



BlueCross BlueShield
of Illinois

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Transgender Services

Benefit

Transgender Services are covered benefits if the Primary Care Physician determines medical necessity.

Interpretation

Most Transgender Services are non-capitated services. The IPA is expected to continue to perform Utilization Management/Referral and Case Management (if applicable) for both the Transgender related medical care and routine/unrelated medical needs. Behavioral health counseling services before the diagnosis of Gender Dysphoria and post diagnosis remain the IPA's financial liability.

Transgender Services for Gender Dysphoria consist of a series of surgical procedures and/or other services, pursued to a different extent by individuals, by which a person's physical appearance and function(s) of the existing sexual characteristics are altered or even permanently changed to resemble or conform to that of the opposite sex.

Gender Dysphoria is characterized by persistent discrepancy between a person's gender identity and that person's sex assigned at birth, often resulting in discomfort or distress.

Female-to-Male (FTM) describes individuals assigned female at birth but who identify as male and have changed or wish to change their bodies through medical and/or surgical intervention to more closely resemble a male body.

Male-to-Female (MTF) describes individuals assigned male at birth, but who identify as female, and have changed or wish to change their bodies through medical and/or surgical intervention to more closely resemble a female body.

Behavioral Health counseling is the preferred method to address gender issues and diagnose Gender Dysphoria. The Behavioral Health professional works in conjunction with the member's PCP to determine the diagnosis. The PCP determines the medical necessity for Transgender Services.

Once the PCP has approved and the HMO has been notified; the following Transgender Services are the financial responsibility of the HMO:

- Hormonal therapy medication administered to treat gender dysphoria, including drugs approved by the FDA prescribed for off-label purposes as determined medically necessary by individual's provider, including related labs, specialist office visits and testing. * Follow-up services related to hormonal therapy medication administered to treat gender dysphoria, including, but not limited to, management of side effects, medication self-management or adherence counseling, risk reduction strategies, and mental health counseling, are covered with no member cost share. (Please note, OP Behavioral Health Services (Pre/Post Diagnosis) are IPA risk. Please refer to risk grid below).
- Pre-surgical evaluation
- Genital Transgender surgery - including all inpatient, outpatient and related follow up care within 90 days of the surgery.
- Breast augmentation or breast reduction surgery - including all inpatient, outpatient and related follow up care within 90 days of the surgery.
- Electrolysis on the affected skin in preparation for the construction of genitalia.
- Cosmetic surgery, including, but not limited to facial surgery, body contouring, other electrolysis services (not related to genitalia construction)
- Laryngeal or tracheal procedures, or related services which alter the voice, in the absence of a medical condition or an injury.
- Speech therapy related to voice contouring in the absence of a medical condition or injury.

Notification Process

1. The IPA will initiate the notification process by contacting the HMO Nurse Liaison. The IPA will submit the following information via fax or email:
 - Documentation of the Member's diagnosis of Gender Dysphoria, from a licensed Behavioral Health Professional
 - Letter from PCP confirming the diagnosis, and the PCP's recommendation for treatment.
 - The member's new name (if applicable/available)
 - Member's contact telephone number

Once the HMO Nurse Liaison receives the documentation, it will be reviewed with the Medical Director.
2. If a member changes IPAs during the transgender workup or follow up care period, the new IPA must generate a new referral for the Transgender Services.
3. The HMO Nurse Liaison will generate a letter to the IPA notifying them of the determination with a copy to the Provider Network Consultant and the Customer Advocate Specialist(s) in the Service Centers (SCs). The IPA is responsible for notifying the member as per the IPA's member notification process.
4. The Customer Advocate Specialist in the SC will enter the member's information into the documentation system and follow the BCBSIL Concierge Customer Service Program Protocol. This includes but is not limited to contacting the member after the approval, ensuring the member is aware of the approval, a discussion of how to address any claim issues to BCBSIL, and monitoring the claim file for the member.

Paid by	Outpatient Behavioral Health Services (Pre and Post Diagnosis)	IPA
	Professional Charges	HMO
	Hormones (RX)	HMO
	Inpatient Facility Charges	HMO
	Outpatient Surgical Facility Charges	HMO
	Outpatient Diagnostic Testing related to Transgender Services	HMO
	Non – Covered (excluded) Services – all Charges	Member

Claim Submission Notes

The HMO will reimburse the IPA the lesser of the amount paid or the BCBSIL PPO Schedule of Maximum Allowance. The IPA also has the option to request the HMO pay the provider directly. This will be done at the lesser of billed charges or the BCBSIL PPO Schedule of Maximum Allowance.

- If the IPA is requesting reimbursement: The claim should be stamped group approved and submitted with a Catastrophic Claim Form.
- If the IPA is requesting that the provider be paid directly: The claim should be stamped group approved, and "transgender services – catastrophic claim" should be indicated directly on the claim.
- Pre-transgender Surgery Evaluation related claims should be stamped group approved and "Pre-Transgender Surgery Evaluation – catastrophic claim" must be indicated directly on the claims.

Note: Per the Medical Service Agreement, IPAs vary in assignment of responsibility for Transgender Services. An IPA may not retain the responsibility for managing services other than behavioral health counseling for Transgender Services. If such an IPA has a member who is diagnosed with Gender Dysphoria who expresses a desire to proceed with Transgender Services beyond behavioral health counseling, the IPA should contact BCBS CAU for a referral/authorization. The IPA will need to submit a letter documenting the presence of Gender Dysphoria from a licensed Behavioral Health professional and a letter from the PCP confirming the diagnosis, and the PCP's recommendation for treatment.