



IU Health Physicians

What is the scope of services that can be referred to IUHP Plastic Surgery?

- Gender affirming male-to-female and female-to-male top surgical care is being managed by our practice with considerable delays in processing due to this transition. We are leveraging both a waitlist and detailed criteria for consultation with a member of our faculty supporting these procedures.
- Gender affirming male-to-female and female-to-male bottom surgical care is being routed to our partners with IU Health Physicians Urology. This team can be reached at 317.944.7338.

What must be included in referrals sent for patients seeking gender affirming care?

- Formal letter or referral from primary care provider** that has treated patient for at least 12 months and recommends surgical care for gender dysphoria diagnosis. Any and all documentation supporting gender affirming care should be sent along with referral letter or note.
- 2 WPATH letters** – We have included Guidelines for WPATH to this note, if needed.
 - 1 - Letter from qualified mental health professional
 - 1 – Letter from hormone prescriber.
 - These may come from the same office, but not the same person.
 - All letters must be signed by the provider and printed on letterhead. The letters can be faxed, emailed, or mailed to our office.
- Copy of patient's active insurance card.**
- Copy of patient's explanation of benefits** for their specific policy. This information can be requested by calling the customer relations/support number on the back of the insurance card.
- A copy of the attached **"Insurance Exclusions Declaration Form"**.

Where should referrals be sent?

- Gender affirming male-to-female and female-to-male top surgical care - All documentation, including letter/note from referring provider and WPATH letters, should be sent to our office via fax (317.222.2024) or email plastics@iuhealth.org.
- Gender affirming male-to-female and female-to-male bottom surgical care is being routed to our partners with IU Health Physicians Urology. This team can be reached at 317.944.7338.

How can I check the status of a referral?

- We will begin reviewing referrals within a week from receipt.
- We will communicate with both the referring provider and patient when we begin working a referral.
- Once scheduled into clinic, the referring provider will receive confirmation from our office.
- Patients and referring providers can call us at 317.948.1365.

Guidelines for WPATH Letters

Letter from qualified mental health professionals must include:

- Patient's legal and preferred name
- Patient date of birth
- Age of majority in a given country (18 years of age in US)
- Date provider/patient relationship began and frequency of contact
- That patient has the capacity to make fully informed decisions and consent to treatment.
- That patient has been diagnosed with Gender Identity Disorder/Gender Dysphoria and exhibits all of the following:
 - The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
 - The disorder is not a symptom of another mental disorder; and
 - The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- If the patient has significant medical or mental health issues present, they must be reasonably well controlled.
- *Insurance consideration* – Some insurance companies require these letters to be written by a doctoral trained mental health provider. This can be clarified when completing the “Insurance Exclusion Declaration Form”.

Letter from the HRT or hormone prescribing doctors must include:

- Patient's legal and preferred name
- Patient date of birth
- Date provider/patient relationship began and frequency of contact
- Date hormone therapy began
- That hormone therapy is specifically for the treatment of GID/Gender Dysphoria
- If the patient has a contraindication to hormone therapy please have the provider note this.
- *Insurance consideration* - Some insurance companies may require 1 year of therapy to approve. This can be clarified when completing the “Insurance Exclusion Declaration Form”.

WPATH website - <https://wpath.org/>



Gender Affirmation Surgery Program

Insurance Exclusion Declaration Form

IU Health Physicians

What is this form? Insurance companies often have “exclusions” to coverage for a wide range of surgical care. These exclusions are particularly common for patients seeking gender affirming care. We would like to partner with you to begin the insurance authorization process by requesting what exclusions might exist for your policy.

What we need from you – Call your insurance company and fill out the following worksheet as you progress through your discussion.

1. Date you called your insurance company: _____
2. What number you called: _____
3. If seeking top surgery, ask representative what exclusions exist for the “diagnosis code F64.9 – Gender Dysphoria” and the following surgical codes;
 - 19303.50 (Gender Affirming Bilateral Mastectomy) - Exclusions (if any):

 - 19350.50 (Bilateral Nipple Reconstruction or Free Nipple Grafts) - Exclusions (if any):

 - 19325.50 (Gender Affirming Bilateral Breast Augmentation) - Exclusions (if any):
4. If seeking bottom surgery, please contact the office of the surgeon whom will be providing care to obtain appropriate surgical codes.
5. If provided, call reference number: _____
6. Additional notes from discussion: