

# Mastectomy or Breast Reduction

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The Comprehensive Gender Services Program (CGSP) uses the World Professional Association for Transgender Health (WPATH) Standards of Care guidelines when referring you for care relating to gender dysphoria, including mastectomy or breast reduction. The process described in this handout helps us to make sure that we follow the WPATH Standards of Care guidelines and give you safe and effective care.

## What are the requirements for mastectomy or breast reduction?

**Mastectomy** and **breast reduction** are both surgeries that remove breast tissue and create a flatter chest. This is also called **top surgery**. Mastectomy will remove more of the breast tissue than breast reduction will.

- To have this surgery, you will need **1 support letter** from a licensed mental health care provider that addresses the WPATH Standards of Care guidelines.

## What happens if my insurance plan doesn't cover mastectomy or breast reduction?

- If your insurance plan does not cover the surgery, we suggest speaking with University of Michigan Health's patient financial counselors. They can get you a cost estimate (tell you about how much the surgery will cost) and talk with you about possible financial assistance (resources to help with paying for the surgery). You can call them Monday through Friday between 8:00 AM – 4:00 PM at (734) 232-2621.
- If you decide to have the surgery, our patient financial counselors can also work with you on a payment plan for the **out-of-pocket costs** (the costs that your insurance won't pay for).

- You will still need 1 support letter from a mental health care provider.

### **What are my next steps to get mastectomy or breast reduction?**

1. When you submitted your Service Inquiry Form with your interest in mastectomy or breast reduction, you were added to our wait list for top surgery consultation appointments.
  - Due to increased demand for top surgery and limited availability of appointments, we're only able to schedule consultations 6 months into the future.
  - If you would like to confirm that you are on the wait list, please call our office at (734) 998-2150.
2. Make sure you are signed up for University of Michigan Health's online patient portal ([MyUofMHealth.org](https://myuofmhealth.org)). CGSP will contact you through the patient portal when it's time to schedule. If you don't have your patient portal set up, we'll reach out by phone when it's your turn to schedule your appointment.
3. Do not get your support letter for surgery yet. Insurance providers want letters of support for gender-affirming surgeries to be no more than 1 year old. If you get the support letter now, it will likely be over 1 year old by the time of your consultation appointment, and you will need to get the letter updated.
4. CGSP will send you a patient portal message (or call if you do not have a patient portal account with University of Michigan Health) to let you know when we're able to schedule you. In that message, they'll ask you to send CGSP your support letter.
5. Meet with a **licensed mental health care provider** to get a support letter. We still recommend that you get a support letter from a mental health care provider (instead of your primary care provider or hormone care doctor), because it has been our experience that letters from mental

health care providers are more successful with getting insurance coverage.

- Licensed mental health care providers include:
    - Psychologists
    - Clinical social workers
    - Professional counselors
    - Marriage and family therapists
    - Psychiatrists or psychiatric nurse practitioners
  - If your letter writer has a limited license, their fully licensed supervisor needs to co-sign their letter.
  - If you would like help finding a licensed mental health care provider who is able to write your support letter, please call the CGSP office at (734) 998-2150.
6. Send the support letter to our office (either you or your letter writer can send it) in one of the following ways:
- **Mail:** CGSP, 4250 Plymouth Rd, SPC 5766, Ann Arbor, MI, 48109
  - **Fax:** (734) 998-2152
  - **E-mail:** [GenderServices@med.umich.edu](mailto:GenderServices@med.umich.edu)
7. Once you or your letter writer have sent the letter to CGSP, we recommend that you call the CGSP office to make sure that we received the letter and to schedule the date of your consultation appointment with the surgeon.

If you or your letter writer have any questions or concerns about the letter-writing or letter-reviewing process, please call our office at (734) 998-2150.

### **What information does my licensed mental health care provider need to include in my support letter?**

- Our list of guidelines is included at the end of this packet. Please give this list to the licensed mental health care provider who will write your

support letter, especially if they don't know the WPATH Standards of Care. If they have any other questions about what to include in the letter, please have them contact the CGSP office at (734) 998-2150.

- The guidelines we use to determine if your letter is complete are based on the WPATH Standards of Care. The places where our guidelines are different from WPATH are related to requirements from insurance providers and to medical concerns from our surgical teams.

### **What happens after I send my support letter to CGSP?**

- Once we get your support letter, you can schedule your consultation appointment with a surgeon for the mastectomy or breast reduction. If you have a patient portal account set up, you will receive a message from our team to let you know that your letter has been received. If you do not have an account, we will call you instead.
- Before you come in for your appointment with the surgeon, the CGSP team will review your letter to make sure that it addresses the WPATH Standards of Care guidelines. We will respond in one of 2 ways once we review your support letter:
  - If the support letter does not address the WPATH Standards of Care guidelines, or if we have questions about the support letter, we will contact your letter writer. It's important that your letter writer talks with our office about the letter so that they can update the support letter as needed.
  - If there are no issues with your support letter, we will contact you (by phone or through the online patient portal at [MyUofMHealth.org](https://myuofmhealth.org)) to let you know that your letter is complete. If you have not already scheduled your appointment with a surgeon, our message will also include a reminder to do so.

## How do I prepare for my surgery consultation appointment?

- Before you come in for your consultation appointment, you must be nicotine-free. This means that **you must stop using all products containing nicotine** (including cigarettes, e-cigarettes or vape pens, nicotine patches, nicotine gum, and chewing tobacco).
- The surgical team may have you tested before scheduling your surgery date to make sure that you don't have nicotine in your body. If your test shows that you have nicotine in your body, your surgery date will not be scheduled at that time. You will likely need to wait 8-12 weeks before we test you again for nicotine.
- If you smoke or vape marijuana, our surgeons also recommend that you stop completely or switch to marijuana products that are not smoked or vaped, such as edibles.

## What happens at the surgery consultation appointment?

At the consultation appointment, you will:

- Talk with your surgeon to see if you are a good candidate for surgery (meaning that you are medically ready for mastectomy or breast reduction).
- Ask your surgeon questions about the surgery.
- Talk with your surgery scheduler about your next steps, including out-of-pocket costs.

**Please note: You will not schedule your surgery date at the consultation appointment.**

- If you are planning to use your insurance coverage for your surgery, your surgeon's team will make sure they get insurance pre-authorization for the surgery from your health insurance provider before scheduling the date of surgery. **Insurance pre-authorization** is approval from your health insurance provider that they will cover all or part of the surgery

costs. Once the surgery team has gotten insurance pre-authorization for you, you will be able to schedule your surgery date.

- If you are not planning to use your insurance coverage for your surgery, a member of your surgeon's team will contact you (through the patient portal or by phone) 1-2 weeks after your consultation appointment to discuss the self-pay costs before they schedule your surgery date.

Your surgeon's team will review the timeline between the consultation appointment and surgery date with you at your consultation appointment.

### **Who do I contact if I have questions about this process or my support letter?**

Please contact our office by phone at (734) 998-2150 on Monday through Friday between 8:00 AM – 4:30 PM.

- We can also help your letter writer if they have any questions about the letter writing process and how they can make sure that the support letter addresses the WPATH Standards of Care guidelines.

**If you have already had your consultation appointment** and you have questions about your next steps after that appointment, please contact the Plastic Surgery clinic directly. They can be reached by phone at (734) 998-6022 on Monday through Friday between 8:00 AM – 4:30 PM.

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