



Consultation Requirements

Stiller Aesthetics follows the WPATH Standards of Care

The World Professional Association of Transgender Health is a non-profit, interdisciplinary professional and educational organization devoted to transgender health care. They have set the Standards of Care for the health of transsexual, transgender, and gender nonconforming people.

****At Stiller Aesthetics we acknowledge the needs of intersex and non-binary/gender nonconforming patients, please note that in the document we are using specific terminology referenced by WPATH and HCA guidelines. Please reach out to the office to clarify specific requirements related to intersex and non-binary/gender nonconforming needs so we can best support you.**

Vaginoplasty Surgery Requirements

- Medical referral from health care provider
- One (1) year of hormone replacement therapy
- One (1) letter of support from your health care provider

Mastectomy Surgery Requirements

- Medical referral from health care provider
- One (1) letter of support from your health care provider

Facial Feminization/ Facial Masculine Surgery Requirements

- Medical referral from health care provider
- One (1) year of hormone replacement therapy
- One (1) letter of support from your health care provider



Body Feminization

- Medical referral from health care provider
- One (1) year of hormone replacement therapy
- One (1) letter of support from your health care provider

Body Masculinization Surgery Requirements

- Medical referral from health care provider
- One (1) letter of support from your health care provider

Facial and/or Body Hair Removal Requirements

- One (1) letter of support from your hormone prescriber
- One (1) letter of medical necessity from dermatologist or primary care provider
- Photos of requested area for hair removal from 2 feet away
 - What method of hair removal used {ie. Shaving, waxing ect.}
 - Immediately after hair removal
 - 8 hours after hair removal
 - 24 hours after hair removal

All letters must be signed by the provider and dated. The letters can be faxed, emailed, or mailed to our office.

Please allow 48 hours after sending documentation before inquiring if your information was received.

All documentation received will be processed as soon as possible.

Once all documentation is received your authorization will be compiled and submitted to your insurance company. Upon submission our office will be given a reference number which will be documented in your chart. The prior authorization process takes *8-10 weeks* from start to finish. Our office does not provide status updates.

If you would like an *update* on the status of your authorization, *you may call your insurance company* and give them the reference number. Our office is not informed of the status of your authorization once it is submitted.



Useful Resources:

- Health Care Authority List of Transportation & Lodging Brokers (WA Medicaid ONLY)
 - <https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/transportation-services-non-emergency>
- WPATH Standards of Care
 - <https://www.wpath.org/publications/soc>