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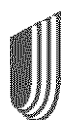
03/24/2021

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United Health Group - West, Central and Cirrus RMO

Operated by Firstsource Solutions

1355 South 4700 West
Salt Lake City, UT 84104




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 **Cleveland Clinic**
Christina L. Reed, Coordinator
Center for LGBT Care
Transgender Medicine and Surgery Program
9500 Euclid Avenue, A81
Cleveland, OH 44195
Secure VM: 216-445-6308
Secure FX: 216-636-1963
Secure e-mail: reedc@ccf.org

March 23, 2021

UHC CENTRAL ESCALATION UNIT
Fax: 801-567-5498
cc APPEALS
Fax: 801-938-2100

Attending Physician NPI: 1053609453
Attending Physician: Bahar Bassiri
Servicing Facility NPI: 1679525919
Servicing Facility: Cleveland Clinic
9500 Euclid Avenue, Cleveland OH 44195
Servicing Facility Tax ID: 340714585

Outpatient surgical procedure:
19325 (CPT®) MAMMOPLASTY [ENLARGE BREAST WITH IMPLANT]
19357 (CPT) Bilateral Breast Tissue Expanders
ICD10: F64.9 GENDER DYSPHORIA

Jessica Johnston is a mature, well-adjusted woman who has met the eligibility requirements outlined by WPATH:

- Has had persistent long-term gender dysphoria since 8 years of age,
- Is over 18 years of age and has the capacity to make a fully informed decision and consent for treatment,
- She has demonstrated understanding of chest feminization and the implications of this irreversible step and is of stable mental health, sufficiently self-aware, and successfully managing identified issues with depression and agrees to continue care with her qualified mental health care team during the perioperative period,
- Has been receiving feminizing hormone treatment for approximately 3 years, has been living in a female gender role, congruent with her identity for 3 years and has legally changed her name and updated her gender marker with state and federal government authorities.

Surgery will consist of Intersex surgery: male to female chest reconstruction (mammoplasty) with prosthesis. Gender-affirming procedures are critical steps in helping transgender patients reach identity actualization and maximal quality of life and breast surgery has been cited as one of the most important and sometimes only-procedure sought by transfeminine patients. Complications for transfeminine

Johnston, Jessica (MRN 43815644) DOB: 01/13/1973

Encounter Date: 03/02/2021

| | | | | | |
|---------|---------|---------|-----|-------|-----|
| SCX-445 | SSX-445 | SRX-445 | 445 | 12.00 | 6.0 |
| SCX-470 | SSX-470 | SRX-470 | 470 | 12.25 | 6.1 |
| SCX-495 | SSX-495 | SRX-495 | 495 | 12.50 | 6.1 |
| SCX-525 | SSX-525 | SRX-525 | 525 | 12.75 | 6.2 |
| SCX-545 | SSX-545 | SRX-545 | 545 | 13.00 | 6.2 |
| SCX-560 | SSX-560 | SRX-560 | 560 | 13.25 | 6.3 |
| SCX-580 | SSX-580 | SRX-580 | 580 | 13.50 | 6.4 |
| SCX-615 | SSX-615 | SRX-615 | 615 | 13.75 | 6.4 |
| SCX-650 | SSX-650 | SRX-650 | 650 | 14.00 | 6.5 |
| SCX-700 | SSX-700 | SRX-700 | 700 | 14.25 | 6.6 |
| SCX-750 | SSX-750 | SRX-750 | 750 | 14.50 | 6.7 |
| SCX-800 | SSX-800 | SRX-800 | 800 | 15.50 | 6.7 |

STYLES SCF, SSF, & SRF**FULL PROFILE**

| | | | Volume (cc) | Diameter (cm) | Projection (cm) |
|---------|---------|---------|----------------|------------------|-----------------|
| SCF-180 | SSF-180 | SRF-180 | 180 | 9.50 | 4.0 |
| SCF-200 | SSF-200 | SRF-200 | 200 | 9.75 | 4.1 |
| SCF-220 | SSF-220 | SRF-220 | 220 | 10.00 | 4.2 |
| SCF-240 | SSF-240 | SRF-240 | 240 | 10.50 | 4.3 |
| SCF-265 | SSF-265 | SRF-265 | 265 | 11.00 | 4.4 |
| SCF-295 | SSF-295 | SRF-295 | 295 | 11.25 | 4.5 |
| SCF-325 | SSF-325 | SRF-325 | 325 | 11.40 | 4.6 |
| SCF-335 | SSF-335 | SRF-335 | 335 | 11.50 | 4.7 |
| SCF-345 | SSF-345 | SRF-345 | 345 | 11.75 | 4.8 |
| SCF-365 | SSF-365 | SRF-365 | 365 | 12.00 | 4.9 |
| SCF-385 | SSF-385 | SRF-385 | 385 | 12.25 | 5.0 |
| SCF-415 | SSF-415 | SRF-415 | 415 | 12.50 | 5.1 |
| SCF-450 | SSF-450 | SRF-450 | 450 | 12.75 | 5.3 |
| SCF-485 | SSF-485 | SRF-485 | 485 | 13.00 | 5.4 |
| SCF-520 | SSF-520 | SRF-520 | 520 | 13.25 | 5.5 |
| SCF-560 | SSF-560 | SRF-560 | 560 | 13.50 | 5.7 |
| SCF-605 | SSF-605 | SRF-605 | 605 | 14.00 | 5.8 |
| SCF-650 | SSF-650 | SRF-650 | 650 | 14.50 | 5.9 |
| SCF-695 | SSF-695 | SRF-695 | 695 | 14.75 | 6.0 |
| SCF-745 | SSF-745 | SRF-745 | 745 | 15.00 | 6.1 |
| SCF-770 | SSF-770 | SRF-770 | 770 | 15.50 | 6.0 |

STYLES SCM, SSM, & SRM**MODERATE PROFILE**

| | | | Volume (cc) | Diameter (cm) | Projection (cm) |
|---------|---------|---------|----------------|------------------|-----------------|
| SCM-140 | SSM-140 | SRM-140 | 140 | 9.50 | 3.0 |
| SCM-175 | SSM-175 | SRM-175 | 175 | 10.00 | 3.3 |
| SCM-195 | SSM-195 | SRM-195 | 195 | 10.25 | 3.4 |
| SCM-210 | SSM-210 | SRM-210 | 210 | 10.50 | 3.5 |
| SCM-240 | SSM-240 | SRM-240 | 240 | 11.00 | 3.7 |

Johnston, Jessica (MRN 43815644) DOB: 01/13/1973

Encounter Date: 03/02/2021

| | | | | | |
|---------|---------|---------|-----|-------|-----|
| SCM-255 | SSM-255 | SRM-255 | 255 | 11.25 | 3.8 |
| SCM-275 | SSM-275 | SRM-275 | 275 | 11.50 | 3.9 |
| SCM-295 | SSM-295 | SRM-295 | 295 | 11.75 | 3.9 |
| SCM-310 | SSM-310 | SRM-310 | 310 | 12.00 | 4.0 |
| SCM-330 | SSM-330 | SRM-330 | 330 | 12.25 | 4.1 |
| SCM-345 | SSM-345 | SRM-345 | 345 | 12.50 | 4.2 |
| SCM-360 | SSM-360 | SRM-360 | 360 | 12.75 | 4.2 |
| SCM-375 | SSM-375 | SRM-375 | 375 | 13.00 | 4.3 |
| SCM-405 | SSM-405 | SRM-405 | 405 | 13.25 | 4.4 |
| SCM-445 | SSM-445 | SRM-445 | 445 | 13.50 | 4.5 |
| SCM-485 | SSM-485 | SRM-485 | 485 | 14.00 | 4.6 |
| SCM-520 | SSM-520 | SRM-520 | 520 | 14.50 | 4.8 |
| SCM-560 | SSM-560 | SRM-560 | 560 | 14.75 | 4.9 |
| SCM-600 | SSM-600 | SRM-600 | 600 | 15.00 | 4.9 |
| SCM-640 | SSM-640 | SRM-640 | 640 | 15.50 | 5.0 |
| SCM-685 | SSM-685 | SRM-685 | 685 | 16.00 | 5.2 |
| SCM-755 | SSM-755 | SRM-755 | 755 | 16.50 | 5.0 |

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0**STYLES SCLP, SSLP, & SRLP****LOW-PLUS PROFILE**

| | | | Volume (cc) | Diameter (cm) | Projection (cm) |
|----------|----------|----------|----------------|------------------|-----------------|
| SCLP-125 | SSLP-125 | SRLP-125 | 125 | 9.50 | 2.5 |
| SCLP-145 | SSLP-145 | SRLP-145 | 145 | 10.00 | 2.6 |
| SCLP-165 | SSLP-165 | SRLP-165 | 165 | 10.50 | 2.7 |
| SCLP-190 | SSLP-190 | SRLP-190 | 190 | 11.00 | 2.8 |
| SCLP-205 | SSLP-205 | SRLP-205 | 205 | 11.25 | 2.9 |
| SCLP-220 | SSLP-220 | SRLP-220 | 220 | 11.50 | 3.0 |
| SCLP-235 | SSLP-235 | SRLP-235 | 235 | 11.75 | 3.1 |
| SCLP-250 | SSLP-250 | SRLP-250 | 250 | 12.00 | 3.1 |
| SCLP-265 | SSLP-265 | SRLP-265 | 265 | 12.25 | 3.2 |
| SCLP-280 | SSLP-280 | SRLP-280 | 280 | 12.50 | 3.3 |
| SCLP-300 | SSLP-300 | SRLP-300 | 300 | 12.75 | 3.3 |
| SCLP-320 | SSLP-320 | SRLP-320 | 320 | 13.00 | 3.4 |
| SCLP-340 | SSLP-340 | SRLP-340 | 340 | 13.25 | 3.5 |
| SCLP-360 | SSLP-360 | SRLP-360 | 360 | 13.50 | 3.5 |
| SCLP-400 | SSLP-400 | SRLP-400 | 400 | 14.00 | 3.6 |
| SCLP-440 | SSLP-440 | SRLP-440 | 440 | 14.50 | 3.8 |
| SCLP-490 | SSLP-490 | SRLP-490 | 490 | 15.00 | 3.9 |
| SCLP-540 | SSLP-540 | SRLP-540 | 540 | 15.50 | 4.0 |
| SCLP-590 | SSLP-590 | SRLP-590 | 590 | 16.00 | 4.2 |
| SCLP-640 | SSLP-640 | SRLP-640 | 640 | 16.50 | 4.3 |

STYLES SCL, SSL, & SRL**LOW PROFILE**

| Volume (cc) | Diameter (cm) | Projection (cm) |
|----------------|------------------|-----------------|
|----------------|------------------|-----------------|

Johnston, Jessica (MRN 43815644) DOB: 01/13/1973

Encounter Date: 03/02/2021

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|---------|---------|---------|-----|-------|-----|
| SCL-110 | SSL-110 | SRL-110 | 110 | 10.00 | 2.0 |
| SCL-125 | SSL-125 | SRL-125 | 125 | 10.25 | 2.0 |
| SCL-140 | SSL-140 | SRL-140 | 140 | 10.50 | 2.1 |
| SCL-170 | SSL-170 | SRL-170 | 170 | 11.00 | 2.2 |
| SCL-200 | SSL-200 | SRL-200 | 200 | 11.50 | 2.3 |
| SCL-230 | SSL-230 | SRL-230 | 230 | 12.00 | 2.4 |
| SCL-260 | SSL-260 | SRL-260 | 260 | 12.50 | 2.5 |
| SCL-290 | SSL-290 | SRL-290 | 290 | 13.00 | 2.6 |
| SCL-320 | SSL-320 | SRL-320 | 320 | 13.50 | 2.7 |
| SCL-350 | SSL-350 | SRL-350 | 350 | 14.00 | 2.8 |
| SCL-380 | SSL-380 | SRL-380 | 380 | 14.50 | 2.9 |
| SCL-410 | SSL-410 | SRL-410 | 410 | 15.00 | 3.0 |
| SCL-460 | SSL-460 | SRL-460 | 460 | 15.50 | 3.1 |
| SCL-510 | SSL-510 | SRL-510 | 510 | 16.00 | 3.2 |
| SCL-560 | SSL-560 | SRL-560 | 560 | 16.50 | 3.3 |
| SCL-610 | SSL-610 | SRL-610 | 610 | 17.00 | 3.4 |

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0**SALINE****STYLE 68HP HIGH PROFILE/ANTERIOR DIAPHRAGM VALVE**

| Dimensions at Minimum Volume | | | Dimensions at Maximum Volume | | | Single-Use Sizer |
|------------------------------|------------------|---------------|------------------------------|---------------|-----------------|------------------|
| Catalog Number | Fill Volume (cc) | Diameter (cm) | Projection (cm) | Diameter (cm) | Projection (cm) | |
| 68HP-160 | 160-175 | 9.0 | 3.9 | 8.8 | 4.3 | — |
| 68HP-200 | 200-220 | 9.6 | 4.2 | 9.5 | 4.6 | SZHP68200 |
| 68HP-240 | 240-260 | 10.2 | 4.4 | 10.0 | 5.0 | — |
| 68HP-280 | 280-300 | 10.6 | 4.7 | 10.5 | 5.2 | SZHP68280 |
| 68HP-320 | 320-340 | 11.1 | 4.9 | 11.0 | 5.3 | SZHP68320 |
| 68HP-350 | 350-380 | 11.6 | 4.9 | 11.4 | 5.5 | SZHP68350 |
| 68HP-400 | 400-430 | 11.9 | 5.0 | 11.7 | 5.9 | SZHP68400 |
| 68HP-425 | 425-455 | 12.3 | 5.3 | 12.1 | 5.9 | SZHP68425 |
| 68HP-465 | 465-505 | 12.6 | 5.6 | 12.5 | 6.1 | SZHP68465 |
| 68HP-500 | 500-540 | 13.0 | 5.7 | 12.8 | 6.3 | SZHP68500 |
| 68HP-550 | 550-590 | 13.3 | 5.8 | 13.1 | 6.4 | SZHP68550 |
| 68HP-600 | 600-640 | 13.7 | 6.0 | 13.5 | 6.6 | — |
| 68HP-650 | 650-700 | 14.0 | 6.1 | 13.8 | 6.9 | SZHP68650 |
| 68HP-700 | 700-750 | 14.4 | 6.2 | 14.1 | 7.1 | — |
| 68HP-750 | 750-800 | 14.6 | 6.5 | 14.4 | 7.2 | SZHP68750 |
| 68HP-800 | 800-850 | 15.0 | 6.7 | 14.7 | 7.2 | — |

STYLE 68MP MODERATE PROFILE/ANTERIOR DIAPHRAGM VALVE

| Dimensions at Minimum Volume | | | Dimensions at Maximum Volume | | | Single-Use Sizer |
|------------------------------|------------------|---------------|------------------------------|---------------|-----------------|------------------|
| Catalog Number | Fill Volume (cc) | Diameter (cm) | Projection (cm) | Diameter (cm) | Projection (cm) | |
| 68-120 | 120-150 | 9.0 | 3.0 | 8.9 | 3.5 | — |
| 68-150 | 150-180 | 9.6 | 3.3 | 9.5 | 3.8 | — |
| 68-180 | 180-210 | 10.2 | 3.4 | 10.1 | 3.9 | SZ68180 |
| 68-210 | 210-240 | 10.6 | 3.7 | 10.5 | 4.1 | SZ68210 |

Johnston, Jessica (MRN 43815644) DOB: 01/13/1973

Encounter Date: 03/02/2021

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|--------|---------|------|-----|------|-----|---------|
| 68-240 | 240-270 | 11.1 | 3.8 | 11.0 | 4.2 | SZ68240 |
| 68-270 | 270-300 | 11.6 | 3.9 | 11.5 | 4.3 | SZ68270 |
| 68-300 | 300-330 | 11.9 | 4.1 | 11.8 | 4.4 | SZ68300 |
| 68-330 | 330-360 | 12.3 | 4.2 | 12.2 | 4.5 | SZ68330 |
| 68-360 | 360-390 | 12.7 | 4.2 | 12.6 | 4.5 | SZ68360 |
| 68-390 | 390-420 | 13.0 | 4.5 | 12.9 | 4.6 | SZ68390 |
| 68-420 | 420-450 | 13.4 | 4.5 | 13.3 | 4.6 | SZ68420 |
| 68-450 | 450-480 | 13.7 | 4.6 | 13.6 | 4.7 | SZ68450 |
| 68-480 | 480-510 | 14.1 | 4.6 | 14.0 | 4.7 | SZ68480 |
| 68-510 | 510-540 | 14.4 | 4.6 | 14.3 | 4.7 | SZ68510 |
| 68-550 | 550-600 | 14.6 | 4.9 | 14.5 | 5.1 | — |
| 68-600 | 600-650 | 15.0 | 5.0 | 14.9 | 5.2 | — |
| 68-650 | 650-700 | 15.2 | 5.3 | 15.1 | 5.5 | SZ68650 |
| 68-700 | 700-750 | 15.6 | 5.4 | 15.5 | 5.6 | — |
| 68-750 | 750-800 | 15.9 | 5.6 | 15.8 | 5.8 | — |
| 68-800 | 800-850 | 16.4 | 5.6 | 16.3 | 5.8 | — |

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0**STYLE 68LP LOW PROFILE/ANTERIOR DIAPHRAGM VALVE**Dimensions at Minimum
Volume

Dimensions at Maximum Volume

| Catalog Number | Fill Volume (cc) | Diameter (cm) | Projection (cm) | Diameter (cm) | Projection (cm) | Single-Use Sizer |
|----------------|------------------|---------------|-----------------|---------------|-----------------|------------------|
| 68LP-125 | 125-145 | 9.5 | 2.6 | 9.3 | 3.2 | — |
| 68LP-150 | 150-170 | 10.0 | 2.7 | 9.9 | 3.2 | SZLP68150 |
| 68LP-175 | 175-195 | 10.6 | 2.8 | 10.4 | 3.3 | SZLP68175 |
| 68LP-200 | 200-220 | 11.0 | 3.0 | 10.9 | 3.4 | SZLP68200 |
| 68LP-225 | 225-245 | 11.4 | 3.1 | 11.3 | 3.4 | SZLP68225 |
| 68LP-250 | 250-270 | 11.9 | 3.2 | 11.7 | 3.5 | — |
| 68LP-275 | 275-295 | 12.2 | 3.3 | 12.1 | 3.6 | SZLP68275 |
| 68LP-300 | 300-320 | 12.5 | 3.4 | 12.4 | 3.7 | SZLP68300 |
| 68LP-325 | 325-345 | 12.9 | 3.5 | 12.7 | 3.8 | SZLP68325 |
| 68LP-350 | 350-370 | 13.3 | 3.6 | 13.2 | 3.8 | SZLP68350 |
| 68LP-400 | 400-420 | 13.5 | 3.8 | 13.4 | 4.2 | SZLP68400 |
| 68LP-420 | 420-440 | 13.9 | 3.9 | 13.8 | 4.1 | SZLP68420 |
| 68LP-440 | 440-460 | 14.2 | 3.9 | 14.1 | 4.1 | — |
| 68LP-480 | 480-500 | 14.5 | 4.0 | 14.4 | 4.3 | SZLP68480 |
| 68LP-525 | 525-545 | 14.8 | 4.2 | 14.7 | 4.5 | SZLP68525 |
| 68LP-550 | 550-570 | 15.1 | 4.3 | 15.0 | 4.5 | SZLP68550 |
| 68LP-600 | 600-620 | 15.4 | 4.4 | 15.3 | 4.6 | SZLP68600 |
| 68LP-640 | 640-660 | 15.8 | 4.6 | 15.7 | 4.7 | SZLP68640 |
| 68LP-680 | 680-700 | 16.2 | 4.5 | 16.1 | 4.7 | — |

Assessment:The patient is a ☒ good ☐ adequate ☐ poor candidate for breast augmentation☐ The patient will need a mastopexy due to her level of ptosis and redundant skin☐ The patient not need a mastopexy as she has minimal ptosis☐ The patient might benefit from mastopexy due to moderate ptosis but her choice is to see results of augment alone and stage if necessary☐ The patient would benefit from mastopexy and has chosen to stage the procedure.

Photographs have been taken for planning purposes.

Johnston, Jessica (MRN 43815644) DOB: 01/13/1973

Encounter Date: 03/02/2021

Plan:

- ☒ mammogram
- ☐ US
- ☐ MRI
- ☐ Consult Breast Center
- ☒ FU PRN for discussion again

- ☒ surgery

IMPLANT SIZE CHOSEN: R: ...445.. cc L: ...445.. cc

TYPE OF IMPLANT: ☒ Silicone gel filled ☐ Saline filled ☒ Tissue Expander (possible)

IMPLANT SURFACE: ☒ smooth ☐ texture ☐ round ☐ Anatomic

IMPLANT PROFILE SILICONE: ☐ Low ☐ Low Plus ☐ Moderate ☐ Full ☒ Extra-full

IMPLANT PROFILE SALINE: ☐ Low ☐ Moderate ☐ High

INCISION CHOICE: ☐ Inframammary ☐ Periareolar ☐ Negotiable for aesthetics

LOCATION OF IMPLANT: ☒ submammary ☐ subpectoral

Discussed about:

- Breast larger-breasts will never match!!!
- Nipple/areola higher on chest, will not be totally corrected
- Fold beneath breast higher on chest, will not be totally corrected
- Nipple position on the breast mounds is different on the two sides and cannot be totally corrected
- Gap between the breasts can be narrowed only somewhat; a gap of at least ___ cm will likely remain
- Chest wall asymmetries exist that cannot be corrected and will affect breast shape
- The position of the entire breast on the chest wall will not change. If one fold beneath the breast is lower than the other, it will also be lower after augmentation.
- The basic shape and configuration of the breasts will be similar to their current appearance and will not change drastically, but the breasts will be larger.
- Thinner tissue on the inferior, lateral and superior surfaces of the breasts can result in implant palpability

Patient will perform sizing at home and f/u

PLANNED PROCEDURE: bilateral breast augmentation with implants/bilateral TE placement; I have discussed the procedure in detail with the patient and she understands the roles and tasks of the personnel to be involved; the alternatives to the procedure including fat grafting or observation. She understands the risks to include but not be limited to infection, bleeding (hematoma), pain, scar, need for re-operation, asymmetry (will occur to a degree in all cases due to preoperative breast and chest shape differences), unfavorable scarring, poor healing, changes in breast and/or nipple sensation (can be permanent), implant related issues (capsular contracture, rupture, wrinkles of skin over the implant) and anesthetic/perioperative complications including but not limited to deep vein thrombosis, cardiac and pulmonary complications and death. The patient consents to the procedure attesting to her understanding.

The patient is seen and examined by Dr. Bassiri and the following reflects their service.
Scribed by Rachelle Perkins, RN

Johnston, Jessica (MRN 43815644) DOB: 01/13/1973

Encounter Date: 03/02/2021

I agree with the Chief Complaint, ROS, and Past Histories independently gathered by the clinical support staff/resident and the remaining scribed note accurately describes my personal service to the patient.

30 minutes of the total visit were spent face to face with patient. Greater than 50% of the time was spent for counseling and coordination of care, discussing treatment options and recommendations.

Bahar Bassiri Gharb, MD

March 4, 2021 6:53 PM

This note was generated with voice recognition software and may contain errors, including spelling, grammar, syntax and misrecognition of what was dictated, that are not fully corrected.

Instructions

☒ Return if symptoms worsen or fail to improve.

Scheduler Worksheet (Printed 3/2/2021), After Visit Summary (Printed 3/2/2021)

Additional Documentation

Vitals: BP 130/82 Pulse 78 Temp 36.8 °C (98.2 °F) Ht 162.6 cm (5' 4") Wt 66.2 kg (146 lb)
BMI 25.06 kg/m² BSA 1.73 m² More Vitals

Flowsheets: DERM PLAS SCORE CARD, COVID 19 Patient reported results, Vital Signs,
AMB ROOMING INTAKE MINI

Encounter Info: Billing Info, History, Allergies, Detailed Report

Media

From this encounter

Consent Form - Electronic signature on 3/2/2021 4:12 PM: Bilateral breast augmentation for gender confirmation; Possible bilateral tissue expander placement (effective from 3/2/2021) - E-signed

Pharmacy Benefits

★ JOHNSTON, JESSICA - UHC PRIME ENROLLMENTS (OPTUMRX COMMERCIAL)

Covered: **Retail, Mail Order** Unknown: Specialty, Long-Term Care

Member ID: 97488118000 BIN: 610279 DOB: 01/13/1973

Group ID: WEBSERVICE62 PCN: 9999 Legal sex: F

Group name: Address: PO BOX 154
BEREA OH 44017

Travel Screening and History

No documentation.

Linked Episodes

AUGMENTATION BREAST W/IM Noted 3/2/2021

Johnston, Jessica (MRN 43815644) DOB: 01/13/1973

Encounter Date: 03/02/2021

AUGMENTATION BREAST W/IM Noted 3/2/2021

Orders Placed

MAM SCREENING (Resulted 3/16/2021)
SURGICAL REQUEST - ELECTIVE (8/2020)

Medication Changes

As of 3/4/2021 6:53 PM

None

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Visit Diagnoses

Primary: Gender dysphoria F64.9

03/09/2021 09:36 Satorara

(FAX)440 898 0266

P.001/002

Susan Adams, LPCC, MA, MEd
Antonia F. Feo & Associates
24500 Center Ridge Road, Suite 120, Westlake Oh 44143, 440-899-1300

March 8, 2021

RE: Jessica Johnston
DOB: 1-13-73

Dr. C. Ferando, MD
Dr. B. Gharb, MD
FAX: 216-444-9419

Dear Dr.s Ferando & Gharb,

Pursuant to Jessica Johnston's request and signed Release of Information, please accept the following:

Jessica Johnston, age 45, was initially seen in my Westlake, Ohio office on 10-29-2019. At that time Jessica identified herself as a biological male who requested a letter for Gender Reassignment surgery. She was dressed in casual clothing for the fall day and had good hygiene. She was oriented to person, place and time and her recent and remote memory was intact. Her affect and mood were appropriate. She showed no signs of hallucinations or thought disorder. Jessica had good insight and judgment and her speech was goal directed. While no IQ test was given she appeared to have at least normal intelligence.

Jessica freely offered a psychosocial history and an in-depth interview. Subsequently, she was diagnosed with Gender Dysphoria in Adults. Jessica has requested a letter suggesting that she is a good candidate for breast augmentation surgery. She has had 11 individual psychotherapy sessions so far. During these sessions she spoke of her emotional conflict as a result of not having a female body including breasts. She talked about the discomfort and concern in wanting her body to be in agreement with her identified female gender. Jessica has been on Hormone replacement Therapy and has been dressing fulltime as a female for 3 years.

In summary, it is my professional opinion with the information presented to me at the time of this writing, that Jessica Johnston meets the criteria for Breast Augmentation as set forth by the World Professional Association for Transgender Health (WPATH). That is, she presents with well documented gender dysphoria; demonstrates the capacity to make a fully informed decision and to consent for treatment, is of legal age; does not present with any significant medical or mental health concerns; has been living continuously in the female gender role which is in agreement with her gender identity of female fulltime for 3 years.

Finally, it is my professional opinion that Jessica's presenting psychological distress is as a result of her gender dysphoria. Her dysphoria cannot be successfully treated with Hormone Replacement Therapy

03/09/2021 09:37 Satorara

(FAX) 440 888 0266

P.002/002

and psychotherapy, alone. However, Breast Augmentation surgery in addition to the above mentioned modalities should mitigate same. This medically necessary surgery would promote congruence between Jessica's gender identity and her post surgical body. Jessica has agreed to continue psychotherapy following the surgery.

Respectfully submitted,



Susan Adams, LPCC, MA, MEd.
Ohio State Board of Counseling, Social Work,
& Marriage and Family Therapists
License No. E1000392

TINA L. TEREBECKIJ, PSY.D.

24500 Center Ridge Road, Suite 120

Westlake, Ohio 44145-5602

(440) 899.1300 (440) 899.0266 (fax)

December 30, 2020

Lakewood Family Health Center
ATTN: Tina Reed/ Dr. Ferrando
16215 Madison Ave
Lakewood, OH 44107
Fax: 216-227-0892

RE: Jessica Johnston
DOB: January 13, 1973

Dr. Ferrando/Tina Reed,

At the request of Jessica Johnston and a signed release of information I am providing the following information in support of her undergoing a vaginoplasty through your facility. This letter is being written following a virtual therapy appointment at the offices of Antone F. Feo, Ph.D. & Associates, Inc. with Ms. Johnston as my interim patient. Ms. Johnston is currently under the counseling care of Susan Adams, a clinician who is also with my firm.

Ms. Johnston was initially seen by me via virtual appointment on September 4, 2020. This meeting was to explore the patient's desire to undergo the vaginoplasty procedure. Jessica has been socially transitioned for the past 4 years and she lives as female full time, including legally changing her name and gender marker on official documents since 2018, Hormone Replacement Therapy was initiated in 2017.

Jessica is seeking a vaginoplasty as a surgical step in her transition. The vaginoplasty procedure is medically necessary to reduce issues related to gender dysphoria. The diagnosis assigned is Gender Dysphoria in Adolescents and Adults (DSM 5 code: 302.85 F64.0). In meeting with her, Jessica was administered the DSM 5 level one cross cutting symptom measure for adults and the assessment yielded unremarkable results. The assessment and clinical interview overall indicate no significant functioning, health, or mental health concerns as this time. The limited problems/symptoms Jessica is experiencing are largely related to the gender dysphoria, and she has agreed to remain in counseling on an as needed basis.

In summary, it is my professional clinical opinion based on the information presented to me at the time of this writing that Jessica Johnston meets the criteria for a vaginoplasty surgery as set forth by the World Professional Association for Transgender Health (WPATH). Additionally, it is based upon my knowledge of the transitioning process and meeting with Jessica that I feel she meets the criteria to proceed with the vaginoplasty and includes the following:

- Persistent gender dysphoria which has become less persistent since social transition in 2016
- Hormone replacement therapy since early 2017

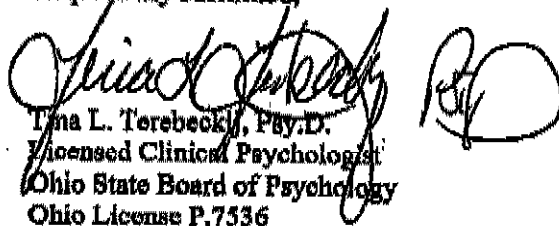
Ms. Jessica Johnston
Page 1

- * She understands the risks and benefits of the procedure, is of the age of consent for medical procedures, and is not currently experiencing any mental health concerns that would affect her judgment in this matter
- * She reports sufficient social support for care following the procedure

The above statements and recommendations are being made per the standards set forth by the World Professional Association of Transgender Health and my belief that Ms. Jessica Johnston will continue to engage in care according to those standards. If you have any questions you can feel free to contact me at my office at 440-899-1300.

Thank you very much for your consideration of my recommendation in this matter.

Respectfully submitted,


Tina L. Terebecki, Psy.D.
Licensed Clinical Psychologist
Ohio State Board of Psychology
Ohio License P.7536

12/30/2020 11:59 Saturday

(FAX) 440 899 0266

P.002/003

SUSAN ADAMS LPCC, MA, MED

24500 Center Ridge Road, Suite 120
Westlake, Ohio 44145-5602
(440) 899.1300 (440) 899.0266 (fax)

September 2, 2020

Dr. Ferrando

RE: Jessica Johnston

DOB: 1-13-1973

Dear Dr. Ferrando:

Pursuant to Jessica Johnston's request for Gender Reassignment Surgery, please accept the following:

I met Ms. Jessica Johnston on October 9, 2019 at an Intake counseling session. At that time Jessica identified herself as a transgender M to F, who wishes to have Vaginoplasty surgery. She was oriented to person, place and time and her recent and remote memory was intact. She appeared her stated age and her affect and mood were appropriate. She showed no signs of hallucinations or thought disorder. She had good insight and judgment and her speech was goal directed. Her hearing appeared to be intact. While no IQ test was given she appeared to have at least normal intelligence.

Jessica has been seen by me 5 times over the past year, after seeing a colleague since February 2018. Jessica began HRT therapy in 2018 and has been dressing as female as well. Jessica has the support of family and friends for her transition.

It is my professional opinion with the information presented to me at the time of this writing, that Jessica Johnston meets the criteria for Gender Dysphoria in Adults. That is, she reports a marked incongruence between her expressed female gender and her male sex characteristics; she has a strong desire to be rid of her male sex characteristics because of a marked incongruence with her experienced female gender; she has a strong desire for the primary sex characteristics of the female gender; she has a strong desire to be of the female gender; she has a strong desire to be treated as a female; and she has a strong conviction that she has the typical feelings and reactions of a female.

Jessica meets the criteria for Vaginoplasty surgery as set forth by the World Professional Association for Transgender Health (WPATH). That is, she presents with well documented gender dysphoria; she demonstrates the capacity to make a fully informed decision and to consent for treatment; she is of legal age; she does not present with any significant medical or mental health concerns; she has been taking prescribed Hormone Replacement Therapy since 2018. With each step of her transition, Jessica has felt increasingly happy and confident.

Finally, it is my professional opinion, with more than 10 years therapy experience, and with the information presented to me at the time of this writing that Jessica is a good candidate for

12/30/2020 12:00 Saturday

(FAX) 440 899 0266

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Vaginoplasty surgery. Also, it is my professional opinion that Jessica's presenting psychological distress is as a result of her gender dysphoria. Her dysphoria cannot be successfully treated with Hormone Replacement Therapy and psychotherapy alone. However, Gender Reassignment surgery in addition to the above mentioned modalities should mitigate same. This medically necessary surgery should promote congruence between her gender identity and her post surgical body.

Respectfully submitted,



Susan M. Adams, LPCC, MA, MEd.
Antone F. Fec & Associates

Johnston, Jessica (MRN 43815644) DOB: 01/13/1973

Encounter Date: 03/08/2021

Letter by Christina Reed Coord on 3/8/2021**Christina L. Reed, Coordinator
Center for LGBT Care****Transgender Medicine and Surgery Program
9500 Euclid Avenue, A81
Cleveland, OH 44195
Secure VM: 216-445-6308
Secure FX: 216-636-1963
Secure e-mail: reedc@ccf.org**

March 08, 2021

Attending Physician NPI: 1053609453
Attending Physician: Bahar Bassiri
Servicing Facility NPI: 1679525919
Servicing Facility: Cleveland Clinic
9500 Euclid Avenue, Cleveland OH 44195
Servicing Facility Tax ID: 340714685

Outpatient surgical procedure:
19325 (CPT®) MAMMOPLASTY [ENLARGE BREAST WITH IMPLANT]
19357 (CPT) Bilateral Breast Tissue Expanders
ICD10: F64.9 GENDER DYSPHORIA

Jessica Johnston is a mature, well-adjusted woman who has met the eligibility requirements outlined by WPATH:

- Has had persistent long-term gender dysphoria since 8 years of age,
- Is over 18 years of age,
- Has the capacity to make a fully informed decision and consent for treatment,
- Has demonstrated understanding of chest feminization and the implications of this irreversible step,
- Is of stable mental health, sufficiently self-aware, and successfully managing identified issues with depression,
- Has been receiving MTF hormone treatment for approximately 3 years,
- Has been living in a female gender role, congruent with her identity for 3 years,
- Agrees to continue care with her qualified mental health care team during the peri- and postoperative period.

Surgery will consist of intersex surgery: male to female chest reconstruction (mammoplasty) with prosthesis. Please note this procedure is not cosmetic as Jessica Johnston has been on optimal therapeutic doses of cross sex hormone therapy for over two years and is physiologically unable to develop female chest contour therefore this surgery is medically necessary and not being performed for vanity or cosmesis. If she were assigned female at birth and fell victim to cancer causing her to lose her breasts this surgery would not require a precertification; this medically necessary surgery is not being performed to provide her with large breasts but to reconstruct her upper body to provide a female body contour to align with her identity.

Johnston, Jessica (MRN 43815644)

Referral

Referral # 17773898

Referral Information

| | | | |
|------------------|-------------------|------------------------------|---------------------------|
| Referral # | Creation Date | Referral Status | Status Update |
| # 17773898 | 03/05/2021 | none | : Status History |
| Status Reason | Referral Type | Referral Reasons | Referral Class |
| none | Auth/Cert | none | none |
| To Specialty | To Provider | To Location/Place of Service | To Department To POS Type |
| PLAS MAIN | none | CLEVELAND CLINIC FOUNDATION | HOSP OPTIME PLAS none |
| To Vendor | Referred By | By Location/Place of Service | By Department |
| none | none | none | none |
| Priority | Start Date | Expiration Date | Referral Entered By |
| none | none | none | Stacey Jones Pas |
| Visits Requested | Visits Authorized | Visits Completed | Visits Scheduled |
| 1 | 1 | | |

Procedure Information

Service Details

| Procedure | Modifiers | Provider | Requested | Approved | Code Decision |
|---|-----------|----------|-----------|----------|---------------|
| 19325 (CPT®) - ENLARGE BREAST WITH IMPLANT | None | | 1 | 1 | |
| 19357 (CPT®) - BREAST RECONSTRUC W TISS EXPANDR | None | | 1 | 1 | |

Free Text Procedure Description
 AUGMENTATION BREAST W/IMPLANT BILATERAL
 TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION BILATERAL

Diagnosis Information

Diagnosis
 F64.9 (ICD-10-CM) - Gender dysphoria

Referral Notes

Number of Notes: 8

| Type | Date | User | Summary | Attachment |
|-----------|------------------------|-------------------------------|---------|------------|
| Auth/Cert | 03/22/2021 12:32 PM | Alejandra Palmer Vendor | - | |

Note

Johnston, Jessica (MRN 43815644)

Can I have the appeal fax#? 801-938-2100 (standard appeals) // 801-994-1083 (urgent appeals only, criteria has to apply as urgent)

Can I have the appeal mailing address? PO Box 30573 Salt Lake City, UT 84130-0573

Attention to? UHC Appeals Unit

Is it necessary to include any form? Formal letter + Medical information

What is the appeal time frame? 180 days

FC notified: N/A

Call ref#:

Denial reason:

The reason for our determination is:

Your provider requested coverage for breast augmentation with implants for you. This is because you have gender dysphoria. This is a gender affirming surgery (sex change surgery) to enlarge your breasts. We reviewed the following:

- Your provider's medical notes
- Your health plan's benefit document (a listing of your health plan's benefits and what it pays for)
- Your health plan's medical policy regarding gender dysphoria surgery

Based upon our review, we are not able to approve this treatment request. Under your health plan, this surgery is cosmetic. Your health plan does not cover cosmetic procedures. Please speak with your provider about your options. Your health is important to us. We are available to speak with your provider about your care and treatment options.

| Type | Date | User | Summary | Attachment |
|-----------|-----------------------|-------------|---------|------------|
| Auth/Cert | 03/18/2021 4:45 PM | Jordan Mora | - | - |

Note

===== PAVE UCB DOS 04/11/2021 =====

Admission Type: EL TCI

Insurance Name: UNITED HEALTHCARE

Hospital: Hosp Optime Plas

Insurance representative/website used: UHC Link

Phone Number Called: N/A

Time of call/verification: 04:45 pm

Case Reference number: A117883187

Was the clinical information received?: Yes

When?: 03/08/2021

How many pages were received?: Unable to check

Diagnosis Codes: F64.9 (ICD-10-CM) - Gender dysphoria

Procedure Codes: 19325, 19357

Call reference: N/A

Comments:

Per website the case is pending under review, no additional information needed and all values matched, status remains same Waiting for Online Response.

| Type | Date | User | Summary | Attachment |
|-----------|-----------------------|-------------|---------|------------|
| Auth/Cert | 03/15/2021 5:52 PM | Jordan Mora | - | - |

Note

Johnston, Jessica (MRN 43815644)

==--== UCB Nurse Line | DOS: 04/11/2021 ==--==

VM Received on: 3/5/21 6:00 PM (77 second msg)

From: Mary

Hospital: Hosp Optime Plas

Insurance Name: UHC

Diagnosis Codes and Procedure Code:

Dx: F64.9 (ICD-10-CM) - Gender dysphoria

Px: 19325, 19357

Comments:

We received a voice mail stating that:

"Calling regarding the request that was submitted for reference number A117883187. You set this case up as an Inpatient surgery. I do need to verify that information that it is scheduled as an inpatient procedure as well as I do need to request a clinical information be faxed over so that the review can be completed. Please fax that clinical information to 800-696-8151.

Please include the reference number for the case on the fax and if there's any problem faxing information to us please let me know. My name again is Mary. My direct phone number is 952-202-5329. We do need to get the psychological evaluation as well as the clinical notes from the physician."

So they need clinical information as soon as possible at fax#800-696-8151. Status remains: Pending - Clinical Review Needed. E-mail sent to the Nurses.

//AndrewM

| Type | Date | User | Summary | Attachment |
|-----------|-----------------------|---------------------|---------|------------|
| Auth/Cert | 03/05/2021 2:47 PM | Stacey Jones Pas | | |

Note**..PRECERT:****Hospital:** Main**Pseudo Date Provided to Insurance:** 4/11/21**Enter Out or Inpt:** TCI**Source**(Enter Website Name, Phone, Fax Or Personal Cheat Sheet/Per Plan Protocol): UHC portal**Phone** (Enter Rep Name and Payer Phone): 877-842-3210**Fax** (Enter Payer Name and Payer Fax Phone): No fax option**Enter Auth Required, Pre D Required or NPCR/No Pre cert Required:** Auth required**CPT CODE or Procedure Description, if CPT Code not available:** 19325 19357

(For Multiple CPT Codes enter 1st code then space then enter the 2nd code)

DX Code or Diagnosis Description, if DX Code not available: F64.9

(For Multiple DX Codes enter 1st code then space then enter the 2nd code)

Covered Benefit, ONLY IF CALLING (Enter Yes, No, or Pending Pre-D): yes**Auth#:** A117883187

(For Multiple Auth# enter 1st# then space then enter the 2nd#)

Allowed For (#) Vists: pend**Valid From:** pend To pend**Photos Required** (Enter Yes or No): yes**Photos Requested** (Enter Yes or No): yes**Staff Message Sent** (Enter Yes or No) (if applicable): no**Comment:**