

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Gender Affirming Services (Transgender Services) Prior Authorization Request Form #901 <u>Medical Policy #189 Gender Affirming Services (Transgender</u> Services)

BCBSMA Members: 888-282-0780	Medicare Advantage Members: 800-447-2994	BCBSMA Employees: 617-246-4299
Provider Name:	NPI:	
Facility Name:	NPI:	
	Phone:	
Fax:		
Patient Name:	Date of Birth:	
	ID Number:	
Date of Service:		
Diagnosis Codes:		

Anticipated procedures: (check all that apply)	_
Mastectomy and/or creation of a male chest for transmasculine or gender diverse members	
Please list procedure codes being requested:	
Breast augmentation for transfeminine members	
Please list procedure codes being requested:	
Genital surgery for transmasculine, transfeminine or gender diverse members	
Please list procedure codes being requested:	
riease list procedure codes being requested.	
Facial Feminization or Masculinization	
Please list procedure codes being requested:	
Surgical revision to correct a functional impairment	
Please list procedure codes being requested:	
Other	
Please state the service being requested and please list the procedure codes:	
Discos indicate if presedure will be performed. In atient 7 or Outpetient 7	
Please indicate if procedure will be performed: Inpatient or Outpatient	

Physician's signature:___

Please include supporting clinical documentation for requested procedures. Inclusion of a code in this table does not imply reimbursement. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.