

# Orchiectomy

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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 orchiectomy. 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 orchiectomy?

**Orchiectomy** is a surgery that removes the testicles.

- 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.
- You will need to be using **hormone replacement therapy (HRT) for at least 12 consecutive months** (1 full year) before your surgery. Your support letters need to include the month and year that you started HRT. If you cannot or don't want to take HRT, your support letter will need to provide information on why HRT is not appropriate for you.

## 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 obtain **1 support letter** for orchiectomy:

- 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 orchiectomy?**

- 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.

### **Can I still have a vaginoplasty if I have an orchiectomy on its own first?**

Yes, you can still have a **vaginoplasty** (surgery to create a vagina) if you have orchiectomy first. If you know that you want to have a vaginoplasty soon, you may want to tell your orchiectomy surgeon during your surgery consultation appointment. They can take steps during the orchiectomy to make the future vaginoplasty a little easier, such as leaving the scrotum instead of removing it. However, this is not necessary, and you can still have a vaginoplasty in the future without these changes to the orchiectomy process.

## What are my next steps to get support letters for orchiectomy?

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 an orchiectomy. 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](mailto: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, 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 orchiectomy).
- 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 orchiectomy.
- If you are not planning to use your insurance coverage for your surgery, a member of the 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.

### **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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Author: Elizabeth Rooney  
Edited by: Brittany Batell, MPH MSW CHES®

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