

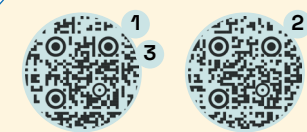
Accessing Gender-Affirming Surgery in New Brunswick

So you've decided that surgery is right for you. Now what?

1

Do you currently have a **health care provider**¹ who can complete a **Gender Affirming Surgery Prior Approval Request**² (often referred to as a PA or Prior Approval) and a **Letter of Assessment** (see page 1)? These are required for your surgery to be funded by Medicare.

These two documents can be completed by the same health care provider, or two different ones.



continue to 2

NO

YES

continue to 3

2

Use **this listing**³ to find a doctor, nurse practitioner or mental health provider who can complete the PA and write the Letter of Assessment for you.

Reaching out to therapists for your Letter of Assessment?
Review some things to consider on page 3.

continue to 3

3

New Brunswick Medicare covers a variety of gender-affirming surgeries. Some of these surgeries take place in New Brunswick hospitals, while genital surgeries take place at the Centre Métropolitain de Chirurgie (GrS Montréal) in Montreal, Quebec.

Review the list on page 2.

Have you determined where your surgery will take place, based on the type of procedure you're having?

continue to 4

YES MONTREAL

YES NB

continue to 5

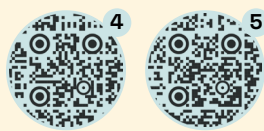
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The health care provider who completed your PA will collect and send BOTH the PA and Letter of Assessment to GrS Montréal.

GrS Montréal will contact you directly when it is time to book your consultation, or if additional information is needed.

Be prepared to pay for travel and/or accommodation, as this is not covered by Medicare - For possible support, visit **HopeAir**⁴.
If you are First Nations or Inuit, travel and accommodations may be provided by **NIHB**⁵.

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5

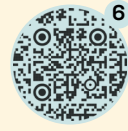
The health care provider who completed your PA will collect and send BOTH the PA and Letter of Assessment directly to the surgeon you are referred to.

The surgeon's clinic will contact you directly when it is time to book your consultation, or if additional information is needed.

continue to 6

6

Explore and engage the pre- and post-surgical **care options**⁶ you may require.





What is a Letter of Assessment?

A letter of assessment/readiness is written by a healthcare or mental health provider who is familiar with the standards of care for transgender health. This letter is required for all gender affirming surgical procedures. It is a document showing that the patient has the capacity to give informed consent for the selected procedure. This means that it shows that you, the patient:

- a Understand the procedure, including benefits, risks, and limitations
- b Are able to consent to the procedure
- c Want to undergo the procedure

It also can include some general information about your transition so far (whether social, legal, and/or medical). Additionally, it may also often include any relevant information around barriers to the procedure and/or recovery, and evidence that there are supports in place in consideration of those barriers. Despite changes in our understanding of gender identities, financial coverage through Medicare requires a diagnosis of gender dysphoria.

Surgery Coverage and Information

This information is current to the time of publishing in 2026. For the most up to date details, please consult your healthcare provider.

A pre-operative consultation with your selected surgeon will take place before your surgery date.

Surgeries covered by Medicare that can be done within NB:

- Orchidectomy (removal of testes)
- Mastectomy (removal of breast tissue) with or without chest contouring
- Breast Augmentation
- Hysterectomy (removal of uterus) with or without Salpingo-oophorectomy (removal of fallopian tubes and ovaries)

Surgeries covered by Medicare that can be done at the Centre Métropolitain de Chirurgie/GrS Montréal:

- Penectomy (typically not a stand alone procedure)
- Vulvoplasty (creation of vulva) with or without Vaginoplasty (creation of vagina)
- Clitoral/Erectile Tissue Release (typically not a stand alone procedure)
- Metoidioplasty with or without Vaginectomy (Vaginectomy performed at least 6 months after Hysterectomy*)
- Phalloplasty with Vaginectomy (performed at least 6 months after hysterectomy*)
- Urethra Construction (performed at least 6 months after Phalloplasty)
- Penile and/or testicular implants* (performed at least 3-6 months after Urethra Construction)

Depending on the requirements of each individual patient, the above-listed procedures may be performed alone or in combination with each other.

** For Vaginectomy (an optional part of Metoidioplasty, and a mandatory part of Phalloplasty) the patient needs to have had a hysterectomy in NB where the cervix is completely removed, and a pathology report confirming this must be provided to the Centre Métropolitain de Chirurgie/GrS Montréal.*

Although hair removal prior to vaginoplasty is not required as hair removal will be done during the procedure itself, omitting this could lead to an increase in post-operative complications related to hair regrowth. Laser hair removal and/or electrolysis are possible hair removal options, but are not currently covered by New Brunswick Medicare. Patients will need to pay out-of-pocket for hair removal or may be able to access private insurance coverage to assist with this cost.

For New Brunswick patients who undergo publicly funded surgery at Centre Métropolitain de Chirurgie/GrS Montréal, coverage for the one- or two-night preoperative hotel stay is funded by Medicare and arranged by the clinic. Post-operative accommodations provided at the Centre's recovery facility, Asclépiade, for publicly funded procedures are also funded by Medicare when required.

Out-of-province surgery performed at a Canadian publicly-funded hospital outside of the Centre Métropolitain de Chirurgie/GrS Montréal may be covered by Medicare. Please speak to your healthcare provider about this.

Recommendations for reaching out to mental health professionals about getting a letter of assessment for gender-affirming surgery

- If you want to obtain a letter quickly, reach out to many therapists at the same time to get the process started everywhere; once you know who you have chosen you can cancel the other appointments. Do keep an eye out for cancellation policies. If you do book with multiple providers, 48 hours cancellation notice is often needed or you may be charged the full rate.
- If you are contacting providers by email, mention in the subject line that you are looking for a letter of assessment, and mention it again in the email itself. Some providers have different wait times for ongoing therapy clients than for clients requesting an assessment letter and referral.
- Approval timelines through Medicare can vary. To ensure surgery coverage is secured, allow sufficient time for the assessment and prior authorization to be completed and for Medicare to review and approve the request. The earlier you can start the process, the more likely it will be done in time.
- If in the process of waiting you have an appointment booked related to the surgery, mention it to the therapist. There is a possibility a provider may try to schedule you in faster, and/or prioritize finishing the letter faster. They may not be able to, but it doesn't hurt to be clear about when your surgery appointment is.
- To be mindful about what the total cost would be, as well as the amount of time it will take, ask how many sessions are required, the estimated wait time for sessions, cost per session and whether that fee includes tax, if there is an additional fee for the letter, and how long it will take for the letter to be written after the last session. These are completely fair questions to ask up front.
- If you have access to private health insurance, check to see if your sessions will be covered. Coverage can vary depending on the type of therapist you see and your own plan. Some providers may offer direct billing (where the payment is covered directly by the insurance provider, versus needing to pay upfront and then receive reimbursement). Check in ahead of time with the therapist to see if they offer direct billing to your insurance company. Ask your insurance provider/consult your policy about your coverage benefits and limits.
- If cost is a barrier for you, it doesn't hurt to ask if the therapist has sliding scale fees available. They may not, but at least then you know what your options are.



Please complete this brief survey to share your feedback on this resource. The survey is confidential and voluntary.