

BEHAVIORAL HEALTH SUPPORT LETTER REQUIREMENTS FOR PATIENTS DESIRING NEO-VAGINOPLASTY AT BOSTON MEDICAL CENTER

Patients need support letters from two licensed Behavioral Health (BH) professionals. Letters must meet the requirements of the health insurance carrier as well as those listed below. Where these requirements differ, the more stringent requirements must be followed and documented in the letters. Letters should include the following information:

- The patient's general identifying characteristics and information
- The BH clinician's experience with treating transgender patients
- The duration of the BH provider's professional relationship with the patient, including the type and duration of evaluation and therapy or counseling to date
- Results of any psychosocial assessment including any diagnoses
- A description of how the criteria for surgery* have been met
- Identify support systems, any progress made in transition socially or medically
- Any BH diagnosis or concerns and how they are being managed
- Contact information for the BH provider and a statement that this provider is available for coordination of care.

Criteria for genital reconstructive surgery include:

- Persistent, well-documented gender dysphoria/gender incongruence
- 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 stable
- 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
- 12 continuous months of hormone therapy as appropriate to the patient's goals (unless hormones are medically contraindicated)

Note that for these letters, one must be from a clinician who has had a therapeutic relationship with the patient, and the other may be from a clinician who has had only an evaluative role of the patient.

Support letters should be addressed to Dr. Jaromir Slama and Dr. Robert Oates.

FAX to: 617-414-7158

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

Or MAIL: Boston Medical Center

Center for Transgender Medicine and Surgery

Preston Building, 3rd Floor, Room 3031

732 Harrison Ave, Boston, 02118

You may also download a copy of this guideline and sample BH support letters from our website at:

www.bmc.org/center-transgender-medicine-and-surgery.

Please don't hesitate to contact us with questions. Sincerely,
The BMC Transgender Center for Medicine and Surgery Team
Phone: 617-638-1833

Email: transgender.center@bmc.org