

Transgender and Gender Non-Binary Surgical Services and Endorsements

**UNIVERSITY OF WASHINGTON MEDICINE'S
TRANSGENDER & GENDER NON-BINARY HEALTH PROGRAM**
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PRONOUNS: HE/HIM OR THEY/THEM

October 2020

LEARNING OBJECTIVES

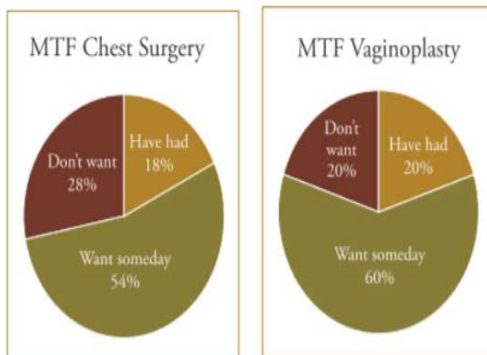
- ❖ TGNB Surgical Referrals and Coverage Requirements
- ❖ TGNB Surgical Endorsements
- ❖ TGNB Mental health Assessments

TGNB Surgical
Referrals, Support
Letters and
Coverage
Requirements

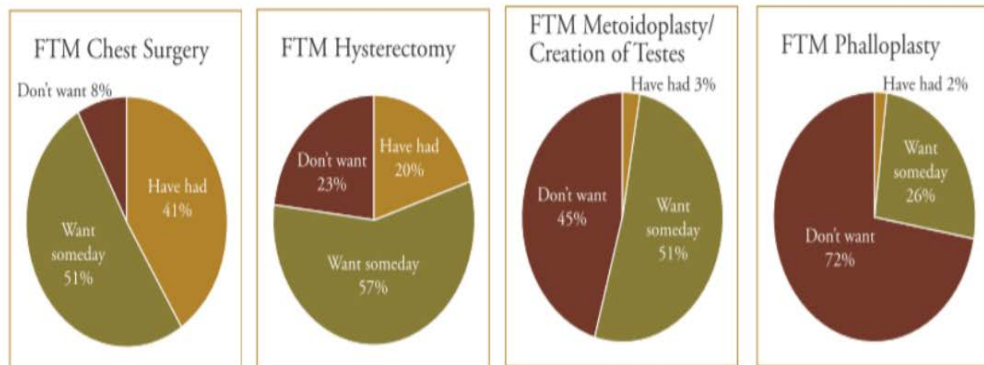
Diverse Bodies and Expressions

- 76% taking hormones whether monitored or not
- Surgical status and future desire to have surgery is diverse

MTF



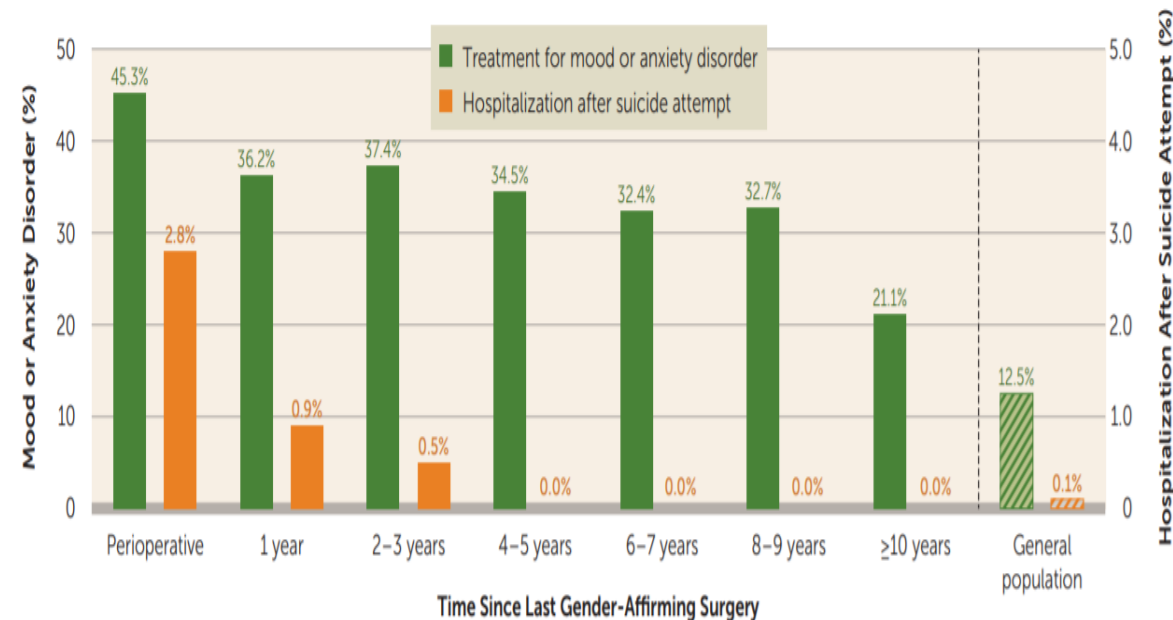
FTM



www.lgbthealtheducation.org

(Grant et al 2011)

FIGURE 1. Prevalence of treatment for mood or anxiety disorders (health care visit or antidepressant or anxiolytic prescription) and hospitalization after suicide attempt in 2015 among individuals with a gender incongruence diagnosis, by number of years since last gender-affirming surgery



The likelihood of being treated for a mood or anxiety disorder was reduced by 8% for each year since last gender-affirming surgery.

(Bränström & Pachankis, 2019)

Gender Dysphoria – DSM V

Formerly Transsexualism & Gender Identity Disorder (Gender Incongruence ICD-11)⁷

Two or more of the following features, present for > 6 mths

- A strong desire to do away with primary or secondary sex characteristics
- A strong desire to have sex characteristics of another gender
- A strong desire to be treated as another gender
- A strong desire to be another gender
- A profound need for society to treat them as another gender
- A strong conviction that one has the typical feeling and reactions of another gender

WPATH and WA Standards for Gender Affirming Surgery

Criteria for Breast/Chest, Facial, Vocal Surgery :

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country (if younger, follow the SOC for children and adolescents);
4. If significant medical or mental health concerns are present, they must be reasonably well controlled. Hormone therapy is not a pre-requisite.

*Although not an explicit criterion, it is recommended that MtF patients undergo feminizing hormone therapy (minimum 12 months) prior to breast augmentation surgery. The purpose is to maximize breast growth in order to obtain better surgical aesthetic.

Documentation to accompany surgical referral:

- Letter of support from a primary care provider or whomever is prescribing hormones if applicable.
- 1 mental assessment letter from a licensed mental health provider.

*Letters must be written within 18 mths of surgery.

Criteria for genital surgery (two referrals) Hysterectomy, ovariectomy orchiectomy, metoidioplasty, phalloplasty, Vulvoplasty

Same criteria as Breast/Chest surgery (1-4)

*These criteria do not apply to patients who are having these surgical procedures for medical indications other than gender dysphoria, nor post-op repairs.

** if another indication is appropriate and would facilitate care sooner, fine to proceed on that basis.*

Documentation to accompany surgical referral:

- Letter of support from a primary care provider or whomever is prescribing hormones if applicable.
- **2 mental health assessment letters (2 MH providers)**
 - one from any licensed therapist
 - one from doctorate level (PhD, PsyD or MD, i.e., psychiatrist)

**Insurance regulation vs WPATH recommendation*

*Letters must be written within 18 mths of surgery.

Surgical Referrals

**Vulvovaginoplasty
Surgery is coming in
2022!**

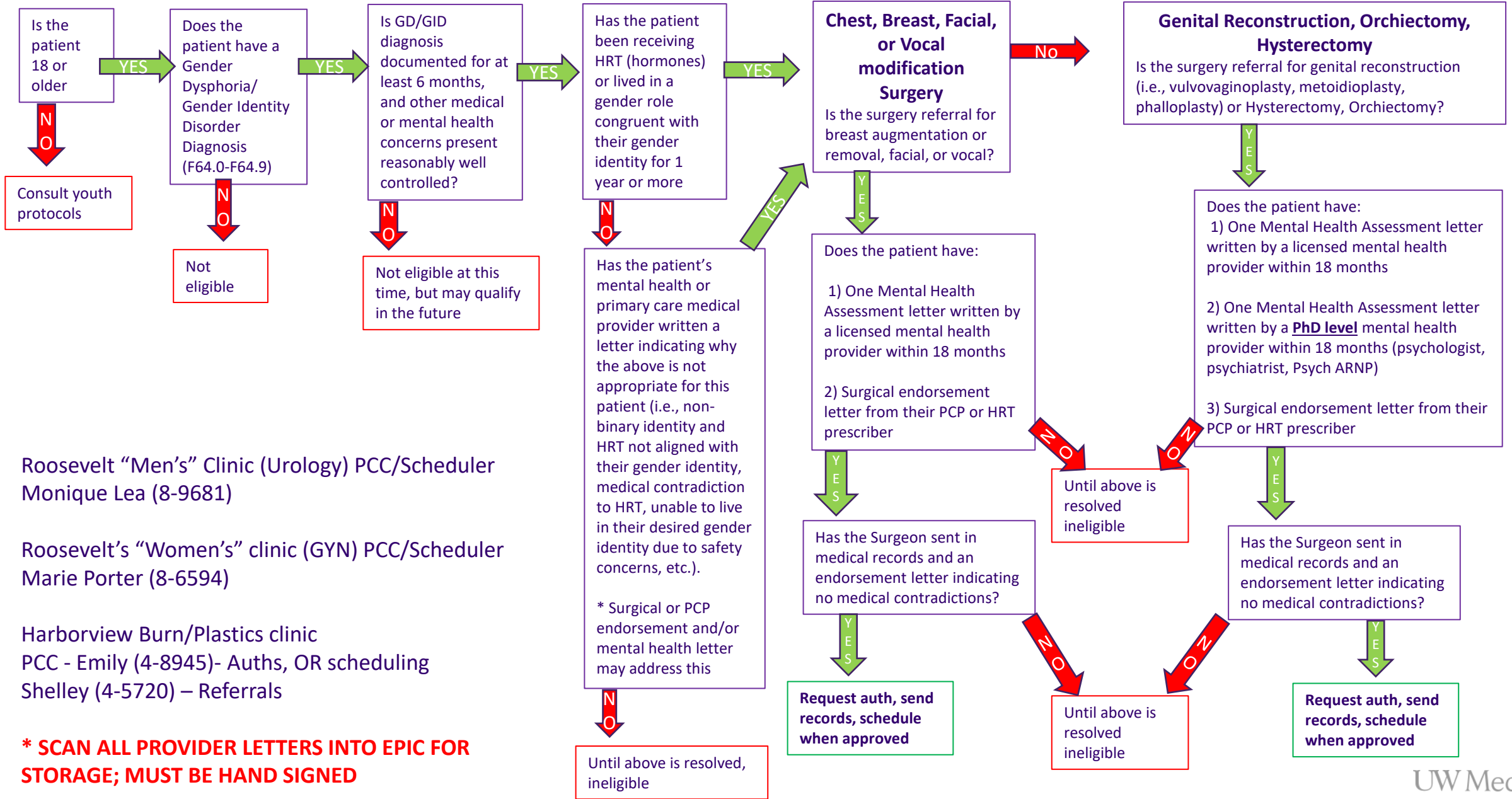
Things to keep in
mind for future
referrals as they can

take time:

- Fertility Preservation
- Electrolysis
- 2nd Phd/MD level mental health assessment letter

Surgery	Name	Phone	Location	Specialty
Plastic	Russell Ettinger, MD	206.520.5000	Seattle Children's Hospital, Burn and Plastic Surgery at Harborview	Chest/Breast, Facial surgery
Plastic	Shane Morrison, MD, MS	206.520.5000	Seattle Children's Hospital, Burn and Plastic Surgery at Harborview	Chest/Breast, Vulvovaginoplasty surgery
Urology	Tom Walsh, MD, MS	206.543.3640	UW Medical Center-Roosevelt	Orchiectomies, post-op repair, fertility preservation
Urology	Hunter Wessells, MD	206.598.6358	Urology Clinic at Harborview, UW Medical Center-Roosevelt	Orchiectomies, post-op repair, fertility preservation
Urology	Alex Skokan, MD	206.598.6358	UW Medical Center-Roosevelt, Urology Clinic at Harborview	Vulvovaginoplasty, orchiectomy, post-op repair, fertility preservation
Gynecology	Alson Burke, MD	206.744.3367 206.520.5000 425.957.9000	Women's Clinic or Adult Medicine Clinic at Harborview, UW Neighborhood Clinic - Factoria	Hysterectomy, dysplasia, fertility preservation
Gynecology	Seine Chiang, MD	206.598.5500	Women's Health Care Center at UW Medical Center-Roosevelt	Hysterectomy, dysplasia, fertility preservation (Robotically assisted available)
Gynecology	Katherine Debiec, MD	206.598.5500 206.987.5629 206.987.2000	Women's Health Care Center at UW Medical Center-Roosevelt, Prenatal Diagnostic Clinic at Springbrook, Seattle Children's Hospital	Hysterectomy, Inclusive gynecological and obstetrics for adults, pediatric, and adolescents
Otolaryngology [ENT]	John Paul Giliberto, MD	206.598.4022	Otolaryngology-Head and Neck Surgery Center at UW Medical Center – Montlake	Gender affirming voice modification surgery

TGNB Surgical Authorization Pathway



Roosevelt “Men’s” Clinic (Urology) PCC/Scheduler
Monique Lea (8-9681)

Roosevelt’s “Women’s” clinic (GYN) PCC/Scheduler
Marie Porter (8-6594)

Harborview Burn/Plastics clinic
PCC - Emily (4-8945)- Auths, OR scheduling
Shelley (4-5720) – Referrals

*** SCAN ALL PROVIDER LETTERS INTO EPIC FOR STORAGE; MUST BE HAND SIGNED**

Be Aware of Gatekeeping and Transparency

- Mental Health and Medical providers are often placed in gatekeeping roles with our patients, and our patients know.
- Acknowledge the evaluation process required of TGNB patients for medical services related to their gender is exclusive to TGNB patients and can be re-traumatizing or triggering.
- Pathologizing gender is not unlike historical efforts to pathologize sexual orientation, and as such, TGNB stigma, oppression, and transphobia continue to intensify the experiences of both providers and patients/clients.
- Acknowledging the power dynamic in the room is important

“I imagine you have been through a lot to get to this point already. It’s not always easy to share details about your body and gender identity with a stranger.”

Surgical Endorsement Letter Requirements

- Date patient began HRT or why patient is unable or does not desire to be on hormones (i.e., medically not appropriate or not aligned with gender identity, such as gender non-binary)
- Patient's Adherence to HRT (if applicable)
- Outcome to patient's current HRT (if applicable)
- Any comorbidities patient may have that will interfere with surgery
- Statement that patient is a good surgical candidate
- Statement that surgery is next reasonable step in patient's care
- Statement that surgery is medically necessary
- Must be signed and dated within 18 months of consult date**

Additional needs:

- Your clinical **license** or credential information
- Statement confirming the **diagnosis** gender dysphoria (DSM 5)
- Letters must be **hand written** (or printed out **and signed in ink**) and **scanned** into Epic's media tab for easy retrieval

Sample PCP surgical endorsement letter

[on letterhead]

[date]

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

Dear Doctor,

[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 - change name, pronoun, 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 [surgery]. Their goals of surgery are [goals]. Surgery will address their gender dysphoria in these ways: [explain].

[Patient name] is physically healthy to undergo this surgery. [list any medical and mental health diagnoses that may be relevant to having surgery]. Their current medications include [medications]. Their surgical history includes [surgical history]. 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 [surgery]. I have explained the risks, benefits, and alternatives of this surgery and believe they have an excellent understanding of them. They are capable of making an informed decision about undertaking surgery. I believe that the next appropriate step for them is to undergo [surgery], and I believe this will help them make significant progress in further treating their gender dysphoria. Therefore, I hereby recommend and refer [patient name] to have this surgery.

If you have any questions or concerns please do not hesitate to contact myself or my office.

Sincerely,

Mental Health Assessment Letters

- Required for surgical insurance coverage
 - 1-2 Mental Health Assessment letters (master's or PhD level)
 - *PhD level providers needed for genital reconstruction/gonadectomy
 - **Purpose** – Assessment for stability (capacity) and to address the below categories
 - ❑ Presence of persistent Gender Dysphoria (distress caused by misalignment of gender identity and gender assigned at birth, transphobia)
 - ❑ Any mental health issues present are reasonably well controlled
- * Primary care or Gender Dysphoria (GD) diagnosing provider notes can be referred to as attestation for presence of persistent GD or previous medical steps taken.

Mental Health Assessment Letter Requirements

- Statement confirming the **diagnosis** gender dysphoria (DSM 5)
- Your clinical **license** or credential information
- Assure the client/patient is a **good candidate for surgery** (consult surgery endorsement letter if needed or possible).
- Assure the surgery is the **next reasonable step** to treat patient's gender dysphoria
- Assure any mental health or co-existing behavioral issues present are **reasonably well controlled** and managed
- A statement indicating the client/patient exhibits a strong **persistent gender identification** outside of their assigned gender at birth.
- A statement indicating the client/patient exhibits **persistent discomfort** with their assigned sex and gender role of that sex.
- A statement indicating that the client/patient's gender dysphoria **causes clinically significant distress** or impairment in important areas of functioning (social, occupational, interpersonal, etc.,)
- The date** the client/patient started their social transition or began living as their stated gender identity, or any medical or other barriers that may be preventing this

Sample Mental Health Provider Letter

[Letterhead]

[Date]

Patient Name: [Name of Patient]

[Legal name if different]

Pronouns: [Patient's Pronouns]

Patient DOB: [DOB]

Dear Dr. [Surgeons Name],

I am writing this letter of support on behalf of my client [Name of Patient] who has been seeing me for therapy since [Date of first Visit] and/or was evaluated by me on [Assessment Date] for gender affirming surgery [Name of the Surgery or Procedure – metoidioplasty/vaginoplasty/phalloplasty/hysterectomy/oophorectomy/orchiectomy/bilateral reduction mammoplasty with chest reconstruction/ breast augmentation].

[Name of Patient] identifies as [gender identity] and was assessed for and diagnosed with Gender Dysphoria (F46.1) by [diagnosis provider, and date if possible]. As part of their ongoing medical care for Gender Dysphoria as documented by [Name of Primary Care, mental health, or surgical provider], [Name of Patient] is receiving/has received [list gender affirming care - mental health support/ Hormone Therapy Replacement (HRT)/ previous surgical care]. [Name of Patient] endorses significant distress over incongruence between [pronoun] sex assigned at birth and gender identify/anatomy/etc. A complete psychosocial evaluation was performed and [patient name] is found to have no coexisting behavioral health diagnoses.

**OR the patient is found to have coexisting behavioral health diagnoses [Dx list] which are adequately managed by [___] and not a barrier to surgical candidacy. (i.e. "The patient meets criteria for diagnoses of anxiety and depression which are adequately managed by therapy and antidepressants.")*

**For patients that are not medically safe to receive HRT or do not desire HRT, this must be indicated as well. For example, "As part of their ongoing medical care for Gender Dysphoria [Name of Patient] receives gender affirming mental health support, or gender affirming medical guidance from their medical provider, but does not desire HRT at this time as it does not affirm their non-binary gender identity at this time."*

[Name of Patient] has identified and presented as [gender identity] for [time frame]. At this time [patient name] desires to pursue [gender affirming surgery], in order to relieve [pronoun] Gender Dysphoria. We have discussed the variety of ways that [Patient name] has changed [pronoun] gender presentation over time, and how these changes have relieved [pronoun] dysphoria. I see no present or uncontrolled psychiatric conditions that would contradict surgical readiness and would support [patient's] care team recommendations for surgery as the next reasonable step to treat [patient's] gender dysphoria.

[Patient name] has demonstrated an understanding of the permanence, costs, recovery time, and possible complications of [gender affirming surgery] and is fully capable of making an informed decision about surgery. [Patient name] is reasonably expected to follow pre and post-surgical treatment recommendations responsibility. (i.e. *The patient's description of the above match what the surgeon, primary care, and/or master's level mental health provider letter state in terms of prep prior to surgery and needs post-operatively.*)

It is my opinion that [Name of patient] is mentally, emotionally, and practically ready for [surgery]. If you would like to discuss this in more detail, please call me.

Thanks,

Provider Name, MSW, LICSW

Your clinical license or credential information

Provider Location

Provider Phone Number DO NOT DISTRIBUTE

Things to Consider

- Consult some **letter examples** and/or webinars for the basics ([Fenway](#), [UCSF](#), etc.)
- Have some **templates** handy to reuse and establish consistency
- Allow yourself at least 2 weeks to write the letter and receive any feedback from the patient.
- Get to know your **local resources**.
 - ✓ Some Insurance agencies have specific people or departments to handle TGNB surgical authorizations and can answer questions related to what information is needed/missing to move forward or appeal.
 - ✓ Some local organizations have resources and provider databases for TGNB experts (Ingersoll, County).
- **Prepare your patient/client** that surgery may not be approved initially, and it could take a few tries to get authorization depending on how familiar you, your facility, insurance agency, or health system is with this process.
- A structure that feels right to you
 - Billing – Intake/assessment CPT
 - Timeline - Most straightforward assessments include 1-2 visits
 - Assessment 1 offs vs. new patient establishment

QUESTIONS?



5 Tips To Be Gender Aware

1



Make Eye Contact

Show you SEE them as you would anyone else.
Remember to use GENDERLESS GREETINGS!

2



Pronouns Matter

Don't assume!
Ask : What pronouns do you use AND what name do you like to be called? If you aren't sure, using They/Them at first can be a safe alternative. Bonus: provide your own pronouns afterward!

3



Refrain From "Helpful Tips"

- You should try voice coaching.
- I'd never guess you were trans!
- You're so brave!
- I have a friend that's trans...

4



Don't Out Someone

Is she? Are they?
It doesn't matter. A TGNB's identity is their own, as is any previous names or gender markers. Stay in the now and meet them where they're at.

5



Learn Something

Utilize trainings, your Health Program Coordinator, and Gender Ally Providers.
The internet is full of resources, too!

2018 · Pickering, MA LMHC

Thank You

For questions contact Sean Johnson
EMAIL: sean2010@uw.edu

References

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