

Chest masculinization (top) surgery

Our Gender Services team follows the World Professional Association for Transgender Health (WPATH) standards of care which requires letters of readiness for some gender affirming surgeries. Please review WPATH's requirements below.

Surgical treatments for gender dysphoria can be initiated with a letter of readiness (one or two, depending on the type of surgery) from a mental health professional. The mental health professional provides documentation of the patient's personal and treatment history, progress and eligibility. Mental health professionals who recommend surgery share the ethical and legal responsibility for that decision with the surgeon.

- One letter of readiness is needed for breast/chest surgery (e.g., mastectomy, chest masculinization or augmentation mammoplasty). Please check with your insurance provider on specific criteria that need to be included in the letter to authorize surgery.
- ***Mental health professionals with at least a master's degree can write the letters of readiness (not an endocrinologist or a primary care provider).***
- ***Letters must be dated within 12 months of the consult.***

Include the following content in the letter of readiness for surgery:

- Two patient identifiers (legal name/name on insurance, DOB)
- Time living in congruent gender role (male, transmasculine, nonbinary, etc.)—insurance may be looking for at least one year to authorize surgery
- Stability of patient's mental health—if the patient has depression or anxiety, it is being managed
- A statement confirming informed consent has been obtained from the patient and patient's legal guardian(s)
- Patient's general identifying characteristics and specific surgery needed
- Results of the patient's psychosocial assessment, including any diagnoses
- Duration of the mental health professional's relationship with the patient, including the type of evaluation and therapy or counseling to date
- Experience of the mental health provider in treating patients with gender dysphoria
- 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
- A statement that the mental health professional is available for coordination of care and ongoing treatment as needed

continued on back

Letters of readiness for under age 18 chest masculinization (top) surgery *continued*

Submitting your letter(s)

Before faxing, ensure the letter of readiness has two patient identifiers (legal name/name on insurance, DOB).

- Fax completed letter to:
Gender Services, Attn: Letter of Readiness at (608) 261-1324

If you have any questions related to Letters of Readiness, feel free to contact Gender Services at (608) 504-4214.

Sample letter*

[must be on letterhead]

[date]

Re: [patient name on insurance card], [patient's chosen name], [patient DOB]

To Whom it May Concern,

[Patient name] is a patient in my care at [your practice name]. They have been a patient here since [date]. They identify as [gender identity] and go by [pronouns]. They note that they first knew their gender identity differed from their assigned sex at age [age]. They have socially transitioned by [list how—changed name, pronouns, dress, make-up, hair, tuck, pack, binding, coming out, etc.]. They have been successfully and consistently living in a gender role congruent with their affirmed gender since [date]. They have been consistently on hormone therapy since [date] (If contraindicated or chosen not to take hormones, state that here). Despite these interventions, they report significant anxiety, depression and distress due to their experience of dysphoria. By my independent evaluation of [patient name], I diagnosed them with Gender Dysphoria (ICD-10 F64.1). They have expressed a persistent desire for [type of surgery]. Their goals of surgery are [goals]. Surgery will address their gender dysphoria in these ways: [explain].

[Patient name] is psychologically stable to undergo this surgery. [list any mental health diagnoses that may be relevant to having surgery]. They are stably housed and have prepared for their post-op recovery [if this is true; if not, state plan for post-op recovery]. They have no issues with illicit drug use or abuse [if this is true; if not, explain plan of care for stabilization].

[Patient name] has more than met the WPATH criteria for [type of surgery]. I have explained the risks, benefits and alternatives of this surgery and believe they have an excellent understanding of them. [If risks, benefits and alternatives are unknown, please state they will be discussed at consult.] They can make an informed decision about undertaking surgery. I believe that the next appropriate step for them is to undergo [type of surgery], and I believe this will help them make significant progress in further treating their gender dysphoria. I am available for coordination of care and ongoing treatment as needed and welcome a phone call to establish this. Therefore, I hereby recommend and refer [patient name] to have this surgery.

If you have questions or concerns, please do not hesitate to contact me.

Sincerely,

[your name and credentials]

[your phone number]

*This sample letter was obtained from: transline.zendesk.com/hc/en-us/articles/229372788-Surgery-Sample-Letter