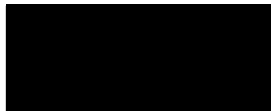


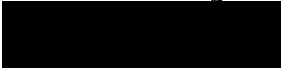
**Results of Full Review**

**TO:**



**CC:**

CIGNA HealthCare of Connecticut, Inc.  
State of Connecticut Insurance Department  
Dr. Charles Castiglione



**DATE:**

May 14, 2015

**RE:**

**REQUEST FOR EXTERNAL REVIEW**  
External Review File #: ER2015-  
Applicant Name:   
Enrollee Name: Jack

A Full Review of your External Review request has been conducted regarding the adverse determination by CIGNA HealthCare of Connecticut, Inc.

The decision reached after the Full Review is to:

- AFFIRM** the health carrier's decision.
- REVERSE** the health carrier's decision.
- REVISE** the health carrier's decision.

(Please specify) \_\_\_\_\_

A report of the review, including the rationale for the decision is attached. Under Connecticut General Statute 38a-591g, the decision rendered under this External Review by the independent review organization is final and the decision is binding.

If this decision resulted in a "reverse" or "revise" determination, the health carrier listed above will contact you directly and coverage will be approved according to the terms and conditions of your plan.

If the decision resulted in an "affirm" determination, all external review has now been exhausted and there is no further appeal of this decision.

**MAXIMUS**

Sincerely,

A handwritten signature in black ink, appearing to read 'Lisa K. Maguire', with a long, sweeping horizontal flourish extending to the right.

Lisa K. Maguire, Esq.  
State Appeals

May 14, 2015

Mr. Richard N. Fisher  
Connecticut Insurance Department  
Consumer Affairs Division  
153 Market Street  
Hartford, CT 06103

**RE: Rationale for Full Review Decision**

Applicant Name: [REDACTED]  
Member Name: Jack [REDACTED]  
Insurance Dept. File #: ER2015-[REDACTED]  
MAXIMUS File #: CT15-[REDACTED]

**Summary: Health Plan Denial Decision Reversed**

Dear Mr. Fisher:

The MAXIMUS Center for Health Dispute Resolution (MAXIMUS) is an organization which independently reviews internal decisions made by HMOs and other managed health care plans or their utilization review agents, in response to enrollee appeals. MAXIMUS review personnel and consultant specialty physicians are impartial. They do not work for CIGNA HealthCare of Connecticut, Inc. ("the Health Plan").

The above referenced matter was previously accepted for full review. The Health Plan's determination that the reduction mammoplasty that the member underwent on 12/9/14 was not medically necessary for treatment of his condition is reversed. MAXIMUS finds that the Health Plan should cover these services.

MAXIMUS confines its review to the medical necessity of the services at issue. The purpose of this letter is to report the MAXIMUS review findings and rationale.

**Case File Abstract:**

This case concerns an 18 year-old male for whom for the reduction mammoplasty he underwent on 12/9/14 has been requested. The Health Plan denied this request on the basis that these services were not medically necessary treatment of the member's condition.

A review of the record indicates that the member has a history of gender dysphoria. The member's psychologist wrote a letter in support of this request on 9/16/14. This letter provided information about the multidisciplinary gender identity services provided to the member. It noted that the member was first seen on 10/4/12 and at the time of evaluation, he met the DSM-IV criteria for Gender Identity Disorder in Adolescents and that this was consistent across clinical interviews with both the member and his mother and with standardized assessment measures. It also noted that the member had been followed monthly for outpatient therapy for a total of 15 additional sessions focusing on assessing and exploring medical support for gender transition, including both endocrine and surgical intervention. It indicated that during this time, the member transitioned socially and began hormone treatment with great success. It explained that the current

assessment of the member indicated that chest reconstruction surgery was an appropriate and medically necessary treatment for his gender dysphoria based on the persistence of his gender dysphoria, that his chest was a barrier to resolution of this dysphoria, that his current psychological functioning did not present barriers to treatment, his engagement in all recommended treatment including hormone therapy and his and his family's capacities to consent for surgery. It also explained that this recommendation was consistent with the World Professional Association for Transgender Health's (WPATH) guidelines for medical treatment of gender dysphoria and that he met WPATH criteria for referral for surgical evaluation.

On 3/12/15, the member's attorney wrote a letter in support of this request. This letter indicated that the member began attending and participating in a gender identity program to seek treatment for gender dysphoria on 10/2/14. It also indicated that at the time of intake to this program, a psychologist determined that the member met the DSM-IV criteria for gender identity disorder in adolescents. It noted that the member completed over 15 outpatient counseling sessions on an approximately monthly schedule. It also noted that on 8/9/13, the member started receiving hormone therapy, which continued. It explained that the member's psychologist recommended that he undergo gender-affirming surgery, specifically chest reconstruction surgery. It provided information about gender dysphoria and the treatment for this condition. It explained that gender-reaffirming surgery is medically necessary for treatment of the member's gender dysphoria.

The Health Plan indicated that these services were not medically necessary for treatment of the member's condition. The Health Plan explained that the documentation provided did not confirm that the member was an active participant in a recognized gender identity treatment program. The Health Plan also explained that a letter of support from a qualified mental health professional was not received. The Health Plan further explained that the documentation send did not confirm that the member had received at least 12 months of continuous hormonal sex reassignment therapy.

Information provided in the case file included:

- o Full Review Notification;
- o Results of Preliminary Review;
- o Request for Preliminary Review;
- o External Review Preliminary Verification Forms;
- o Request for External Review;
- o Letter from Mr. Gonzalez-Pagan dated 3/12/15 and information about his admission to practice in New York and Massachusetts;
- o Emails from Mr. Gonzalez-Pagan dated 3/12/15 and 4/3/15;
- o Letters from Mr. Gonzalez-Pagan dated 3/12/15 and 4/3/15;
- o Health Plan denial letters;
- o Letter from Dr. Malouf dated 9/16/14;
- o Invoice from HHC PhysiciansCare, Inc.;
- o State of Connecticut Insurance Department Bulletin IC-37;
- o Health Insurance Claim Forms and billing information;
- o Invoices;
- o Prescription for Testosterone Cypionate for the member dated 2/24/15;
- o Health Plan cover letter dated 4/7/15;
- o Health Plan Common Case Records;
- o Explanation of Benefits;

- o Health Plan Case Notes;
- o Medical records from 6/9/14 to 12/9/14;
- o Photographs of the member's chest
- o Health Plan contract;
- o Health Plan Medical Coverage Policy regarding Gender Reassignment Surgery;
- o Health Plan Medical Director Review.

**Standard of Review:**

MAXIMUS interprets the rights and responsibilities of the parties in accordance with the Enrollee 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 determination that the reduction mammoplasty that the member underwent on 12/9/14 was not medically necessary for treatment of his condition is reversed.

**Rationale:**

The MAXIMUS reviewing consultant, a practicing physician who is experienced in the management of patients with the enrollee's condition, has reviewed the entire case file including the coverage documents and the medical records, statements and arguments presented by the parties. This physician is board certified in plastic surgery.

Based upon the information provided in the case file and the references cited below, the MAXIMUS physician consultant has determined that the Health Plan's denial should be reversed.

The results of the MAXIMUS physician consultant review indicated that the member is an 18 year-old male with well-documented signs and symptoms of gender dysphoria. At issue in this appeal is whether the reduction mammoplasty that the member underwent on 12/9/14 was medically necessary for treatment of his condition.

The MAXIMUS physician consultant noted that the member was a participant in a multidisciplinary gender identity service. The MAXIMUS physician also noted that the licensed psychologist who began the initial treatment of the member in 2012 documented that he met criteria for gender identity disorder for adolescents. The MAXIMUS physician indicated that the member was reported to have persistence of gender dysphoria. The MAXIMUS physician consultant also indicated that the member's psychological functioning was found not to present any barriers to treatment.

The MAXIMUS physician consultant noted that documentation dated 6/9/14 indicated that the member was undergoing transgender reassignment from female to male. The MAXIMUS physician consultant also noted that the member had undergone hormonal treatment for about 10 months as of the time of the 6/9/14 evaluation. The MAXIMUS physician consultant indicated that the member was noted to have full breasts bilaterally, consistent with a cup size of B. The MAXIMUS physician consultant also indicated that the photographs provided for review showed evidence of macromastia with Grade II ptosis, which would not be considered "normal" for males. The MAXIMUS physician

consultant noted that documentation from 12/9/14 indicates that the member underwent bilateral breast reduction with a diagnosis of bilateral breast hypertrophy and gender identity disorder.

The MAXIMUS physician consultant explained that the surgical concept of treating breasts in female-to-male transsexual patients is well established and that each patient must be considered on a case-by-case basis to determine medical necessity. The MAXIMUS physician consultant indicated that this member has a well-documented history of gender dysphoria, which is supported by clinical evaluation. The MAXIMUS physician consultant also indicated that the member did not have normal appearance of the breast for a male and underwent surgical correct to attempt to obtain a more normal appearance. The MAXIMUS physician consultant explained that the member had been an active participant in a recognized gender identity treatment program and had received 12 months of continuous hormonal sex reassignment therapy prior to this surgery. The MAXIMUS physician consultant also explained that a letter of support by a qualified mental health professional (clinical psychologist) has been documented. The MAXIMUS physician consultant indicated that based on the information provided for review, bilateral breast reduction was medically necessary for this member and he appears to have satisfied the Health Plan's criteria for coverage of these services.

References: Monstrey S, et al. Chest-wall contouring surgery in female-to-male transsexuals: A new algorithm. *Plast Reconstr Surg*. 2008 Mar;121(3):849-59. Hage J, et al. Chest-wall contouring in female-to-male transsexuals: Basic considerations and review of the literature. *Plast Reconstr Surg*. 1995 Aug;96(2):386-91. Byne W, et al. Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder. *Arch Sex Behav*. 2012 Aug;41(4):759-96. American Medical Association House of Delegates. (2008b). Resolution 122. (A-08). American Society of Plastic Surgeons Positions on Recommended Insurance Coverage Criteria for Third-Party Payers. [www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html](http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html). Accessed on 5/12/15.

Based upon this information and the available case file documentation, the MAXIMUS physician consultant determined that the reduction mammoplasty that the member underwent on 12/9/14 was medically necessary for treatment of his condition.

Accordingly, MAXIMUS has determined that the Health Plan's determination that the reduction mammoplasty that the member underwent on 12/9/14 was not medically necessary for treatment of his condition is reversed.

Sincerely,  
MAXIMUS



Lisa K. Maguire, Esq.  
State Appeals