

# Letters of Support for Gender Incongruence Treatment

## NYS Medicaid Guidance

### Timelines and Provider Credentials

#### Letter Requirements



**Must be dated within the past 12 months**


Must include the **date of the last appointment** with the provider



#### Who Can Write Letters?

Only **NYS-licensed providers**:

- Physicians
- Psychiatrists
- Psychologists
- Nurse Practitioners
- Psychiatric Nurse Practitioners
- LCSWs acting within their scope

 *If another type of provider writes the letter, it must be **co-signed** by an approved professional.*



#### How Many Letters & From Whom?



**Two letters are required:**

**1** One **must come from a provider** with an established, ongoing relationship with the member

**2** The **second may come from** a provider who has performed only an evaluation



**Important:**

Each requested procedure must have its own separate letter

*(e.g., breast augmentation and facial feminization require separate letters)*

## Key Points All Letters Must Include

### **General Letter Requirements**

- Length of Relationship with Provider**
  - How long have you been a patient of this provider?
- Living in Your Gender Role**
  - How long have you been living as your affirmed gender?
- Gender Incongruence**
  - Does the letter confirm that you have persistent, well-documented gender incongruence (gender dysphoria)?
- Support for Surgery**
  - Does the provider clearly support the specific procedure you're requesting?
- Capacity to Consent**
  - Does the letter confirm you are able to make informed decisions about your care?

### **Hormones and Medications (If Applicable)**

- Hormone Therapy**
  - Has your provider documented your hormone regimen?  
  
*Hormone therapy requirements:*  
(if not recommended for medical reasons; must be documented)  
Genital surgery – 12 months on hormones  
Breast augmentation surgery – 24 months on hormones
    - The letter must include the effect of hormone therapy on your breast growth, for example: *growth has been negligible*
- Hair Transplant Medications**
  - Does the letter mention any hair growth/loss medications you've used (like minoxidil or spironolactone)?
  - Does it say how long you've used them?
  - Are you planning to stay on these medications after surgery?

### **Medical and Mental Health Status**

- Overall Health**
  - Does the letter mention any medical or mental health conditions?

- Does it confirm that you're healthy enough for surgery (or explain alternatives)?

## **Medical Necessity for Non-Top/Bottom Surgeries**

If you're requesting procedures *other than top or bottom surgery*, the letter should explain:

- Why the procedure is needed** for your gender affirmation
- How it will help you** feel more affirmed
- For **facial surgeries**, which areas of the face you'd like to work on (e.g. nose, jaw)

## **Additional Requirements for Revision Surgery Letters**

### **Are You Asking for a Revision Surgery?**

Make sure your letter clearly says it is a revision surgery.

What is a revision surgery?

A revision surgery is a re-do or do-over surgery where the same surgical procedure is done again to fix a problem

It is **not** a revision if:

- The surgeon planned both surgeries as one big surgery in two parts AND wrote this plan in the notes from the first surgery

#### **Revision Examples:**

- An implant gets infected and needs to be replaced
- It is hard to breathe through one nostril 6 months after nose surgery, so a surgeon needs to fix it
- Several months after bottom surgery it becomes hard to use the bathroom. The surgeon recommends a re-do surgery to fix the problem.

**\*\* Please remember, there has to be a clear medical reason to have revision surgery. Just wanting a different result or look is not a good enough reason. If the surgery is not for a clear medical problem, it won't be covered because it is not seen as medically needed.**

- History of past surgeries relevant to the area**, including the month and year if possible
- Any complications** you've had from prior surgeries
- Evaluation by a specialist**, if needed (like ENT or urologist)

- Details about prior results** and if this is your first revision
- Clear mention of procedures** requested (e.g. “revision genioplasty” not just “chin”)
  - **IMPORTANT:** the provider may write procedures
- Hair transplant follow-up:** whether you used medications consistently after your first procedure

*\*\* Your surgeon may have asked for surgeries in your letter that are not seen as gender-affirming. If the surgery does not change a body part that is affected by hormones like testosterone or estrogen, it is not considered gender-affirming. These types of surgeries cannot be approved through the steps in this document.*

### 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 1-866-441-0009 option 1 or [GIST@amidacareny.org](mailto:GIST@amidacareny.org) to request access to the Gender-Affirming Surgery Clinical Criteria, additional resources, or discuss training or help requests