



The Benefits of Better Health

Gender Reassignment Surgery Authorization

Patient information

Date of request: _____ Patient phone: _____

Patient name: _____
[First name] [Middle initial] [Last name]

Patient ID number: _____ Date of birth: _____

Member name: _____
[First name] [Middle initial] [Last name]

Member address: _____

Member's relationship to patient? Self Spouse Dependent

Is there other coverage? Yes No

If yes, what is the name of the other insurance carrier? _____

Physician information

Name: _____
[First name] [Middle initial] [Last name]

Tax ID number: _____

Office street address: _____

City: _____ State: _____ Zip: _____

Contact person: _____
[First name] [Middle initial] [Last name]

Phone number: _____

Facility information

Name: _____

Office street address: _____

City: _____ State: _____ Zip: _____

FTIN: _____ NPI: _____

Requested procedure(s) CPT: _____

Primary diagnosis ICD-10: _____ ICD-10 codes: _____



The Benefits of Better Health

Clinical information required for review

- Prior authorization is required.
- Member or patient is 18 years of age or older.
- There is evidence of persistent gender dysphoria documented.
- 12 months or more of continuous hormone therapy as appropriate to the member/patient's gender goal is required before surgery for gender dysphoria.
- Two letters of referral from qualified mental health professionals are required for genital reconstructive surgery (e.g., vaginectomy, urethroplasty, phalloplasty, scrotoplasty, penectomy, vaginoplasty, labiaplasty and clitoroplasty).
- Surgery to change specified secondary sexual characteristics such as bilateral mastectomy requires a letter from a qualified mental health professional; a trial of hormone therapy is not a prerequisite.
- Augmentation mammoplasty is covered only if there is inadequate breast enlargement after undergoing hormone treatment for at least 18 months and is not sufficient for comfort in the social role.
- Any significant medical or mental health concerns are reasonably well controlled.
- One sex assignment surgery per lifetime.
- Patient has to have capacity to make decisions.
- Only one transgender surgical event per lifetime.
- Surgery must be done in the United States.

Please fax completed form and supporting documentation to 816.257.3255 or email caremanagementsurgery@geha.com.

If unable to fax, please mail pre-authorization request to:

GEHA
P.O. Box 4665
Independence, MO 64051

Questions? Call GEHA at 800.821.6136 ext. 3100

This authorization determines the medical necessity of services requested based upon the information provided. It is NOT a guarantee of payment. It is issued subject to the terms and limitations of your agreement and the member's benefit plan, and subject to the member being eligible at the time services are provided. We reserve the right to deny reimbursement in the event of fraud or misrepresentation or if there is a material change in facts and circumstances that varies from the information that was provided with the original request.

Then information contained in this form is confidential and only intended for the use of individuals and or entity named above.