



Name & Address of Surgeon-here

Regarding Patient:

DOB: 05/01/1982

Endorsement Letter for Top Surgery

To Whom It May Concern ,

_____ is a female to male transgender patient whom I am referring to you for a bilateral mastectomy/breast reduction and the construction of a male appearing chest. _____ has been on testosterone therapy since May, 2016. He has well documented Gender Dysphoria and fits the diagnosis for ICD-10 code F64.9, Gender Dysphoria. Pursuant to recent guidance from DC Health Care Finance and the Department of Insurance, Securities, and Banking, DC Medicaid and health insurance plans originating in DC will cover gender reassignment surgery in accordance with the World Professional Association for Transgender Health (WPATH) guidelines.

Per WPATH guidelines, criteria for mastectomy and creation of a male chest in FtM patients include:

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.
4. If medical or mental health concerns are present, they must be reasonably well controlled.

I believe that _____ meets all of these criteria and would be a good surgical candidate. Chest reconstruction is the next step in his transition and will enable him to more fully live as a male.

Please feel free to contact me with any questions regarding this patient. I would be happy to provide the preoperative evaluation for surgery if needed (please send procedure date, CPT code, and any specific preoperative requirement of your facility like specific labs or x-rays).

If you have any questions regarding insurance coverage of this procedure or if the claim gets rejected, please contact Amy Nelson, the Supervising Attorney in our Legal Services Program, at (202)-939-7625.

Respectfully,

David Cornell, DNP, FNP-BC
Nurse Practitioner