

LETTER REQUIREMENTS

Patients are required to obtain letters of support in order to request prior-authorization for surgery.

Top Surgery: One-two letters from a Mental Health Provider depending on the insurance company

Breast Augmentation: One letter from a Mental Health Provider, one from a hormone provider

FFS: One letter from a Mental Health Provider

Other procedures: One letter from a Mental Health Provider

Mental health letter (s) must include:

- Patient's legal and preferred name
- Patient's date of birth
- Date provider/patient relationship began and frequency of contact
- Statement that the patient has been diagnosed with persistent, well documented gender dysphoria and exhibits all of the following:
 1. 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.
 2. The transgender identity has been present persistently for at least two years.
 3. The disorder is not a symptom of another mental health disorder.
 4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Documentation that the patient has completed a minimum of 12 continuous months living within their identity across a wide range of life experiences and events that may occur throughout the year.
- The patient has undergone a minimum of 12 continuous months of hormone replacement therapy (*If you are currently not on hormones due to any contraindication or do not take hormones, please have your therapist or primary care provider note this on the letter*).
- The patient is able to comply with long-term follow up requirements and post-operative expectations have been addressed.
- Any substance use must be well controlled for at least 6 months prior to the patient's surgical date.
- Statement that the patient has the capacity to make fully informed decisions and to consent for treatment.

- If the patient has significant medical or mental health issues present, they must be reasonably well controlled.
- The provider writing the letter must state their experience with treating patients diagnosed with gender dysphoria.

Hormone provider letter must include:

- Patient's legal and preferred name
- Patient's date of birth
- Date provider/patient relationship began and frequency of contact.
- Date hormone therapy began and frequency of treatment.
- The patient completed a minimum of 12 continuous months of hormone therapy.
- *If you are currently not on hormones due to any contraindication or do not take hormones, please have your therapist or primary care provider note this on the letter.*