

August 11, 2014

[REDACTED]  
[REDACTED]  
[REDACTED], MN [REDACTED]

**RE: Notice of appeal determination of Blue Cross Blue Shield of Minnesota's denial of authorization and coverage for a mastectomy for [REDACTED] -- MAXIMUS Case No. MN2014-0075**

Member Name: [REDACTED]  
Health Plan: Blue Cross Blue Shield of Minnesota  
MAXIMUS File #: MN2014-0075

**Summary: Blue Cross Blue Shield of Minnesota's Denial Should Be Overturned**

Dear Mr. [REDACTED]

The MAXIMUS Center for Health Dispute Resolution (also known as "MAXIMUS") is an independent company that contracts with the Minnesota Department of Commerce to independently review appeals made by individuals who disagree with denials that their health plan has made concerning requested services or payment for services. MAXIMUS, its employees and physician consultants are impartial. They do not work for Blue Cross Blue Shield of Minnesota (Blue Cross Blue Shield of Minnesota will also be referred to as "the Health Plan" in this letter).

This case has been reviewed by a licensed attorney and a practicing physician who is board certified in plastic surgery on the MAXIMUS external review panel. The Health Plan denied the request for authorization and coverage for a mastectomy for [REDACTED] (the member). Based upon this review, MAXIMUS has determined that the Health Plan's denial of coverage for these services for the member should be overturned.

The purpose of this letter is to report the MAXIMUS review findings and rationale.

**Appeal Summary:**

This case concerns [REDACTED]-year-old transgender male who has requested authorization and coverage for bilateral mastectomy for gender reassignment. The Health Plan has denied this request on the basis that the member does not meet its criteria for coverage of these services.

A review of the record indicates that the member has a history of gender identity disorder. Medical records from 2/17/14 were included in the case file. The member's psychologist wrote a letter in support of this request on 6/2/14. This letter noted that the member has been seen in both group and individual therapy. It also noted that the member presents as a male full-time, which means that he wears a binder to manage strong feelings of gender dysphoria related to his chest. It explained that the most appropriate and medically necessary intervention to address gender-related dysphoria is to have chest surgery so that the member's body can be more congruent with his gender identity. It also explained that the member meets the World Professional Association of

Transgender Health (WPATH) Standards of Care, Version 7. It indicated that requiring the member to be on masculinizing hormones for 12 months prior to surgery is not consistent with the current Standard of Care. It also indicated that the surgery is medically necessary and should be performed as soon as possible. Other correspondence from others of the member's treating providers was included in the case file.

On 6/3/14, the member's representative wrote a letter in support of this request. This letter indicated that the member is transitioning from female to male. It explained that the Health Plan's requirement of 12 months of hormonal therapy as a prerequisite for approval of gender reassignment surgery conflicts with prevailing medical standards. It provided information about generally accepted standards of care for transgender individuals. It noted that these generally accepted standards specifically state that "hormone therapy is not a prerequisite". It also noted that the member began hormone treatments on 11/15/13. It explained that without mastectomy, a typical transgender male will bind his breasts in order to flatten his chest in an effort to participate in society as a male. It also explained that binding comes with certain physical risks. It further explained that delaying the member's mastectomy procedure simply compounds the stress, anxiety and depression that accompanies a gender-dysphoria diagnosis and that permitting this procedure to occur earlier reduces the severity of these symptoms and allows him to proceed with his medically supervised and medically necessary transition. Other correspondence submitted by the member's representative was included in the case file. An individual complaint form completed by the member was also included in the case file.

WPATH Standards of Care, Version 7 were submitted for review.

The Health Plan has indicated that the member does not meet its criteria for coverage of these services. The Health Plan explained that according to its policy criteria, 12 months of hormonal therapy must be documented prior to mastectomy as a part of transgender reassignment surgery. The Health Plan's contract was included in the case file. The Health Plan's policy regarding adult gender reassignment surgery was also included in the case file.

#### **Standard of Review:**

MAXIMUS interprets the rights and responsibilities of the parties in accordance with Minnesota Statutes Section 62Q.73, the patient contract or other evidence of coverage, clinical criteria established internally by the Health Plan, and generally accepted standards of sound medical practice.

#### **Decision:**

The Health Plan's decision denying authorization and coverage for these services for the member should be overturned.

#### **Rationale:**

MAXIMUS has reviewed the documents and materials provided by the Health Plan as well as the arguments presented by the parties.

The results of the MAXIMUS review indicate that the member was a [REDACTED] year-old transgender male. At issue in this appeal the member's request for authorization and coverage for a mastectomy.

The MAXIMUS physician consultant noted that the member has been on male hormone therapy since November 2013. The MAXIMUS physician consultant also noted that the member was reported to have small, "probably B cup" sized breasts with minimal ptosis, good skin turgor, absence of striae, no masses, no adenopathy and very small nipple areolar complexes on examination on 2/17/15. The MAXIMUS physician consultant explained that denial of coverage on the basis of inadequate hormone therapy is not consistent with national standards of care for treatment of patients with gender identity disorders. ([www.wpath.org/Documents2/socv6.pdf](http://www.wpath.org/Documents2/socv6.pdf).) The MAXIMUS physician consultant noted that breast surgery produces relatively irreversible changes to the part and is usually the first surgery undertaken by female to male transgender patients. The MAXIMUS physician consultant indicated that it is not necessary that a patient has been taking hormones prior to this surgery. Therefore, the MAXIMUS physician consultant concluded that the requested mastectomy is medically for treatment of the member's condition.

Accordingly, MAXIMUS has determined that Blue Cross Blue Shield of Minnesota's denial of authorization and coverage for these services for the member is overturned.

Sincerely,  
MAXIMUS



Lisa K. Maguire, Esq.  
State Appeals

pc: Minnesota Department of Commerce  
Mr. Robert Aguirre

Blue Cross Blue Shield of Minnesota  
Ms. Lora Holland