

Vaginoplasty

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 vaginoplasty. 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 vaginoplasty?

Vaginoplasty is a surgery that creates a vulva and vagina. It also includes removing the penis and testicles.

- To have this surgery, you will need **1 or 2 referral letters** from licensed mental health care providers that address the WPATH Standards of Care guidelines. The number of referral 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 referral letters need to include the month and year that you started HRT. If you cannot or don't want to take HRT, your referral letter will need to provide information on why HRT is not appropriate for you.

What types of vaginoplasty are available at Michigan Medicine?

- **Penile inversion vaginoplasty** is the most common type of vaginoplasty offered at Michigan Medicine.
- The **peritoneal pull-through vaginoplasty** has also recently become available to our patients.

- Another option is **zero-depth vaginoplasty**, also called **vulvoplasty**. This surgery builds the external genitalia (the vulva, which includes the labia and clitoris), but it does not build the internal vaginal space.
 - This option does not require permanent hair removal at the surgical site (which is required for a full-depth vaginoplasty).
 - If you have a zero-depth vaginoplasty, you can still decide to have a full-depth vaginoplasty in the future.

How do I know if I need 1 or 2 referral 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 referral letter** for vaginoplasty:

- Aetna
- Blue Cross Blue Shield of MI (including Blue Care Network and Blue Cross Complete)
- Cigna
- Highmark BCBS
- Humana
- McLaren
- Medical Mutual of OH
- Medicare
- Meridian
- Priority Health

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

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

- Molina
- Paramount
- UnitedHealthcare

It is possible that this list of insurance providers is incomplete. CGSP will continue to update this list as we gather further information.

If your insurance provider is on this list, it is not a guarantee that your surgery will be approved and covered by your insurance plan. Similarly, if your insurance plan is not on this list, it is not a guarantee that insurance coverage for your surgery will be denied. 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 phalloplasty?

If your insurance plan does not cover the surgery, we suggest speaking with Michigan Medicine'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). 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 can call them Monday through Friday between 8:00 AM - 4:00 PM at (734) 232-2621.

Even if you are not using your insurance to pay for the surgery, you will still need 1 referral letter from a mental health care provider.

What are my next steps to have a vaginoplasty?

1. Read through the “What to Expect: Vaginoplasty” packet that you received with this handout. This provides more information on the process from consultation appointment to surgery and recovery.
2. Fill out and sign the “Vaginoplasty Acknowledgment Form,” and then send the form back to us.
 - This form provides more information on the timeline of your recovery period. We need to make sure that you have seen, understood, and agree to the information.
 - You will receive a copy of this form along with this packet. If you have not received the form, please let our office know.
3. Think about starting the process of permanent hair removal at the surgical site (the place on your body where you’re having a vaginoplasty).
 - This permanent hair removal is required for full-depth vaginoplasty, and it can take at least a year to complete.
 - If you are only interested in zero-depth vaginoplasty, you do not need permanent hair removal at the surgical site.
 - A list of permanent hair removal providers and a diagram (detailed drawing) of where you must get hair removal is included in this packet.
4. Go to a vaginoplasty information meeting.
 - This meeting goes over a lot of general information about the surgery, including what happens during the surgery, what the possible risks and complications (medical issues from surgery) are, and how patients can prepare for surgery and recovery. There is also a presentation on the process of permanent hair removal.

- **Our surgeons require that patients coming in for a consultation appointment watch the information meeting before their appointment.** This leaves more time during your personal consultation appointment to talk about your specific situation with the surgeon.
- The vaginoplasty information meetings are usually held every other month (6 times a year) as an online video conference (over Zoom). You can register for the next meeting by calling the CGSP office at (734) 998-2150. There is also a flyer for the meeting included with this packet.
- If you cannot go to one of the live meetings, call CGSP to let our team know so that we can send you a recorded version of the presentation.

What are the next steps to get referral letters for vaginoplasty?

1. Meet with your licensed mental health provider or providers to get referral letters.
 - Your letter writers must be licensed mental health providers who are willing and able to write referral letters for you to get a vaginoplasty. 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 referral letters, you will need to have separate appointments with each letter writer.
 - 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 referral 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 referral 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).

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 referral 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 referral 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 addressing requirements from insurance providers and medical concerns from our surgical teams.

What happens after I send my referral letters to CGSP?

Once we receive your referral letters, we will review them as soon as possible. This review makes sure that the referral letters address the WPATH Standards

of Care guidelines. If you have a patient portal account set up at MyUofMHealth.org, 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. We will respond in one of 2 ways once we have reviewed your referral letters:

1. If the referral letters do not address the WPATH Standards of Care guidelines, or if we have questions about the referral letters, we will contact your letter writers. You may want to remind your letter writer to talk with our office so that they can update the referral letter as needed.
2. If we have the appropriate number of complete referral letters for you that your insurance provider requires, and if there are no issues with your referral letters, we will contact you (by phone or through the online patient portal at MyUofMHealth.org) to schedule your personal consultation appointment with the surgeon. If you have not gone to one of the vaginoplasty information meetings, CGSP will help you sign up for an upcoming meeting as well.

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 vaginoplasty is the right medical choice for you)
- 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.

When can I join the waitlist for surgery?

There are a few steps that need to happen before you can get your surgery date.

- 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.
- If you are having a full-depth vaginoplasty (penile inversion or peritoneal pull-through), you must complete the required permanent hair removal at the surgical site.
 - Once your hair removal provider tells you that your hair removal is complete, please call the Plastic Surgery clinic at (734) 998-6022 to let your surgical team know.
- It is best to make sure that your referral letter (or letters, if your insurance provider requires 2) is up-to-date and not too old. Many insurance providers won't accept letters that are over 1 year old. We will use the referral letters to get insurance pre-authorization for payment from your health insurance provider.

You will join the waitlist for surgery once your surgical team has:

- Confirmed that you are not smoking or vaping anything, and that you are not using nicotine in any form
- Confirmed that you have completed permanent hair removal
- Made sure that your referral letter (or letters) is complete and up-to-date
- Gotten insurance pre-authorization from your insurance company for you (if you are planning to use your insurance coverage for the surgery)

The Plastic Surgery department will review all of these steps with you at your consultation appointment.

Who do I contact if I have questions about this process or my referral letters?

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 referral 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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