, metoidioplasty, phalloplasty, urethroplasty, scrotoplasty, and placement of testicular and erectile prosthesis
 - For male to female surgery: penectomy, orchiectomy, vaginoplasty, clitoroplasty, labiaplasty

Please provide the following documentation:

- Please attach a treatment plan including all surgeries planned and the estimated date each will be performed. *(A new prior approval must be obtained if the treatment plan is approved and your provider later modifies the plan, including changes to the procedures to be performed or the anticipated dates for the procedures.)*
- How long has new gender identity been present?
- Documentation of Member’s desire for surgery
- Documentation of Member’s gender dysphoria is not a symptom of another mental disorder or chromosomal abnormality
- Documentation that gender dysphoria is causing clinical distress or impairment in social, occupational, or other important areas of functioning
- How long has the member been living continuous, full time, real life experience in the desired gender (including place of employment, family, social and community activities)?
- Has the Member completed 12 months of continuous hormone therapy appropriate to the member’s gender identity? **Yes No and if No, Explain:**
- Please attach two referral letters from qualified mental health professionals – one must be from the psychotherapist who has treated the member for at least 12 continuous months. Letters must document: diagnosis of persistent and chronic gender dysphoria; any existing co-morbid conditions are stable; member is prepared to undergo surgery and understands all practical aspects of the planned surgery
- Documentation addressing when medical or mental health concerns are present, they are being optimally managed and are reasonably well-controlled

View our Medical Policy on line at <https://www.fepblue.org/en/benefit-plans/benefit-plans-brochures-and-forms#>

An Independent Member of the Blue Shield Association

Fax Number: 1-844-224-0226

Phone Number: 1-800-633-4581

This facsimile transmission may contain protected and privileged, highly confidential medical, Personal and Health Information (PHI) and/or legal information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this material, you may not use, publish, discuss, disseminate or otherwise distribute it. If you are not the intended recipient, or if you have received this transmission in error, please notify the sender immediately and **confidentially** destroy the information that faxed in error. Thank you for your help in maintaining appropriate confidentiality.