

### Facial feminization surgery and chondrolaryngoplasty

Blue Care Network provides coverage for this procedure for adult BCN HMO University of Michigan members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

**Applicable codes:** \*15820, \*15821, \*15822, \*15823, \*21120, \*21121, \*21122, \*21123, \*21125, \*21127, \*21137, \*21138, \*21139, \*21208, \*21209, \*30400, \*30410, \*30420, \*30430, \*30435, \*30450 and \*31599 for these diagnosis codes only: F64.0, F64.2, F64.8, F64.9, Z87.890

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See below for the questions you'll encounter in the e-referral system.

**Q** Does the patient have a persistent, well-documented gender dysphoria manifested by clinically significant distress and by significant functional impairment identified by a detailed psychological assessment by a mental health professional (either psychiatrist, PhD prepared clinical psychologist or master's level clinician who is licensed to practice independently in their state)?

**A**  Possible answers:  Yes  No  N/A

**Q** Has the patient been previously approved for gender reassignment surgery OR has already had gender reassignment surgery?

**A**  Possible answers:  Yes  No  N/A

**Q** Does the patient have the capacity to make a fully informed decision and to consent for treatment?

**A**  Possible answers:  Yes  No  N/A

**Q** Does the patient have any significant medical or mental health concerns which are not controlled? MUST select N/A if no conditions exist.

**A**  Possible answers:  
 History of issues addressed and in full remission  
 Active issues; undergoing adequate active treatment currently  
 Active issues; not being adequately treated currently  
 N/A (Must select N/A if no conditions exist.)

**Q** Has the patient received 12 continuous months of hormone therapy with estrogen, unless contraindicated or not tolerated?

**A**  Possible answers:  Yes  No  N/A

**Q** Has the patient been living as a woman for 12 continuous months?

**A**  Possible answers:  Yes  No  N/A