

Surgery Referral Letters

Surgery referral letters are one of the first steps to pursuing gender affirming surgery. Every patient is expected to submit the required letter(s) prior to their consultation appointment. Surgery cannot be scheduled until all letters have been received and meet the requirements outlined in this document. Letters that do not follow the format below will be returned for completion. Please show this document to the provider(s) writing your referral.

***THE RECOMMENDED CONTENT FOR MENTAL HEALTH LETTERS: (WPATH SOC7)**

1. The patient's general identifying characteristics;
2. Results of the psychosocial assessment, including all psychiatric diagnoses and accompanying psychiatric medications;
3. Duration of the professional's relationship with the patient, including the type of evaluation and therapy or counseling to date;
4. An explanation that the criteria* for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery;
5. A statement about the fact that informed consent has been obtained from the patient;
6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

In addition, we ask that your mental health provider assess and provide the following:

7. An explanation of the patient's level of understanding of the surgery risks and benefits
8. Patient's post-operative recovery plan to ensure patient has considered what is needed for a safe recovery: adequate housing, social support, and financial resources.

***CRITERIA FOR GENDER AFFIRMING SURGERY: (WPATH SOC V.7)**

1. Persistent, well documented gender dysphoria;
2. Capacity to make fully informed decision and to consent for treatment;
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be well controlled.

In addition to the above, criteria for genital surgery must also include:

5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual);
6. 12 continuous months of living in a gender role that is congruent with their identity.



MORE HELPFUL TIPS:

- Make sure your letter is dated. Letters must be dated within a year of your surgery date. We will require updated letters if your original letter is dated over a year from your surgery date.
- Make sure your letter is signed. Insurance companies will not accept electronic signatures.
- Please note criteria and recommended content above is based on WPATH SOC 7 guidelines. Your insurance company may have their own coverage criteria. We encourage you to call the phone number on the back of your insurance card to verify.
- Please submit separate letters for each procedure you are having.
- Please have each provider write their own letter. A letter signed by multiple providers only counts as one letter.
- **Once you have all your letters, send us a MyChart message and attach letters. This will get them directly into your chart. You can also fax to 929-455-9390, but please confirm letters were received.**

Procedure	Supporting Letters	HRT Requirement	Other Requirements	Notes
Breast Aug	<ul style="list-style-type: none"> ✓ 1 mental health letter ✓ 1 hormone letter 	Yes--Duration of hormone therapy requirement will vary depending on your insurance plan.	Confirm with your insurance company	If hormones are not clinically indicated for your care, your provider should note this in their support letter.
Chest Masculinization	<ul style="list-style-type: none"> ✓ 1 mental health letter 	No	Confirm with your insurance company	If you are on hormones, please provide letter
Metoidoplasty	<ul style="list-style-type: none"> ✓ 2 mental health letters ✓ 1 hormone letter 	12 months	Confirm with your insurance company	If hormones are not clinically indicated for your care, your provider should note this in their support letter.
Phalloplasty	<ul style="list-style-type: none"> ✓ 2 mental health letters ✓ 1 hormone letter 	12 months	Confirm with your insurance company	If hormones are not clinically indicated for your care, your provider should note this in their support letter.
Vaginopalsty	<ul style="list-style-type: none"> ✓ 2 mental health letters ✓ 1 hormone letter 	12 months	Confirm with your insurance company	If hormones are not clinically indicated for your care, your provider should note this in their support letter.

IF YOU HAVE QUESTIONS OR NEED CLARIFICATION, PLEASE CONTACT OUR OFFICE AT 646-501-4449.