



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association

# Electrolysis for Gender Affirming Services (Transgender Services) Prior Authorization Request Form #902

## Medical Policy #189 Gender Affirming Services (Transgender Services)

Please use this form to assist in identifying members who meet Blue Cross Blue Shield of Massachusetts' (BCBSMA's) medical necessity criteria for Electrolysis prior to Gender Affirming Services.

**Note:** Electrolysis is only covered for donor skin site for gender affirming surgery.

Once completed, fax to:

<b>BCBSMA Members:</b> 1-888-282-0780	<b>Medicare Advantage Members:</b> 1-800-447-2994	<b>BCBSMA Employees:</b> 1-617-246-4299
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Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	Anticipated Surgical Date:

Physician Information	Facility Information
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI # if applicable:

Clinical Documentation – Please submit a Letter of Medical Necessity (LOMN) which includes the following:
Diagnosis
Reason for service
Site of service
Name and credentials of servicing provider
Area to be treated
Expected number of treatments
Description of what the skin graft will be used for

Please verify the procedure being requested is the following:
Electrolysis for the removal of hair on a skin graft donor site, prior to its use in Gender Affirming surgery. <input type="checkbox"/>

The above requested information is required for claim to process. Failure to submit this information in full may result in prior authorization denial or incomplete claims processing.