

U of M – Gender reassignment and gender affirming procedures

Applies to:

BCN Advantage Individual BCN Advantage Group Both

BCN Advantage HMOSM
BCN Advantage HMO-POSSM



Blue Care
Network
of Michigan

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Gender reassignment and gender affirming procedures

Gender dysphoria is classified as mental and emotional discomfort or distress caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (along with its associated gender role and/or primary and secondary sex characteristics). For individuals who experience gender dysphoria at a level that meets criteria for formal diagnosis, various gender affirming treatment options are available.

The term transgender is used to describe people whose gender identities and/or gender expressions are not what is typically expected for the sex to which they were assigned at birth. The term gender diverse is used to describe people with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth. This may include, among many other culturally diverse identities, people who identify as nonbinary, gender expansive, gender nonconforming, and others who do not identify as cisgender.

Original Medicare

Currently, local Medicare Administrative Contractors determine coverage of gender reassignment surgery on a case-by-case basis. MACs will make the determination of whether or not to cover gender reassignment surgery based on whether gender reassignment surgery is reasonable and necessary for the individual beneficiary after considering the individual's specific circumstances. For Medicare beneficiaries enrolled in Medicare Advantage plans, the MA plans will make the initial determination of whether or not surgery is reasonable and necessary.

University of Michigan BCN Advantage enhanced benefit

BCN Advantage is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Care Network to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for gender affirming services is provided to members of the University of Michigan's BCN Advantage group plan. Since Original Medicare doesn't have a National Coverage Determination for gender affirming services, the University of Michigan determines the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost sharing.

Blue Care Network of Michigan

bcbsm.com/providers

Conditions for payment

The table below specifies payment conditions for gender reassignment and gender affirming procedures.

Conditions for payment	
Eligible providers	M.D., D.O., licensed healthcare professional with master's degree in social work or equivalent training, licensed mental health counselors
Payable location	Office, inpatient hospital, outpatient hospital
Frequency	No restrictions
CPT/HCPCS codes	11920, 11921, 11922, 15820, 15821, 15822, 15823, 17380,* 17999,* 19303, 19318, 19325, 19350, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21209, 30400, 30410, 30420, 30430, 30435, 31599, 31899, 54520, 55970, 55980, 56805, 57291, 57292, 57335, 58150, 58152, 58180, 58260, 58262, 58275, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554 *17380 and 17999 may be considered established only when performed to prepare tissues prior to genital surgery in conjunction with procedure codes 55970, 55980, 57291, 57292, or 57335.
Diagnosis restrictions	F64.0, F64.8, F64.9, Z87.890
Age restrictions	18 years or older

Reimbursement

To find BCN Advantage plan's maximum payment amount for gender reassignment and gender affirming procedures, visit our provider portal, [Availity Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share amounts from the member. Gender affirming services are payable to in-network providers only and are subject to the in-network coinsurance and deductible requirements.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may use our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB 04 or the 837 equivalent claim form.
2. Use the BCN Advantage unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Use electronic billing:
 - a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi/.

- b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:

BCN Advantage Claims
Blue Care Network
P.O. Box 68753
Grand Rapids, MI 49516-8753

Revision history

Policy number: BCNA

Effective: 01/01/2024

Reviewed:

Revised:

References

CMS National Coverage Determinations (NCDs)

[NCD 140.9 Gender Dysphoria and Gender Reassignment Surgery](#)

[NCD 104.2 Breast Reconstruction Following Mastectomy](#)

[NCD 140.4 Plastic Surgery to Correct "Moon Face"](#)

[NCD 250.4 Treatment of Actinic Keratosis](#)

[Billing and Coding: Gender Reassignment Services for Gender Dysphoria](#)