



LETTERS OF SUPPORT FOR GENDER DYSPHORIA TREATMENT - NYS MEDICAID GUIDANCE

Timelines and Provider Credentials:

- Must be dated within the past 12 months.
- 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 will require a separate letter.**

Key Points 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 dysphoria.
- 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 members capacity to make a fully informed decision and consent to the treatment.
- Provide information on member's hormone regimen.
 - 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.
- Discuss any medical or mental health conditions and whether or not these would be a contradiction to surgery, or if so, that they are reasonably well controlled.
- 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 dysphoria.
 - Explain why the procedure is indicated and how it will benefit the member and alleviate gender dysphoria.

For additional information, please see Amida Care Clinical Guidelines and Coverage Criteria for the Treatment of Gender Dysphoria or contact the Gender Identity Support Team (GIST) at 646-757-7982; or email GIST@amidacareny.org