

WRITING A LETTER OF SUPPORT FOR GENDER AFFIRMING SURGERIES

Created by The Gender Confirmation Center

WHAT A LETTER OF SUPPORT NEEDS TO CONTAIN

The most current edition of the Standards of Care (SOC) by the World Professional Association for Transgender Health (WPATH), WPATH SOC8, released in 2022 recommends the following content for gender affirming surgical support letters:

1. The client's general identifying characteristics.
2. The exact list of gender affirming surgeries based on results and diagnoses of the client's psychosocial assessment that meets the criteria set forth by the WPATH SOC8.

Note: The letter must include a diagnosis code for Gender Dysphoria.

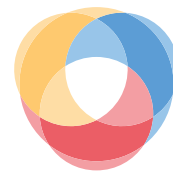
Acceptable codes: F64.0, F64.1, and F64.9

Unacceptable code: 302.85

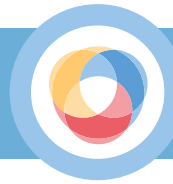
3. The duration of mental health professional's relationship with the client, including the type of evaluation & therapy or counseling to date. Additionally, include a list of specific factors that are relevant to the result of surgical consults.
4. A statement that patient experienced no coercion from external parties and provided informed consent to move forward with surgery.
5. A statement that patient is informed on the irreversible nature associated with the procedure.
6. 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.
7. ***FOR PATIENTS SEEKING BOTTOM SURGERIES ONLY***
A statement that patient has been informed on the potential loss of fertility.
8. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

WHAT THE SUPPORT LETTER SHOULD LOOK LIKE

On the next page, you will find a template of what the support letter should contain. The template on the next page has footnotes that indicate how the support letter meets the WPATH SOC8 criteria.



GENDER
CONFIRMATION
CENTER
By Dr. Scott Mosser



INTRODUCTION

Insurance companies require a letter from a mental health care professional prior to all gender affirming surgeries. The letter is a statement that the client is ready and able to give informed consent.

Most insurance companies require mental health providers to state in the letter that they have an ongoing 'provider and patient relationship with the patient'.

Although hormones are not a requirement for top surgery most insurances would like this to be addressed. Such as, whether the patient is taking hormones or not. If they are taking hormones indicate how long they've been on HRT, if they're not taking hormones make an indication as to why that is. For patients who are seeking approval through Medi-Cal GCC surgeons Insurance Advocacy team has observed it's helpful for there to be a statement addressing any substance abuse issues (Or Lack There Of).



IS IT NECESSARY?

At The Gender Confirmation Center of San Francisco, patients paying via insurance are required to obtain two support letters for gender affirming surgeries. One from your PCP (Primary Care Provider) and another from your mental health provider. Some insurance providers may also additionally require a medical referral from your PCP. Note that the medical referral from your PCP is a separately additional document and not to be confused with the previously mentioned support letter. These requirements do not apply to patients paying via out of pocket.

For patients seeking bottom surgery, two letters of support from two different licensed mental health providers is required, regardless of paying via insurance or out of pocket. One of these support letters must state a minimum of a 1-year long established patient relationship by the licensed mental health provider. The second letter can be obtained with any length of therapeutic relationship. Note that the support letters must include a statement about the potential loss of fertility.

[Date of Writing]

Dear [surgeon],

My name is [therapist name], and I am a [credentials, e.g.: LCSW with license no.] who has been providing regular assessment and evaluation for patients seeking gender affirming care for the past [duration]. I am writing you today to assert my full support for [legal name], who identifies as [name or pronoun] to receive a gender confirming top surgery. [name or pronoun] is [years old] living in [location]. [name or pronoun] is an [occupation] and is living [accommodations]. [name or pronoun] has a support system of [example] who will be taking care of [name or pronoun] during the surgical recovery.¹

My clinical assessment is that [name or pronoun] is diagnosed as having [diagnosis code] Gender Dysphoria. [patient's name] meets the criteria set forth by the WPATH SOC8 (Standards of Care Version 8) for gender confirming surgeries. [name or pronoun] experiences extreme distress and dysphoria as they do not identify with the sex assigned at birth and has felt this way since [insert amount of time] which is why they are seeking approval for [a list of the exact procedures the patient is requesting].²

I have had an ongoing therapeutic relationship with [name or pronoun] since [insert date]. [name or pronoun] has had a persistent stable [gender identity] for [insert amount of time]. [patient's name or pronoun] spoke with me about [name or pronoun] desire for surgery due to [a list of individual factors, specific to this case that are relevant to the surgical consults; use patient's own words if possible].³ This patient has made the decision to pursue surgical intervention without coercion or suggestion from our practice or their other medical providers. They attest that every medical and surgical decision made regarding [patient's name]'s gender dysphoria was done of their own volition.

Informed consent was provided by [legal name] and has the capacity to consent for treatment with surgery.⁴ [name or pronoun] is aware of the irreversible nature, risks, benefits and after care needs of this procedure.⁵ Furthermore, I do not see any confounding diagnoses that would complicate this process of approving [name or pronoun] for surgery.⁶

FOR PATIENTS SEEKING BOTTOM SURGERIES ONLY The patient also demonstrates a comprehensive understanding of the potential impacts of gender-affirming surgery on their reproductive capabilities. [name or pronoun] is well-informed about the potential consequences and considerations associated with this surgical intervention, including the potential loss of fertility, and have engaged in thorough discussions with their healthcare provider to make informed decisions regarding their gender transition journey.⁷

[name or pronoun] will have continued access to my services for care and support. I am available for coordination and welcome any appropriate communication with your office. I can be contacted at [insert phone number and email] if you have further questions.⁸

Sincerely,

[name of mental health provider, title/credentials, and NPI number]

[provider signature, title/credentials]

* Note that the signature must be a wet signature or electronically signed. Signatures typed in a cursive font are not accepted.

Footnotes

¹ The client's general identifying characteristics.

² The exact list of gender affirming surgeries based on results and diagnoses of the client's psychosocial assessment that meets the criteria set forth by the WPATH SOC8. See previous page for list of diagnosis codes that should be included.

³ The duration of mental health professional's relationship with the client, including the type of evaluation & therapy or counseling to date. Additionally, include a list of specific factors that are relevant to the result of surgical consults.

⁴ A statement that patient experienced no coercion from external parties and provided informed consent to move forward with surgery.

⁵ A statement that patient is informed on the irreversible nature associated with the procedure.

⁶ 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.

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