

Metoidioplasty

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 metoidioplasty. 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 metoidioplasty?

Metoidioplasty is a surgery that creates a penis by enlarging the clitoris.

- To have this surgery, you will need **1 or 2 support letters** from licensed mental health care providers that address the WPATH Standards of Care guidelines. The number of support letters you need depends on the requirements of your insurance provider.
- Before you move forward with surgery, you will need to be using **hormone replacement therapy (HRT) for at least 24 consecutive months** (2 full years on HRT).
- If you want your surgery to include urethral lengthening, you will need to have a **body mass index (BMI) of 30 or below**.
 - **Urethral lengthening** is a procedure to make the urethra (the tube that pee moves through to leave your body) longer so that it extends to the tip of the new penis. This procedure helps a person to pee standing up.
 - If your BMI is higher than 30, there are technical issues with creating the new urethra that prevents our doctor from doing the surgery. You may want to contact CGSP to be registered for our virtual information meeting (details about this meeting can be

found later in this handout). You may also want to talk about possible weight loss programs with your primary care provider.

- For all patients, if your BMI is higher than 25, there are increased risks and complications with surgery. If your BMI is between 25-30, the surgery may be very difficult and you may not get the results you want.
- Your surgeon will decide whether or not they will do the surgery based on your overall health, your BMI, and your anatomy (the way that your body is shaped).
- If you are unsure of your current BMI, there are free BMI calculators available online that will determine your BMI based on your height and weight.
- If you need help finding a primary care provider or weight loss program, CGSP has a list of local resources.

Read through the “What to Expect: Metoidioplasty” packet that you received with this handout. This provides more information on the process from consultation appointment to surgery and recovery.

How do I know if I need 1 or 2 support letters?

The following insurance providers have updated their policies based on the newest version of the WPATH Standards of Care. If your insurance is from any of the following insurance providers, you should only need to get **1 support letter** for metoidioplasty:

- Aetna
- Blue Cross Blue Shield of MI (including Blue Care Network and Blue Cross Complete)
- Blue Cross Blue Shield of MN
- Blue Cross Blue Shield FEP
- Cigna

- Highmark BCBS
- Humana
- McLaren
- Medical Mutual of OH
- Meridian
- Priority Health

If your insurance is from any of the following insurance providers, you will still need **2 support letters**:

- Some out-of-state Blue Cross Blue Shield (BCBS) providers (like Anthem BCBS, BCBS of MA, and Empire BCBS)
- Molina
- Paramount
- UnitedHealthcare

This list of insurance providers may be incomplete. CGSP will continue to update this list as we gather further information.

If your insurance provider is on the list of providers that only ask for 1 support letter, it is not a guarantee that you will only need 1 letter for your surgery to be approved and covered by your insurance plan. Similarly, if your insurance plan is not on either of these lists, it is not a guarantee that insurance coverage for your surgery will be denied. Individual insurance plans can change which procedures are covered, so we recommend that you contact your insurance provider or look at your insurance plan documents for information about what your personal plan can cover.

After your surgery consultation appointment, you will talk with your surgery scheduler about the process of getting your surgery authorized by your insurance plan and what it means if that authorization is approved or denied.

What happens if my insurance plan doesn't cover metoidioplasty?

- 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, they 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 should I do if I'm not sure whether I want to have a metoidioplasty or a phalloplasty?

- **Phalloplasty** is another type of surgery that creates a penis. CGSP hosts a few phalloplasty information meetings throughout the year. While the meetings focus more on phalloplasty, the surgical team for phalloplasty includes the surgeon that does metoidioplasty. These surgeons will give presentations about the surgical process during the meeting, and they will be available for questions. Please call the CGSP team at (734) 998-2150 to sign up for the next meeting.
- If you go to a phalloplasty information meeting and you still don't know which surgery would be best for you, please call CGSP at (734) 998-2150 to start the process of scheduling a phalloplasty consult appointment. At this appointment, you can talk with the surgeons directly about your personal medical concerns.

What are my next steps to get support letters for metoidioplasty?

1. Meet with your licensed mental health provider or providers to get support letters.
 - Your letter writers must be licensed mental health providers willing and able to write support letters for you to get a metoidioplasty. Licensed mental health care providers include:
 - Psychologists
 - Clinical social workers
 - Professional counselors
 - Marriage and family therapists
 - Psychiatrists or psychiatric nurse practitioners
 - If you need 2 support letters, you will need to have separate appointments with each letter writer.
 - If you need 2 support letters, the second letter may be written by your primary care provider or hormone care doctor instead of another mental health care provider.
 - If your letter writer has a limited license, their fully licensed supervisor needs to co-sign the letter.
 - If you would like help finding licensed mental health care providers who are able to write your support letters, please call the CGSP office at 734-998-2150.
2. You or your letter writer can send the letters to us 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
 - If you are sending 2 support letters, it is best if we receive both letters within 6 months of each other (as insurance providers often reject letters that are more than 12 months old).

3. Once you or your letter writer have sent the letter (or letters) 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, or if they would like to use a letter template to help them write their 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 letters to CGSP?

Once we receive your support letters, we will review them as soon as possible. This review makes sure that the support letters address the WPATH Standards of Care guidelines. We will respond in one of 2 ways once we have reviewed your support letters:

- If the support letters do not address the WPATH Standards of Care guidelines, or if we have questions about the support letters, we will contact your letter writers. It's important that your letter writers talk with

our office about the letters so that they can update the support letters as needed.

- If we have the appropriate number of complete support letters for you that your insurance provider requires, and if there are no issues with your support letters, 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 and you can schedule a consultation appointment with a surgeon.

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 metoidioplasty).
- Ask your surgeon questions about the surgery.
- Talk with your surgery scheduler about your next steps, including **out-of-pocket costs** (the costs that your insurance won't pay for).

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 metoidioplasty.
- 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 office will review the timeline between the consultation appointment and surgery date with you at your consultation appointment.

How do I prepare for my surgery?

- 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.

I'm interested in hysterectomy and vaginectomy as well. Can I have those surgeries at the same time as the metoidioplasty?

If you are a good candidate for surgery and you are interested in having a **hysterectomy** (removal of the uterus) and **vaginectomy** (removing or closing the vagina), we can refer you to a doctor from the Obstetrics and Gynecology (OBGYN) department for another consultation appointment about these procedures. However, you cannot have all these surgeries done at the same time. Expect to wait about 3 months between the surgery for hysterectomy and vaginectomy and the surgery for metoidioplasty to let your body heal and recover.

I don't want hysterectomy and vaginectomy. Do I need to have them in order to have a metoidioplasty?

- Hysterectomy and vaginectomy are not requirements for metoidioplasty. However, if you are interested in urethral lengthening as a part of your metoidioplasty, we strongly recommend that you also have hysterectomy and vaginectomy.
- Having urethral lengthening without a vaginectomy can increase your risks of complications (medical issues) with surgery. If you have questions about this, please bring them to your consultation appointment with your metoidioplasty surgeon.

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 Urology clinic directly. They can be reached by phone at (734) 936-7030 on Monday through Friday between 8:00 AM – 4:30 PM.

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