Letters of Support for Gender Incongruence Treatment

NYS Medicaid Guidance

Timelines and Provider Credentials

- Must be dated within the past 12 months and include date of last evaluation
- Must be written by NYS licensed providers
- Letters can be written by physicians, psychiatrists, psychologists, nurse practitioners, psychiatric nurse practitioners, or LCSW acting within the scope of their practice
    - Letters written by any other type of provider must be co-signed
- One letter must be from a provider with whom the member has an established and ongoing relationship
- The second letter may come from a provider who has only had an evaluative role with the member
- Each procedure being requested requires a separate letter (i.e. breast augmentation and facial feminization cannot be on the same letter)

Key Points All Letters Must Include

- How long member has been a patient of yours
- How long member has lived in the gender role that corresponds with their gender identity
- Confirm member has persistent and well-documented gender incongruence
- State your support of the requested gender-affirming procedure and specify the procedure being requested
    - If you are not in support of the requested gender-affirming procedure, please explain why
- Indicate the member's capacity to make a fully informed decision and consent to the treatment
- Provide information on member's hormone regimen and/or relevant medications
    - Genital surgery requires 12 months of hormone therapy
    - For breast augmentation (requires 24 months on hormone therapy), indicate effect of hormones on breast growth, i.e. whether member has had negligible breast growth after 24 months on hormone therapy
    - Indicate if hormone therapy is contraindicated or if the member is otherwise unable to take hormones
    - For masculinizing or feminizing hair transplant, indicate specific hair-loss prevention or hair growth stimulating medication(s) use (e.g. dutasteride, spironolactone, minoxidil, etc.) including:
        - Time period of use (i.e. month and year started, month and year of discontinuation if discontinued)
        - What medication(s) member is currently maintained on and plans to continue for graft preservation
        - Whether member has completed orchiectomy or other bottom surgery when relevant

- Discuss any medical or mental health conditions, whether any conditions would be a contraindication to surgery, and whether the conditions are reasonably well controlled/member is healthy enough for surgery **non-invasive alternatives exist if not*
- Support letters for all procedures other than top or bottom surgery MUST include a discussion of how the procedure is medically necessary for the treatment of gender incongruence
    - Explain why the procedure is indicated and how it will benefit the member and affirm their gender
    - For primary facial feminization surgeries, please indicate areas of the face member would like to work on (e.g. forehead, nose, jaw, etc.) – specific procedures are not needed for primary procedures

Additional Requirements for Revision Surgery Letters

- Provide clear clinical indication and member motivation for revision surgery (e.g. obvious deformity, functional issue, etc.)
    - Provide specific history of past complications if relevant (e.g. member had implant infection leading to removal)
    - Comment on objective results of prior surgeries
    - Discuss whether there is concern for body dysmorphia
- Indicate if member has consulted with additional specialists if necessary (e.g. if they have breathing issues, have they seen an ENT? If urinary issues, are they working with a urologist or pelvic physical therapist?)
- Provide history of relevant prior procedure(s) with approximate month and year. Indicate if the surgery requested is not the first revision
- In general, provide more detail and avoid letter templates used for primary procedures
- For facial feminization surgery revision procedures:
    - Inidicate the specific procedures being requested versus areas of the face (e.g. “revision genioplasty” versus “chin”
    - If multiple procedures are requested indicate which are revision and which are primary (if any)
- For hair transplant revision surgeries indicate whether member was adherent to hair loss medications post-surgery

Additional Information, Training, or Help Request?

For additional information, please review resources on the Amida Care website or contact the Gender Identity Support Team (GIST) at 646 - 757 - 7982 or GIST@amidacareny.org to request access to the Gender-Affirming Surgery Clinical Criteria, additional resources, or discuss training or help requests