NAVIGATING Actna's
TRANS BENEFIT
(for U.A. Students)

based on personal experience
Pre-Certification Walkthrough

Based on University of Arizona’s Aetna Student Health (2017 policy)

1. Therapist letter
2. Find a Surgeon
3. Get a referral
4. Meet your Surgeon
5. Medical questionnaire
6. File the forms
7. the reply
8. Arguing for coverage
1. Therapist letter

Even though some surgeons no longer request a psychological diagnosis from a therapist, you will need one to get Pre-certified.

WHAT AETNA WANTS
A. SINGLE LETTER OF REFERRAL FROM A QUALIFIED MENTAL HEALTH PROFESSIONAL; AND
b. Persistent, well documented gender dysphoria
c. capacity to make full informed decision and to consent for treatment and
d. age of majority
e. if medical health concerns are present they must be reasonably well controlled.

I WANNA BE A REAL BOY!

IMPORTANT TIP:
hormone therapy is not a pre-requisite for top surgery according to AETNA, but the surgeon's office might require it.

The trans diagnosis (F.64 gender dysphoria) is narrative-based. That means there is a common fixed narrative you should comply with in order to be diagnosed as trans. So even though this might not be your personal story, you might need to say that: you were born in the wrong body, you always wanted to be a boy/man from a very early age, you hate your body (especially tits and genitals), etc.

But it is also important to hold back some information and not show any signs of mental/emotional instability (depression, anxiety, panic, etc.). Otherwise you might be judged incapable of making a decision about your surgery.

The average time to obtain this letter may vary, it can depend on your transition "status" (if you have started transitioning, if you are on hormones, if you are in therapy, etc.). It also depends on who your therapist is and how much they want to help you. I recommend seeing Dr. Martie from Campus Health CAPS.
Call Aetna and ask for in-network providers for top surgery. Write down their names and numbers and make an appointment. You can also opt for out-of-network providers, if you are willing to pay more out-of-pocket.

To find in-network providers call Aetna's Student Health Representative: Deborah Olson at 215-746-0808

TIP: Another option is trying to get AETNA to approve an off-network provider as in-network. In my case, I wanted to get surgery with Dr. Toby Meltzer, who is Aetna-friendly but not in-network. I got his clinic approved as in-network stating that the in-network provider in my area didn't have an surgery dates available before my insurance coverage ended.

COST ESTIMATES (REFERENCE YEAR: 2017)

<table>
<thead>
<tr>
<th>IN-NETWORK</th>
<th>OFF-NETWORK</th>
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<tbody>
<tr>
<td>Coverage: 80% of the procedure (you are responsible for 20%)</td>
<td>Coverage: 50% of the procedure (you are responsible for 50%)</td>
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<tr>
<td>Deductible: $250</td>
<td>Deductible: $1000</td>
</tr>
<tr>
<td>Out-of-pocket-maximum: $2,000</td>
<td>Out-of-pocket-maximum: $3,000</td>
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Attention: make sure the hospital is also in-network and know that anesthesia fees are often not covered, although they do count towards meeting your deductible and out-of-pocket max.
3. Get a referral

After setting an appointment with your surgeon, go see your preferred doctor on campus (ask for Dr. Schuppert - $20 copay) and ask for a referral for your surgery appointment (you must have the date of service and the doctor's name). This will make it easier to either get a reimbursement of the doctor's fee or have it go towards your deductible. Since you are already in Campus Health, ask for a referral for a mammogram: it's free and your surgeon will require it.

4. Meet your surgeon

The surgeon will analyze your body and give you some surgical options (keyhole, periareolar, double incision with nipple grafts, T-anchor, etc.). You can set a surgery date, but don't pay for anything before you get Pre-Certified by the insurance company.

IMPORTANT:
before leaving the office, ask the surgeon to fill out Aetna's Precertification Information Request Form. Find the form here: https://www.health.arizona.edu/gender-reassignment-benefit
5. Medical questionnaire

The Precertification form can be found here: https://www.health.arizona.edu/gender-reassignment-benefit

THIS IS THE TIME TO BE STRATEGIC! Make sure the doctor puts in codes that will be covered by the insurance, even if it means being a little creative with the codes. To find out which codes are and aren't covered you need to check the CPB guideline in Aetna's policy. If you try to bill for different codes, they will be denied. The most common problem is the denial of the nipple grafts: they are often considered "cosmetic" and are, therefore, not covered.

2016/2017 REFERENCE CODES*

Mastectomy: 19303, 19301, 19304 (will be approved)
Full graft procedure: 15200 (has been approved)

Nipple reconstruction: 19350 (DENIED)
Masculinization of the chest: 19499 (DENIED)

* Code coverage changes regularly. Consult the updated CPB guideline for more precise information.

TIP FOR BILLING NIPPLE GRAFTS:
(given by a transman who works at Aetna)

"Try fitting everything in the mastectomy codes, instead of spreading to more specific codes about the nipples. The nipple grafts can be billed but have to be billed with the codes listed on the CPB for it to be covered and not deemed medically unnecessary. So for my top surgery the surgeon billed 19303 (mastectomy) and 15200 (full graft procedure) for the nipples. It's the surgeon's/staff job to see if and what codes for nipple grafts are to be billed."
6. File the forms

You can go to the Insurance Office at Campus Health and ask them to fax Aetna the letter from the therapist and the medical questionnaire form. They will fax them and send you an email certifying this was sent. Wait no more than 2 weeks to hear back from either Aetna or the clinic. If you don't hear back, call them thru the Campus Health Service, or call Deborah Olson (215) 746-0808.

7. the reply

You will receive a letter of agreement in your mail. Your Pre-certification may either be approved, denied, or partially approved (meaning that some codes were approved and others were deemed "cosmetic", and, therefore, not approved). If you didn't get 100% approval you should appeal (in the bottom of Aetna's letter you can find instructions on how to appeal).
There are some arguments you can use and some resources you can access to make a better appeal claim.

The most common denials happen because the nipple codes were deemed "cosmetic". If you don't want your nipples, you are good to go. If you do, before you formally appeal, call Deborah Olson (215) 746-0808 and ask for further clarification or ask to speak to a case manager.

After you get a verbal explanation it's time to argue. My arguments were: (1) the trans benefit is misleading as Aetna doesn't provide the correct surgery for transmen. Top surgery is not the same as a breast cancer procedure (there is nothing physically wrong with the tissue), so it's either all deemed cosmetic (mastectomy and nipple grafts) or all deemed medically necessary under F-64 (gender dysphoria). (2) Aetna hurts trans community by advertising something they don't actually provide. (3) If I have to appeal, I will back my appeal with letters from Human Resources (on campus), LGBT Resources (on campus) and the Institute for LGBT Studies (on campus), who fought a hard battle to get the "trans benefit" approved as part of the student health insurance. I will also have help from SAGA (Southern Arizona Gender Alliance - talk to Abby) and local media to publicize this case.

If you have to appeal, ask for letters of support from these resources on and off-campus (you can write down the letters and collect signatures).

If your appeal is denied, you might have to look for a different provider and ask the surgeon to bill the codes according to the insurance's CPB, as instructed here in section 5.

Good Luck!