



MONTANA HEALTHCARE PROGRAMS NOTICE

December 29, 2017

Physicians, Mid-Levels, Inpatient Hospital, Outpatient Hospital, Critical Access Hospital, Psychiatrists, Licensed Clinical Social Worker, Licensed Professional Counselor, Ambulatory Surgical Centers, Indian Health Services

Effective July 18, 2016

Prior Authorization for Transgender Mastectomy/Breast Augmentation

Transgender mastectomy and creation of male chest, and breast augmentation to create female chest may be considered medically necessary as part of female to male or male to female gender reassignment when all of the following criteria are met:

1. Over the age of 18.
2. The member has the capacity to make fully informed decisions and consent for treatment.
3. The member has been diagnosed with gender dysphoria and exhibits all of the following:
 - a. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment;
 - b. The transgender identity has been present persistently for at least two years;
 - c. The disorder is not a symptom of another mental disorder;
 - d. The disorder causes clinically significant mental distress or impairment in social, occupational, or other important areas of functioning.
4. If the member has significant, outstanding medical or mental health conditions present, they must be well controlled. If the member is diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic, bipolar disorder, dissociative identity disorder, borderline personality disorder), these conditions must be stabilized with psychotropic medication and/or psychotherapy before prior authorization for surgery is allowed.
5. One referral from a qualified mental health professional who has independently assessed the member. Assessment must state all the above requirements have been met. The qualified mental health professional is defined as one of the following: Psychiatrist, Psychologist, Licensed Clinical Professional Counselor, Licensed Clinical Social Worker, or an advanced practice registered nurse (APRN), with a clinical specialty in psychiatric mental health nursing.
6. Member must be living as the chosen gender for at least the last year.
7. Member must have been receiving hormone treatment for at least the last year.
8. No reversals will be covered.

9. Augmentation revisions are only covered for medically necessary purposes such as infection, painful contracture of Bakers Classification of Grade III or higher, and rupture of silicone gel implants and are reviewed on a case-by-case basis.

Contact Information

If you have any questions, please contact:

The Physician Program Officer at (406) 444-3995

For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at www.medicaprovider.mt.gov.