Obtaining gender-affirming surgeries - The basics

Seeking Gender Affirming Surgeries – “How do I...and what do I need to do?”
Gender affirming plastic surgery is a very specialized profession due to patient expectations for an anatomically correct, aesthetically pleasing result and the need to reduce patient dysphoria. This type of surgery is not something you would want to seek/obtain from an urologist, gynecologist, general surgeon or even from a plastic surgeon who does not specialize in gender affirming surgeries. Gender-affirming surgery is permanent, and the results can have both physical and mental health consequences, therefore choosing the right surgeon FOR YOU involves doing some deliberate and careful research in order to find a surgeon who is fully qualified, can and will meet your needs and expectations. Your search will include lots of pre-planning, letters of referral and documentation gathering, and we’ll cover the basics here:

Important special considerations:
‘What if my insurance is IL Medicaid?’ As you may be aware, the governor signed an executive order in 2019 that directs Illinois Medicaid to also include gender-affirming surgeries under their coverage of transgender care.

Illinois Medicaid has developed a specific set of rules (their MCOs, aka managed care organizations, such as Molina, Meridian, Illinicare, CountyCare, BCBS FHP, etc. must also follow) for obtaining letters of referral for gender-affirming surgeries. Under these rules you must obtain your letters of support and referral for surgery from a ‘licensed practitioner of the healing arts’ who meets Medicaid’s specific credentials. In addition, your surgeon must meet the WPATH SOC, must be Medicaid-credentialed and/or performing the surgery in and/or billing from a Medicaid-credentialed facility (clinic or hospital). So what is Illinois Medicaid’s definition of ‘licensed practitioner of the healing arts’ you may ask?

Here is a link https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200103a.aspx to the Medicaid rules for obtaining letters of recommendation for gender affirming surgeries. Copy/pasted in red below are the portions of the letter requirement rules from the above webpage that apply:

Non-genital gender-affirming surgery requires the submission of one (1) letter from either the recipient’s primary care physician or the physician managing the individual’s gender-related healthcare that has assessed the individual and is referring the individual for gender-affirming services.

Gender-affirming genital surgery requires the submission of two (2) letters:
One letter from either the recipient’s primary care physician or the physician managing the individual’s gender-related healthcare that has assessed the individual and is referring the individual for gender-affirming services, including surgery; and
One letter from a Licensed Practitioner of the Healing Arts (LPHA), as defined in 89 Ill. Adm. Code140.453(b)(3)(A-D, F), that has assessed the individual and is referring the individual for gender-affirming services including surgery.
The contents of the practitioner letter(s) must adhere to the requirements found in 89 Ill. Adm. Code140.413(a)(16).

If interested in reading for yourself the definition of ‘Licensed Practitioner of the Healing Arts (LPHA), as defined in 89 Ill. Adm. Code140.453(b)(3)(A-D, F)’ and what 89 Ill. Adm.Code140.413(a)(16) actually says, visit this website shortcut: https://www.illinois.gov/hfs/SiteCollectionDocuments/140.pdf and scroll down to the section(s) you wish to read.

How those IL Medicaid rules in 89 Ill. Admin.Code140.413(a)(16) pertain to you as a Medicaid insured patient: Since your clinician (Licensed APN/Nurse Practitioner/CNM) at Planned Parenthood is not a physician (Licensed MD/DO/Medical Doctor), your clinician at Planned Parenthood cannot write your letter of recommendation for surgery per Illinois Medicaid rules. You will need to ask your primary care physician (PCP) to write your letter. Obviously asking your PCP will require you to disclose your gender identity and status, transition plans and surgical plans with him/her and obtain his/her buy-in and support to meet those requirements: “One letter from either the recipient’s primary care physician or the physician managing the individual’s gender-related healthcare that has assessed the individual and is referring the individual for gender-affirming services, including surgery”

How can Planned Parenthood of Illinois help you and your PCP with the letter? Answer: You may come in to the health center, provide proper ID and sign a release of records request granting permission for your clinician to fax your pertinent protected health information, the necessary records/documentation of your gender-affirming hormone therapy history to support your PCP and to include in his/her letter.

Also, you may book a counseling appointment with one of our Licensed Clinical Social Workers (LCSW) who may be able write your letter for ‘assessment for treatment and recommendation for surgery’, or you may obtain this letter from your own licensed therapist, again, meeting these requirements: “One letter from a Licensed Practitioner of the Healing Arts (LPHA), as defined in 89 Ill. Adm. Code140.453(b)(3)(A-D, F), that has assessed the individual and is referring the individual for gender-affirming services including surgery.”

What if I don’t have a primary care physician (PCP), or my PCP is not transgender friendly? Answer: You will need to find a new PCP. Visit this website to find/choose a provider: https://enrollhfs.illinois.gov/choose/find-providers

End of Illinois Medicaid special instructions...

***

General process continued on the next page
General process for obtaining gender-affirming surgeries:

- **Commercial Insurance coverage:** Contact your insurance to see if they cover gender-affirming surgery, the desired procedure and if so, how much they will cover. *(Most insurance will not cover gender plastic surgery as it still considered by many plans to be ‘cosmetic’, although we know this is more than ‘cosmetic’!)* If your insurance carrier covers this surgery, understand it will REQUIRE prior authorization and that will be performed by your surgeon’s office. *(See: ‘What if my insurance is IL Medicaid?’ for special considerations.)*

- **WPATH 7 Standards Of Care:** Most gender plastic surgeons in North America follow the WPATH 7 SOC (Standards of Care) [https://www.wpath.org/publications/soc](https://www.wpath.org/publications/soc). **You should carefully review** this document in its entirety, especially **Section XI – Surgery** starting on page 54 before contacting a surgeon. This will help you to understand all that will be required from you in order for you to become their patient. This will include **‘letters of referral for surgery’**, usually one letter for non-genital surgeries, and two letters minimum for genital surgeries…and some surgeons require three letters! In most cases you will also be required to have well-documented **‘consistent and persistent gender dysphoria’**, documented proof of living in the desired gender role for a minimum of one year, and in most cases a minimum of one full year of uninterrupted gender—affirming hormone therapy. Some surgeons may require submission of testimonial letters from family and friends who have observed you living in the gender role for the one-year minimum.

- **Letters of referral:** These are letters of support for your surgery; they are letters recommending you as a good candidate for the desired surgery. These letters of recommendation must come from “**a licensed practitioner of the healing arts**”. That is for example: a medical doctor…your primary care physician or gynecologist, your nurse-practitioner at Planned Parenthood, your psychiatrist, your psychologist or licensed clinical social worker. Planned Parenthood has a behavioral health team of LCSWs (licensed clinical social workers) who can provide letters of support as well *(you will need to book a separate counseling appointment with the LCSW specifically for such)*. The medical professional who writes your letter should be the one who is directing your gender-related healthcare, and has actually examined and diagnosed you and recommends you as a good candidate for the surgery you desire; this standard also applies to the letter from your behavioral health provider as well. In other words, you cannot simply call and ask for a letter; you will need to make an appointment for a clinical and counseling office visit. *(See: ‘What if my insurance is IL Medicaid?’ for special considerations.)*

- **How do I find a gender surgeon?** Go to this website and search for your desired type of surgery [http://www.transhealthcare.org/](http://www.transhealthcare.org/)…or alternately, you can perform your own Google search using keywords such as these examples: ‘FTM top surgery near me’ or ‘MTF vaginoplasty near me’ or ‘orchiectomy near me’ or ‘Gender-affirming hysterectomy near me’. *(Take note: The criteria for obtaining a hysterectomy as a gender-affirming surgery is **NOT at all the same** as a medically necessary hysterectomy – refer again to WPATH 7 SOC). You may also call the customer service number on your health insurance provider’s membership card and ask for an
appropriate referral to a plan-covered surgeon from your insurance provider.

- **Once you’ve identified a surgeon of interest to you**, contact them directly by phone and/or email and inquire as to the surgical procedure you desire, the cost of the surgery, where they perform the surgery (such as at a hospital or clinic) and ask if those fees are included or will there be a separate bill(s), does the surgeon have a waiting list, do they take insurance and which ones do they accept or are they cash only terms *(due to the cosmetic and lucrative nature of plastic surgery, many plastic surgeons will not work with commercial insurance or Medicaid at all)*. If cash is the terms, usually it is required to be paid in advance of the surgery date, and a sizable deposit is normally required to get on their waiting list for surgery. Ask for an information packet to be sent to you; this packet should state all of the prerequisites you will be required to meet in order for your case to be accepted by the surgeon. This list will usually include any BMI restrictions *(this is very important because unfortunately, most gender surgeons will not perform gender-affirming surgery on persons with a BMI greater than 30)*, lab work such as blood, x-rays, EKG etc. that you will be required to complete and return, surgical clearances from your PCP, cardiologist etc., statements that any significant mental health conditions are under control and how, a list of all medications, copies of medical records including prior surgeries and your past experiences with anesthesia, documentation of your gender affirming hormone therapy, demonstrated documentation of living in the gender role for an uninterrupted period of one year. This will be in the form of letters and include pertinent documentation with dates of therapy from your provider here at Planned Parenthood, and a licensed mental health professional on office letterhead recommending you as a good candidate for the requested surgery.

- **Once you have provided the surgeon with the requested information**: Schedule a consultation with the surgeon; make a detailed list of all your questions before you go to the consultation...you will forget things to ask once you’re there!

- **Finally, be patient** and start planning ahead, speaking in detail with your providers about your intentions, gathering your letters and documentation well in advance. You will have a lot to do and you should expect this process to take MONTHS or MORE to complete. You should also expect this process to be somewhat frustrating and a drain on you financially and emotionally...because it will be!

  **A final note**: Most gender surgeons are booked well in advance and have lengthy waiting lists; be prepared to sit patiently on a waiting list for a surgery date!

If you have specific questions or need guidance/assistance pertaining to these instructions, you may contact us at 1-877-200-7745

Ask to leave a message with the contact center phone agent for GAHT CFU/Case Manager.