



## **LETTERS OF SUPPORT FOR GENDER DYSPHORIA TREATMENT - NYS MEDICAID GUIDANCE**

### **Timelines and Provider Credentials:**

- Must be dated within the past 12 months.
- Must be written by NYS licensed providers.
- Letters can be written by physicians, psychiatrists, psychologists, nurse practitioners, psychiatric nurse practitioners, or LCSW acting within the scope of their practice.
  - Letters written by any other type of provider must be co-signed.
- One letter must be from a provider with whom the member has an established and ongoing relationship.
- The second letter may come from a provider who has only had an evaluative role with the member.
- **Each procedure being requested will require a separate letter.**

### **Key Points Letters Must Include:**

- How long member has been a patient of yours.
- How long member has lived in the gender role that corresponds with their gender identity.
- Confirm member has persistent and well-documented gender dysphoria.
- State your support of the requested gender affirming procedure and specify the procedure being requested.
  - If you are not in support of the requested gender affirming procedure, please explain why.
- Indicate the members capacity to make a fully informed decision and consent to the treatment.
- Provide information on member's hormone regimen.
  - Genital surgery requires 12 months of hormone therapy.
  - For breast augmentation (requires 24 months on hormone therapy), indicate effect of hormones on breast growth, i.e. whether member has had negligible breast growth after 24 months on hormone therapy.
  - Indicate if hormone therapy is contraindicated or if the member is otherwise unable to take hormones.
- Discuss any medical or mental health conditions and whether or not these would be a contradiction to surgery, or if so, that they are reasonably well controlled.
- Support letters for all procedures other than top or bottom surgery **MUST** include a discussion of how the procedure is medically necessary for the treatment of gender dysphoria.
  - Explain why the procedure is indicated and how it will benefit the member and alleviate gender dysphoria.

**For additional information, please see Amida Care Clinical Guidelines and Coverage Criteria for the Treatment of Gender Dysphoria or contact the Gender Identity Support Team (GIST) at 646-757-7982; or email [GIST@amidacareny.org](mailto:GIST@amidacareny.org)**