

Gender Dysphoria Analysis

April 13, 2017

Gender Dysphoria Analysis

Costs and patient counts were extracted from the All Payer Claims Database (APCD) based on diagnosis codes:

- Gender Identity disorder (GID) in adolescents/adults (302.85, F64.1)
- Gender identity disorder (GID) in children (302.6, F64.2)
- Gender identity disorder (GID), unspecified (F64.9)
- Personal history of sex reassignment (Z87.890)
- ICD-9 and ICD-10
- 2014-2016 (APCD claims data for 2013 was not complete)

Costs include facility inpatient, facility outpatient, physician inpatient, physician outpatient, mental health, laboratory, radiology and other professional services

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Costs may be understated because additional services related to the gender dysphoria may be associated with different diagnosis codes.

For example:

- Electrolysis may be associated to General medical examination NOS
- Construction artificial vagina associated to general medical exam NOS
- Hormones or pre-post surgery medication may be associated to Encounter for other procedures for purposes other than remedying health state

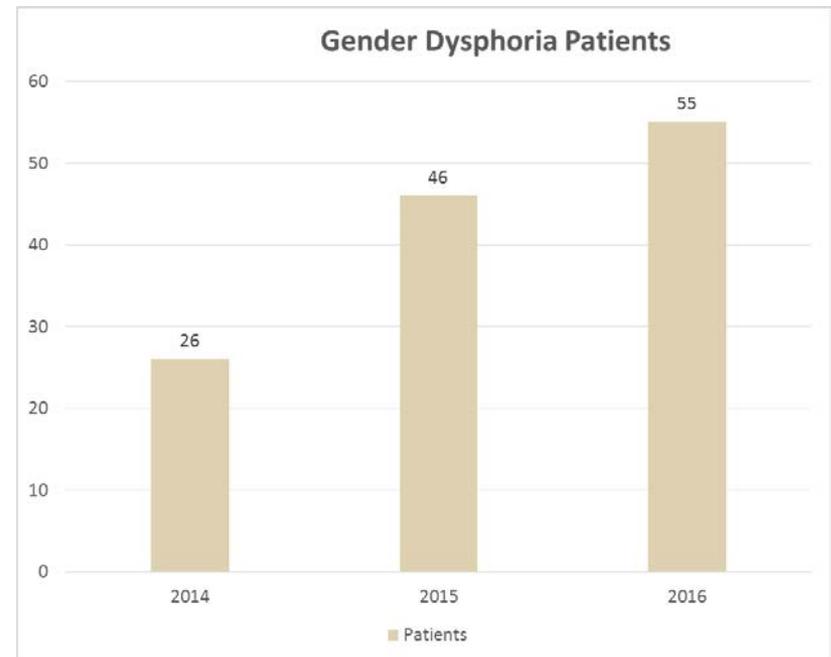
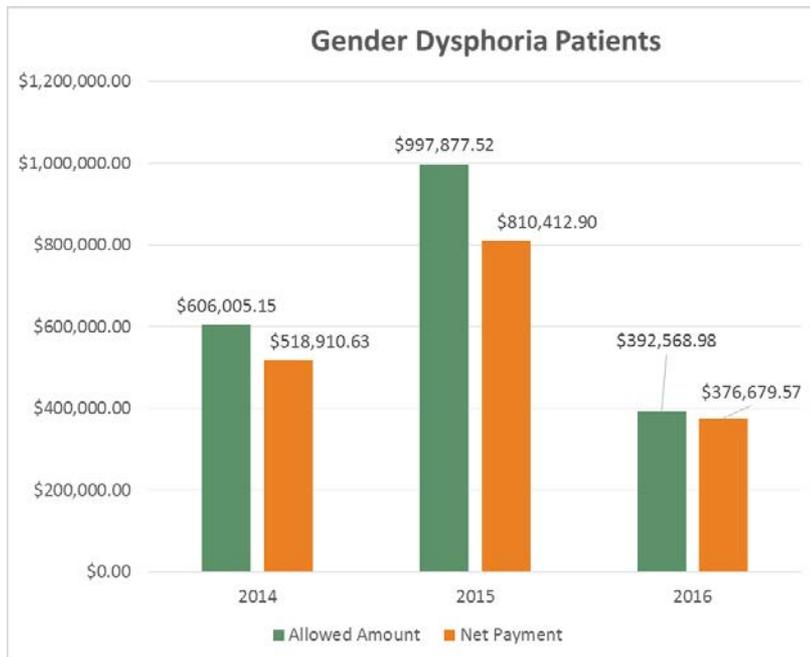
Since the diagnosis code differs, HSS explored utilizing the procedure codes however procedures may be applicable for multiple diagnoses. For example:

- Free Skin Flap w/microvascular Anastomosis can be applicable to Squamous cell carcinoma, malignant neoplasms or GID

Or, procedure codes were absent on the claim record. For example,

- Encountered multiple KP claims with GID diagnosis but missing procedure code

Gender Dysphoria Trend Analysis



- 2015 includes two high cost claimants with claims in excess of \$250,000

Recommendations

Recommendation 1: Approve the San Francisco Health Service System Gender Dysphoria Benefit Policy Statement.

Staff Recommendation: Approve.

Recommendation 2: Eliminate the \$75,000 lifetime cap for gender dysphoria benefits in the fully insured UHC GMAPD plan.

Staff Recommendation: Eliminate the lifetime cap.

Recommendations (Continued)

Recommendation 3:

Require all plans to adopt the approach taken by Blue Shield currently for gender dysphoria benefit plan offerings for each gender dysphoria service, by requiring the following services to be reviewed for medical necessity rather than excluded:

Blepharoplasty-Brow Lift / Brow Reduction; Cheek, chin, and nose implants; Chin Augmentation; Chest reconstruction, including mastopexy, or augmentation, mammoplasty and breast implants; Face lift, forehead lift, or neck tightening; Facial bone remodeling for facial feminization or masculinization; Facial hair removal; Hair loss/growth drugs; Hair transplantation; Laryngoplasty (reshaping of laryngeal framework); Lip Augmentation; Lip Reduction; Lipsuction, Lipopasty, and lipofilling.

Additionally, to ensure consistency, require all plans to review for Medical Necessity treatments including, but not limited to, the following:

Injection of fillers or neurotoxins (Collagen or Botox Injections).

Staff Recommendation: Approve the elimination of cosmetic exclusions for gender dysphoria treatments, as listed above, by requiring medical necessity review.