

Criteria for Gender Affirming Surgery: Chest Masculinization (mastectomy), Chest Feminization (breast augmentation) or Facial Surgery

After your clinical intake screening, we will schedule a consultation for you with one of our surgeons. At your initial consultation, they will meet you, perform an evaluation and discuss the details of surgery. You will also meet with one of our staff members who will review with you the necessary items in order to proceed with surgical planning. The list of requirements is below; please keep in mind this list is subject to change depending on your insurance plan. Our goal is to ensure your insurance carrier will provide payment for procedures they have promised to cover in your policy plan without leaving you with unexpected bills.

Requirements for surgical planning of chest masculinization (bilateral mastectomy):

- Pharmacy records showing 12 months of hormone therapy
- Medical records from your primary care physician who is most closely following your care
- One letter of medical recommendation from a mental health provider with an advanced degree that meets our criteria (see Letter Guidelines). Please be aware that while we do not require it, some insurance companies are increasingly insisting on two letters.

Requirements for surgical planning of chest feminization (breast augmentation):

- Pharmacy records showing 12 months of hormone therapy
- Medical records from your primary care physician who is most closely following your care
- Two letters of medical recommendation, including one from a mental health provider with an advanced degree that meets our criteria (see Letter Guidelines). Please be aware that while we do not require it, most insurance companies are insisting on two letters to cover the surgery.

Requirements for surgical planning of facial surgery:

- Pharmacy records showing 12 months of hormone therapy
- Medical records from your primary care physician who is most closely following your care
- One letter of medical recommendation from a mental health provider with an advanced degree that meets our criteria (see Letter Guidelines).
- Due to the broad variety of facial procedures and highly variable nature of insurance coverage, requirements may be generally dependent on individual circumstances.

After we receive the necessary information, we will schedule a follow-up appointment for you with the surgeon where you will finalize your surgical plan and decide on a tentative surgical date. At this point, we will begin the pre-authorization process to get your surgery covered. Our patient financial services team will work closely with your insurance company to try to ensure a smooth approval process. Our team will keep you updated on the results as we move forward.

Two to four weeks prior to surgery you will be asked to complete a pre-operative anesthesia/medical evaluation, typically done in our Pre-Operative Evaluation Center. Our surgical scheduler will coordinate the appointment information with you. Throughout this process, if you have any questions please do not hesitate to call our office.