



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)

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 **Electrolysis** for Gender Affirming Services ([902](#)) 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

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	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
Procedure/CPT code
Reason for continued 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 or laser hair removal performed by a licensed provider for the removal of hair on skin being used for genital gender affirmation surgery.	<input type="checkbox"/>
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Physician's signature: _____

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