



MASSACHUSETTS

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Gender Affirming Services (Transgender Services) Prior Authorization Request Form #901

Medical Policy #189 Gender Affirming Services (Transgender Services)

Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the service request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources

- Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

Complete Prior Authorization Request Form for Gender Affirming Services ([901](#)) using [Authorization Manager](#).

For out of network providers: Requests should still be faxed to:

BCBSMA Members: 888-282-0780

Medicare Advantage Members: 800-447-2994

Provider Name: _____	NPI: _____
Facility Name: _____	NPI: _____
Provider Contact Name: _____	Phone: _____
Fax: _____	
Patient Name: _____	Date of Birth: _____
BCBSMA Subscriber Name: _____	ID Number: _____
Date of Service: _____	
Diagnosis Codes: _____	

Anticipated procedures: (check all that apply)	
Facial Feminization or Masculinization Please list procedure codes being requested:	
Mastectomy and/or creation of a male chest for transmasculine or gender diverse members Please list procedure codes being requested:	<input type="checkbox"/>
Breast augmentation for transfeminine members Please list procedure codes being requested:	<input type="checkbox"/>
Genital surgery for transmasculine, transfeminine or gender diverse members Please list procedure codes being requested:	<input type="checkbox"/>
Surgical revision to correct a functional impairment	<input type="checkbox"/>

Please list procedure codes being requested:	
Vocal cord surgery (Wendler Glottoplasty) for transfeminine members Please list procedure codes being requested:	<input type="checkbox"/>
Other Please state the service being requested and please list the procedure codes:	<input type="checkbox"/>
Please indicate if procedure will be performed: Inpatient <input type="checkbox"/> or Outpatient <input type="checkbox"/>	

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.