

Presenters:

Krisztina Szabo, Esq. (she), Staff Attorney

Helps appeal insurance rejections

Brit Walsch (she/they), Senior Manager of Retention and Engagement

Surgery navigation

Thomas Coughlin (he), Director of Gender Affirming Services, Psychotherapist

Psychotherapist, behavioral health

Colleen Lane (she), Medical Site Director, Max Robinson Center

Medical provider, primary care, hormones, surgical support

Avery Wimpelberg (they), Clinical Research Manager

Clinical research, 9 months post-op

www.whitman-walker.org

Description:

Are you considering gender-confirming surgery, but are anxious about the process? Would you like to be more prepared for your surgery consults? Do you wonder what documentation your insurance plan needs in order to cover your surgery? If so, this workshop is for YOU! A joint panel (medical, mental health and legal professionals) will discuss the journey of seeking surgery and tips to ensure that you are getting the support you need from your healthcare providers and insurance plan.

- “I want gender-confirming surgery. Where do I begin?”
 - PCP—Colleen
 - some people have a really good relationship with their PCP and have known them for years, but some people (especially younger people) might be meeting that person for the first time
 - My job is to make sure you’re ready to have surgery:
 - exactly what surgery do you want?
 - How can we get you medically ready for surgery
 - smoking cessation
 - laser hair removal
 - blood sugar management

- referring to surgeons and talking about how to research the surgeon they want—how do you decide on a surgeon?
 - talk to your community
- Therapist—Thomas
 - Some people don't need letters (if paying out of pocket)
 - some people will go straight to a therapist rather than a PCP
 - most surgeons require 1 letter from above the waist, 2 below the waist (WPATH standards)—some go on an older path and require a doctoral MH professional
 - this is largely a letter of support for insurance purposes
- Insurance—Krisztina
 - Different insurances cover different things—you may be facing exclusions that you'll need to pay out of pocket—you can also plan to start the insurance process knowing you'll get a denial, and you want to plan to file an appeal
 - it's good to know about the deductible, co-insurance, etc
 - "covered" does not mean "no cost"
- Researching Surgeons—Brit
 - 4+ years DC Medicaid has paid for gender- affirming surgeries
 - Priority: staying on top of local surgeons who accept Medicaid and checkin on their expertise, and what their offices are like for trans people
 - going in person to those locations
 - calling over and over—do you do x procedure?
 - one step is "who are all the plastic surgeons in my area who take my insurance" and then you can call those people

- People are constantly entering this field so there's a lot that goes into keeping up with those people
 - Can I be confident with how someone will be treated walking into your office?
 - reminding folks that experience might be being in an office with a lot of people who are there for other stuff and that might shape what it feels like to be in that space (e.g. going for hysterectomy and being with a bunch of pregnant people)
- Researching Surgeons—Avery
 - find pictures of what you do and don't want. Take those pictures to the surgeon and tell them what you do or don't want
 - research multiple options
 - have multiple consultations if you can
 - Ask questions
- Researching Surgeons—Colleen
 - don't be afraid to bring an advocate
- Researching Surgeons—Thomas
 - Whitman Walker has a resource guide with a list of questions for your surgeon
- Post-Surgical Recovery—Colleen
 - You cannot leave unless you have a ride home, whether it's an outpatient procedure or you're being released from the hospital
 - where are you going? Who is going to be there to help with meds, bandages, grocery shopping
 - work with your behavioral health specialist during that letter process to prepare for post-surgical care because this stuff is not exciting and you need to have a plan

- if your surgeon is out of state or overseas, prep with your PCP ahead of time
 - do they have experience looking at surgical wounds?
- Post-Surgical Recovery—Avery
 - think in advance about what you'll need after surgery and get it BEFORE
 - get your space set up
 - created a “nipple station” with a little table and a mirror to do wound care
 - you can't lift your arms—you're a t-Rex for a while
 - you can't get plates out of the cabinet, put things in an above-oven microwave
 - you have to sleep upright
 - have the right kinds of pillows or sleep in a recliner
 - you will have extra expenses
 - scar tape, meds, medical goods
 - Shop around, be creative
- Question—How long do I have to do laser hair removal before feminizing bottom surgery?
 - Brit—different surgeons have different requirements. Some folks require the kind of ideal, whereas others will acknowledge “this may or may not be the ideal situation but I hear you saying you can't wait two years.” Check people's website, go in for consultations, talk to the specific surgeon.
- Consultation—Brit
 - Also surgeons are not required to tell you all of the costs up front but you should ask.
 - Physical requirements before surgery

- Timeframe, especially timeframe of when they need paperwork
 - What is their process?
 - What do they need in a letter?
- Consultation—Thomas
 - connect with internet support groups for information about surgical providers in your area
 - ask yourself whether you want to go to a newer surgeon or a surgeon who is moving into this field
 - How many of this procedure have you done
 - do you have before/after
 - what have outcomes been?
 - what kind of complications have there been?
- Consultation—Colleen
 - what is the surgeon's training or speciality? Maybe plastic surgery, urology
 - what happens if you go to the office and you're disrespected?
 - Colleen used "transgendered"
 - give feedback when you can—or let your PCP and therapist know what happened—they can call the office and share that feedback to help that provider get better
 - having an advocate also helps a lot with this
- Question—we hear like stop smoking, fix your blood sugar, fix your BMI—is there anything else?
 - Colleen: there's a risk assessment for surgeries. above-the-waist surgeries are pretty low risk usually, so unless you've had a recent heart attack or something you're probably a candidate. For below-the-waist, kidney disease, dialysis, family history of cardiovascular disease may require some extra screening or prep

- Brit—we know DC Medicaid really well and we can help surgeons understand the process. If you already have your letters, it goes a lot faster. If you need to start the process of starting a relationship with a therapist, that could take several months. If you have a lot of money and you don't need to worry about finding someone who takes your insurance and is accepting new patients, you might be able to get that done in a few weeks. It also depends how organized your insurance and surgeons offices are. Most surgeons won't schedule you until you've had insurance authorization, but some surgeons will (and then you might get bumped). Some surgeons are really busy and can't schedule you within a year because they're booked. If someone wanted letters RIGHT AWAY so they could have surgery in a month that would be a challenge to meet that need.
- Question—How to deal when insurance only approves half of the procedures and the surgery is coming up.
 - Krisztina—this comes up all the time unfortunately, where the authorization didn't go through, the insurance failed to submit paperwork, the surgeon's billing staff filed something incorrectly, or something else and it'll be the night before and they have to postpone their surgery. You can appeal post-surgery but that's a financial risk.
 - Brit—do you know if you had all the paperwork required to get it authorized?
 - Q: the mental health provider letters needed to be updated.
 - Brit—**there's an expiration date of one year**, and they will submit 4-6 weeks before the surgery, which means you might need to get it updated and your mental health provider might not feel okay about just resubmitting with a new date if they haven't seen you.

- Krisztina—don't be afraid to call your insurance company because you don't know if those two companies are in contact with each other
- question—most places don't accept Medicare “because of loopholes”?
 - Krisztina—this is a challenge in DC. Medicare did away with National Coverage Determination but Medicare does not issue prior authorizations—which means it will only be determined AFTERWARD whether your procedure is covered. Many people do not want to take on that risk. Medicare *has* paid for surgeries, but it's very iffy.
 - usually people who take Medicare are larger hospitals, but some of the largest hospitals don't take Medicare
- comment—my mental health provider gave me an undated letter and a dated letter, so I could add the date myself later
- question—do both letters have to come from medical doctors?
 - Thomas—it's generally mental health providers
 - Colleen—the medical letter is your operative risk assessment, same as any other surgery
- Question—what does it mean to have two independent letters?
 - they put two signatures on one letter
 - the important thing is that the two letters are non-identical, but it's okay for them to come from within the same institution if they are **two** letters
 - for safety, it would be a good idea to refer a person who might be bounced to Max (or who has been bounced) for a stronger argument
- question—do you have a list of surgeons you've worked with?
 - Brit—we don't publish anything but bwalsch@whitman-walker.org —big challenge is there are constantly new people that we can't vet because they're new
- question—Daughter is eager for surgery but worried about hair removal.

- Colleen—if she’s worried about pain, there is numbing cream to put on just before a removal session that can be prescribed by the PCP. If you go somewhere that has worked with trans folks before, you can have them drape the body so she’s less exposed, and make sure you’re working with a place that’s sensitive if possible
- Brit—affirm the shittiness of that experience, and work toward a framework of like this sucks but we can get through it to get what you need
- Thomas—talk in a mental health session
- Colleen—some surgeons will cauterize during surgery rather than doing lazer but this is a very hotly contested practice because it can result in internal health marker
- question—can you update your name/gender marker in the middle of the insurance marathon?
 - Krisztina—I would suggest not doing that in the middle just to keep things on track. Do it a few months before, or do it after. It’s fine to do a name change during an appeals process because then it’s just you and that one agency rather than a super complex multi-party process
 - insurance claim reviewers are most likely to be hostile
- question—do I need a mental health provider in the state where my surgeon is?
 - no
- National Center for Transgender Equality has a tone of great resources including instructions to file an insurance appeal without contacting a lawyer—may not be up yet but will be up in the next month.
 - Also explains insurance plan exclusions and how they are illegal
 - This is the same kind of letter that lawyers write to take on appeals, and they are often successful
 - transequality.org

- Question—I had top surgery out of network and I discovered that I didn't get my 80% out-of-network benefit because it was under "multiple procedure codes." The first code got 80%, the second code was 50%—and they do this for everyone, not just trans folks. Even though it was precertified, still had to pay. Maybe this doesn't apply within coverage?
 - Brit—this depends a lot on your plan. We don't regularly refer to people outside their plan, and we encourage people to discover the fine details in their plan.
 - Krisztina— the United Healthcare rider includes a lot of stuff they don't actually cover—it looks really good but the fine print is terrible.
- Your surgical claim can be denied because transition care is "behavioral health" and you're only in network for "medical" etc