

Facial and neck hair removal

Blue Care Network provides coverage for this procedure for adult BCN HMO University of Michigan members in an outpatient or clinic setting 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: *17380 and *17999, 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

Preview questionnaire: Facial and neck hair removal (University of Michigan members only)

For BCN HMOSM (commercial) members with U-M Premier Care and GradCare plans

Effective July 1, 2020

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 Is the request for hair removal of the face or neck by either electrolysis or laser? MUST select NO if the request is for hair removal to somewhere on the body other than the face or neck.

A Possible answers: Yes No N/A