U of M – Gender reassignment and gender affirming procedures

Applies to:

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

☐ **Medicare Plus Blue℠ PPO** ☒ **Medicare Plus Blue℠ Group PPO** ☒ **Both**

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 Medicare Plus Blue enhanced benefit

Medicare Plus Blue 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 Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for gender reassignment and gender affirming procedures is provided to members under the University of Michigan Medicare Plus Blue Group PPO plan. Since Original Medicare doesn't have a National Coverage Determination for gender reassignment and gender affirming procedures, the University of Michigan determines the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost sharing.

Conditions for payment

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

Conditions for payment	
Eligible provider	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

Medicare Plus Blue plans' maximum payment amount to providers for gender reassignment and gender affirming procedures is available on our provider website on the Medicare Plus Blue enhanced benefits **fee schedule**. The provider will be paid the lesser of the 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 sharing

- Medicare Plus Blue providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue cost-sharing amounts from the member.
- 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 to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item or service 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 utilize our provider portal or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, CMS UB-04 claim form or the 837 equivalent claim form.
2. Use the Medicare Advantage PPO 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. Submit claims to your local Blue Cross plan.
6. Use electronic billing:
   a. Michigan providers
      Copies of the ANSI ASCX 12N 837 and 835 Institutional 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 of Michigan should contact their local Blue Cross plan.

Revision history

Policy number: MAPPO 1048

Effective: 01/01/2024

Reviewed: 12/02/2024

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