

UCSHIP Gender Affirming Surgery

Resource Guide

PLAN YEAR 2023-2024


For Campus Use Only

This resource guide does not guarantee eligibility for the services requested. The member's contract benefits in effect on the date that services are rendered must be used. World Professional Association for Transgender Health (WPATH) edition 8 guidelines will be used for all benefits related to gender affirming surgery. This document is a general resource guide for the campuses to help assist the students on how and where to direct inquires.

Gender Affirming Surgery will follow World Professional Association for Transgender Health (WPATH) edition 8 guidelines for the 2023-2024 plan year. Please reference the document on the website, along with the flyer below as a resource. <https://www.wpath.org/> - Click on the SOC8 link - Reference Appendix D pages 258-259 for criteria.

Gender Affirming Flyer 

Details on how to submit a member claim for services that require payment and reimbursement:


	HAIR REMOVAL PROCEDURES by electrolysis or laser treatment	
	Requires a Referral; Precertification is not required	
1	<p>The use of hair removal procedures is covered for individuals diagnosed with gender dysphoria.</p> <p>Process:</p> <ul style="list-style-type: none">• Referral required.• Providers who render services may or may not bill insurance. If a provider does not bill insurance, the student will pay for the services and submit a member claim form with supporting documentation to Anthem for reimbursement. The member claim form is available at www.anthem.com/ca (members logged in can obtain under Support >Forms. If not logged in, click on >Member Support> Find A Form > Select Topic (claims) > Medical Claims Form <p> Medical Claim Form 2023.pdf</p>	<p>To help expedite claims processing, students can submit their completed claim form, along with a receipt and proof of payment to your dedicated Student Service Representative (SSR):</p> <p>Padilla, Kristin Kristin.Padilla@anthem.com Frank Amescua Frank.Amescua@anthem.com Anita Barrientos Anita.Barrientos@anthem.com</p>

Details on how to submit a member claim for services that require payment and reimbursement:

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	<p>Fertility Preservation when medically necessary for iatrogenic infertility or gender affirming surgery.</p>	
	<p>Requires a Referral and Precertification</p> <p>Process:</p> <ul style="list-style-type: none"> Providers who render services may or may not bill insurance. If a provider does not bill insurance, the student will pay for the services and submit a member claim form with supporting documentation to Anthem for reimbursement on a quarterly basis. The member claim form is available at www.anthem.com/ca (members logged in can obtain under Support >Forms. If not logged in, click on >Member Support> Find A Form > Select Topic (claims) > Medical Claims Form Limited to fertility preservation services only. <div style="text-align: center;">  <p>Medical Claim Form 2023.pdf</p> </div>	<p>To help expedite claims processing, students can submit their completed claim form, along with a receipt and proof of payment to your dedicated Student Service Representative (SSR):</p> <p>Kristin Padilla Kristin.Padilla@anthem.com</p> <p>Frank Amescua Frank.Amescua@anthem.com</p> <p>Anita Barrientos Anita.Barrientos@anthem.com</p>

Contacts

Precertification Requests	
UM Intake	800-274-7767 (phone) 800-734-8302 (fax)
UM Gender Affirming Services (general questions)	855-484-4930 (phone)
Campus Inquiry - General Benefit Questions or Need Assistance with Locating Providers	Contact your Account Manager & Student Service Representative
Student Inquiry - Benefits, locating providers or claims assistance	<p>Students can contact the Student Service Representative directly:</p> <p>Kristin Padilla, Kristin.Padilla@anthem.com Frank Amescua, Frank.Amescua@anthem.com Anita Barrientos, Anita.Barrientos@anthem.com</p>

Information required when submitting a precertification request:

1	Member Name	
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2	Member ID	
3	Policy Terminating? Anthem Primary: Yes/No If No, denial from prior carrier or other carrier has no coverage:	
4	Date of Birth and Age	
5	Procedure date planned	
6	CPT codes requested. Procedure Name?	
7	Surgeon Name: Address: Tax ID: NPI: Participating with UC Family or Anthem PPO Network: Contact Name and Phone:	
8	Facility Name: Address: Medicare or Tax ID: Participating with UC Family or Anthem PPO Network: Contact Name and Phone:	
9	UCSHIP Verify there is a referral on file from Student Health Center Yes/No Referral Date Range:	