Breast Reconstruction

Breast augmentation (e.g. implants/lipofilling) may be considered **MEDICALLY NECESSARY AND APPROPRIATE** in male-to-female members when criteria in section I **AND** the following criteria are met:

- The member is at least 18 years of age (legal age of majority in Minnesota). Requests for breast surgery for a member younger than 18 years of age will be reviewed by medical director; and
- Persistent, well-documented gender dysphoria; and
- Capacity to make a fully informed decision and to give consent to treatment; and
- If significant medical or mental health concerns are present, they must be reasonably well-controlled.

**NOTE:** Hormone therapy is not a prerequisite for breast augmentation for male-to-female members. The *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* Version 7 from the World Professional Association for Transgender Health (WPATH) state the following: "Although not an explicit criterion, it is recommended that MtF (male-to-female) patients undergo feminizing hormone therapy (minimum 12 months) prior to breast augmentation surgery. The purpose is to maximize breast growth in order to obtain better surgical (aesthetic) results."

Documentation Requirements

- One letter of recommendation must be provided to a health plan representative from a qualified mental health professional. The letter must address **ALL** of the following:
  1. The member's general identifying characteristics; and
  2. Results of the member's psychosocial assessment, including any diagnoses; and
  3. The duration of the mental health professional's relationship with the member including the type of evaluation and therapy or counseling to date; and
  4. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the member's request for surgery; and
  5. A statement about the fact that informed consent has been obtained from the patient; and
  6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

- The health plan and the physician responsible for breast removal or augmentation must receive this letter and recommendations for surgery and the surgical treatment must be authorized by the health plan prior to its occurrence. If the providers are working within a multidisciplinary specialty team, the letters may be sent only to the health plan with documentation of the information in the member's chart.

Body Contouring

Surgical procedures to alter the gender-specific appearance of a member who has undergone or is planning to undergo gender reassignment surgery, include but are not limited to:

- Liposuction

These procedures are subject to contract definitions for medical necessity and appropriateness as well as contract benefits.

Facial Reconstruction
Surgical procedures to alter the gender-specific appearance of a member who has undergone or is planning to undergo gender reassignment surgery, include but are not limited to:

- Facial hair removal
- Blepharoplasty
- Face lift
- Facial bone reconstruction
- Rhinoplasty
- Liposuction
- Reduction thyroid chondroplasty

These procedures are subject to contract definitions for medical necessity and appropriateness as well as contract benefits.