

## DOCUMENTATION REQUIREMENTS FOR CHEST RECONSTRUCTION

Your patient's insurance may require referrals for care at BMC. Please have your office submit 2 referrals for 6 visits within a year:

1. BMC – Facility, NPI #1346218294
2. Dr. Jaromir Slama – Plastic Surgery, NPI #1518994086

**Primary Care Providers (PCP) should send in a request for a consult for chest reconstruction. This should include the following information in the form of a letter or as part of a clinical note:**

- a) Length of time of the provider/patient relationship and how many medical visits the patient has had within the past year
- b) Documentation of satisfactory control of significant medical and/or mental health concerns, if applicable\*\*
- c) Documentation that the patient is not a cigarette smoker and the quit date, if applicable. If the quit date is within three months, documentation of a negative urine screen for cotinine or nicotine should be included. (Has to be nicotine free).
- d) Documentation of patient's Body Mass Index (BMI). The BMI must be less than 40.
- e) Surgical clearance stating that patient is cleared for general anesthesia and surgery\*

\* If the patient has a chronic medical condition, such as cardiac disease, diabetes, renal disease, an immunosuppressive condition, etc. (this is not a complete list), there must be documented medical clearance from the provider or specialist treating that condition that the patient is medically cleared for general anesthesia and surgery.

**A support letter from a qualified Mental Health Professional\*\*. The letter must meet the requirements of the health insurance carrier as well as contain the following information. Where these requirements differ, the more stringent requirements must be followed and documented in the letter. Behavioral health letters must include the following information:**

- a) The patient's general identifying characteristics and information
- b) The duration of the behavioral health provider's professional relationship with the patient, including the type and duration of evaluation and therapy or counseling to date
- c) Results of any psychosocial assessment, including any diagnoses
- d) A description of how the criteria for surgery have been met\*\*\*
- e) Contact information for the behavioral health provider and a statement that this provider is available for coordination of care and welcomes a phone call to establish this.

\*\*\*Criteria for surgery include:

- Persistent, well-documented gender dysphoria/gender incongruence as defined by the DSM-V criteria.
- Capacity to make a fully informed decision and to consent for treatment
- 18 years of age or older
- If significant medical or mental health concerns are present, they must be well-controlled
- Documentation of at least 12 months living in the gender role congruent with identity or, if this has not been possible, clear documentation explaining why.

**Letters should be addressed to: Dr. Jaromir Slama**

They can be sent to us via email, fax or mail:

EMAIL: [transgender.center@bmc.org](mailto:transgender.center@bmc.org)

FAX: 617-414-7158

Cover letter for fax to: Center for Transgender Medicine and Surgery

MAIL:

Boston Medical Center  
Center for Transgender Medicine and Surgery  
Preston Building, 3rd Floor, Room 3031  
732 Harrison Ave, Boston, 02118

Please don't hesitate to contact us with questions.

Sincerely,

Center for Transgender Medicine and Surgery Team  
617-638-1833  
[transgender.center@bmc.org](mailto:transgender.center@bmc.org)