**Instructions for using the Gender Affirming Surgery Appeal Template**

Dear community member,

Thank you for using our online template to complete your health insurance appeal.

To learn more about the health insurance appeal process, please visit our website at <https://transhealthproject.org/>

Please note you are responsible for using this template to write your own appeal. THP cannot write, review, edit, or file the appeal on your behalf.

Furthermore, please take care to review any deadlines to file the appeal, and any subsequent appeal. It is your responsibility to file an appeal by the deadline. If you do not file the appeal(s) by the deadline, your appeal rights may be forfeit and you may lose any further chance to appeal the health insurance plan’s decision to deny you care.

***\*Please note that the above is not legal advice and the use of this template does not create an attorney-client relationship between you and THP/A4TE*\***

**Please read these instructions before attempting to use the template:**

* Text highlighted in yellow should be replaced by information relevant to your own particular situation.
* We have also included instructions & descriptions of the type of information you should be putting in each section, highlighted in green
* Please check that all text highlighted in yellow & green has been replaced/deleted before you send the appeal.
* You are free to add, edit, rearrange, or delete any portion of the appeal as you see fit.
* For the insurance company information header, please look at either your denial letter or your plan policy’s section on appealing denials. This is usually at the end of the policy. It should include an address and the name of the administrator that the appeal should be addressed to.
* If the denial letter and your plan policy give you different addresses, or you cannot find this information, please call your health plan or your HR department if you get your health insurance from your employer.
* Information for the member section should be found in your denial letter. You can get this information from your medical provider if you cannot find it.

Date

*Sent via Fax/E-Mail/Mail*

Insurance Company

Address One

Address Two

Fax/E-mail: Fax number or email address [call your plan to confirm this is the right number or email and call again after sending to confirm the plan received it]

RE: Appeal of Denied Claim/Second-Level Appeal Request/External Appeal Request

Member: Name

Customer ID: Member ID

Reference: Claim reference number

Provider: Provider Name

Procedures: CPT Codes Requested

Diagnosis: Diagnosis code

DOS: Dates of Service

To Addressee:

I am writing to initiate an external appeal of Insurer’s denial of Procedure Name to treat gender dysphoria. Insurer erred in denying the surgery, as the procedure is medically necessary to treat my gender dysphoria under the terms of the Name of Plan (“the Plan”).

# Facts and Procedural History

This section is basically a history of your experience with gender dysphoria, what you have already tried, and why you need additional treatment. You can include dates that you talked to your provider, include quotes, and/or refer to any notes from your provider. You can include these as exhibits at the end of the appeal. , simply label each one in order (1, 2, 3… or A, B, C..) and attach to the end of your appeal letter

After you talk about the document, add Ex. ABC or 123 to the sentence. *Example: My Doctor prescribed X drug which did not help my gender dysphoria so Dr. X explained a procedure that would help my gender dysphoria go away. Ex. A.*

You will then talk about the history of trying to get the procedure, medication, or service covered. You will need to include a detailed timeline of when the provider submitted the preauthorization (if there was one), your or your doctor’s communication with the insurance company, the date you got a denial, and the reason given for the denial. The denial itself should also be included as an exhibit.

Note: Not everyone will do things in the same order. Please look at the dates on your documents and make sure to talk about everything in order by the date.

Insurer’s denial of coverage of facial gender-affirming surgery is incorrect because under the terms of the Plan, the surgery is medically necessary for the treatment of my gender dysphoria.

# Procedure Name Meets the Plan Definition of Medical Necessity

The goal in this section is to explain why the procedure you need meets the Plan’s definition of medical necessity. We have included a generic definition of “Medical Necessity” as an example. You should check your plan policy to see if your plan uses a different definition. You can typically find it in the “definitions” section. If your plan has a different definition of “medical necessity” use that one instead. If you use a different definition, make sure to change the sub-headings, ( II. A…) to match!

Under the terms the Plan, the Plan must provide coverage of services that are deemed “Medically Necessary.” Services are considered “Medically Necessary” when they meet the following criteria:

* The procedure is appropriate and necessary for the symptoms, diagnosis, or treatment of a particular condition
* The procedure is clinically appropriate in terms of type, frequency, extent, site and duration
* The procedure is not done for the convenience of the patient or provider
* The procedure is within generally accepted standards of good medical practice
* The procedure is rendered in the least intensive setting that is appropriate

Procedure Name to treat gender dysphoria meets the above criteria for coverage under the Plan. Consequently, Insurer’s denial must be overturned, and the Plan must cover Procedure Name.

## Procedure Name is appropriate and necessary for the symptoms, diagnosis, and treatment of gender dysphoria

It is well-established that Procedure Name is a safe and effective treatment of gender dysphoria.[[1]](#footnote-1)

Gender dysphoria, as defined by the American Psychiatric Association’s Fifth Edition of the *Diagnostic and Statistical Manual of Mental Disorders*(“DSM-5”), is a medical condition in which there is a marked incongruence between one’s experienced or expressed sex and one’s assigned sex at birth.[[2]](#footnote-2) A person diagnosed with gender dysphoria experiences clinically significant distress as a result having an internal sense of their sex that is different than their assigned sex at birth. Before treatment, people with gender dysphoria “experience psychological distress resulting from the discrepancy between their sex assigned at birth and gender identity.”[[3]](#footnote-3) They may seek medical treatments in order to “align physical characteristics with [their] identity.”[[4]](#footnote-4)

Altering physical sex characteristics to correspond with one’s identity is the standard treatment for gender dysphoria. According to the World Professional Association for Transgender Health (WPATH), transgender-related care involves “holistic inter- and multidisciplinary care between endocrinology, surgery, voice and communication, primary care, reproductive health, sexual health and mental health disciplines to support gender-affirming interventions as well as preventive care and chronic disease management.”[[5]](#footnote-5) The WPATH Standards of Care recognize that for those who do not experience relief due to other measures, “surgery is essential and medically necessary to alleviate their gender dysphoria . . . relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence . . . .”[[6]](#footnote-6)

Add in any assessments from providers in therapist/other letters or other consultation notes. Remember: *Any documents that you refer to should be attached as an exhibit at the end of the letter.*

## The procedure is clinically appropriate in terms of type, frequency, extent, site and duration

The WPATH SoC established the following criteria for undergoing gender affirming surgical procedures:

1. Gender incongruence is marked and sustained;
2. Meets diagnostic criteria for gender incongruence prior to gender-affirming surgical intervention in regions where a diagnosis is necessary to access health care;
3. Demonstrates capacity to consent for the specific gender-affirming surgical intervention;
4. Understands the effect of gender-affirming surgical  
   intervention on reproduction and they have explored reproductive options;
5. Other possible causes of apparent gender incongruence have been identified and excluded;
6. Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed;  
   g. Stable on their gender affirming hormonal treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result,  
   unless hormone therapy is either not desired or is medically contraindicated).[[7]](#footnote-7)

Discuss how you personally satisfy the WPATH criteria. You can refer to your letters from your provider in this section. Remember to include the letter as an exhibit. If it is already an exhibit and referenced earlier, please make sure to use the *same exhibit number* when you talk about it again.

## The procedure is not done for the convenience of the patient or provider

Talk about how you need the procedure to help make your symptoms of gender dysphoria more manageable.

Procedure Name is not done for my convenience or Your Provider’s convenience.

Procedure Name is not designed to “improve the appearance” of a person’s features, but rather to change characteristics typically associated with one sex and align them with characteristics that affirm the person’s gender. Accordingly, Procedure Name is one of the primary forms of sex reassignment surgery to treat this diagnosis.

## The procedure is within generally accepted standards of good medical practice

The World Professional Association for Transgender Health (WPATH) publishes the generally accepted standards of care (SoC) for gender-affirming care. [[8]](#footnote-8) The WPATH SoC was developed through systemic review of contemporary medical literature published on the treatment of gender dysphoria.[[9]](#footnote-9) The medical profession[[10]](#footnote-10) and courts,[[11]](#footnote-11) widely recognize the WPATH SoC as the authoritative standard of care for the treatment of gender dysphoria.

You will state that your plan references the WPATH standards. If your plan does not, please delete this sentence. This information would be found in your health insurance company’s clinical criteria/medical coverage policy. To find out if your plan references WPATH, please [check our website](https://transhealthproject.org/trans-health-insurance-tutorial/understanding-your-plan/#get-the-clinical-criteria) for instructions on how find the clinical criteria/medical coverage policy.

The WPATH SoC explicitly finds that Procedure Name is medically necessary for the treatment of gender dysphoria.[[12]](#footnote-12)

## The procedure is rendered in the least intensive setting that is appropriate

Describe the procedures you need and state that there is no equivalent non-surgical intervention. See the explanation document for more detailed instructions.

Procedure Name meets Insurer’s definition of medical necessity and must be covered.

# Conclusion

Insurer’s denial of coverage of Procedure Name to treat gender dysphoria is incorrect, as the procedure is medically necessary. Procedure Name is appropriate and necessary for the treatment of gender dysphoria. It is clinically appropriate and within generally accepted standards of good medical practice. WPATH’s Standards of Care makes clear that Procedure Name is a medically necessary surgical intervention for the treatment of gender dysphoria, and it established criteria for undergoing Procedure Name, all of which are met.[[13]](#footnote-13) Procedure Name must be covered by the Plan.

Consequently, Insurer’s denial must be overturned, and the Plan must be compelled to provide coverage of Procedure Name to treat gender dysphoria as required under the terms of the policy.

Sincerely,

Signature block

Exhibits:

[Attach the following: any provider letters, consultation, and/or visit notes, denials or other information that you referenced as exhibits. You can then attach any information that you did not reference but feel they should look at when they review your denial. This can include excerpts from the medical or clinical policy, any extra correspondence about the denial from the insurance company. Finally, please check our website to see if we have a [medical necessity literature review](https://transhealthproject.org/tools/medical-necessity-literature-reviews/) that you can attach as a final exhibit to support your appeal.]

1. What We Know Project, Cornell University, “*What Does the Scholarly Research Say about the Effect of Gender Transition on Transgender Well-Being*?” (online literature review), 2018, <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/> [↑](#footnote-ref-1)
2. Am. Psych. Ass’n, Diagnostic and Statistical Manual of Mental Disorders: DSM-5 (5th ed. 2013), https://doi.org/10.1176/appi.books.9780890425596. [↑](#footnote-ref-2)
3. van de Grift, Tim C., et al., *Surgical Satisfaction, Quality of Life, and Their Association After Gender-Affirming Surgery: A Follow-up Study*, 44 J. Sex & Marital Therapy 138, 138 (2018). [↑](#footnote-ref-3)
4. *Id*. [↑](#footnote-ref-4)
5. World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, 23 Int’l J. Transgenderism S1,S7 (8th ed. 2022), https://www.tandfonline.com/doi/full/10.1080/26895269.2022.2100644 [hereinafter WPATH SOC8]. [↑](#footnote-ref-5)
6. WPATH SOC7, *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, 13 Int’l J. Transgenderism 165, 218-19(7th Ed. 2012),

   <https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?_t=1613669341>. The Eighth version of the Standards of Care continues to reflect that surgery is medically necessary and a critical part of transgender-related care. WPATH SOC8 at S18, S128, *supra* note . [↑](#footnote-ref-6)
7. WPATH SOC8 at S256, *supra* note 6. [↑](#footnote-ref-7)
8. Jason Rafferty, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142 Pediatrics (Oct. 2018), https://doi.org/10.1542/peds.2018-2162 (acknowledging that “[m]ost protocols for gender-affirming interventions incorporate World Professional Association of Transgender Health and Endocrine Society recommendations” and applying the SOC to recommendations and conclusions throughout). [↑](#footnote-ref-8)
9. Methodology of Development of SOC8, World Professional Association of Transgender Health, available at: <https://www.wpath.org/soc8/Methodology> [↑](#footnote-ref-9)
10. Brief of Am. Med. Ass’n et al. as Amici Curiae in Support of Plaintiffs-Appellees and Affirmance at 14, *Corbitt v. Taylor*, No. 21-10486 (11th Cir. argued March 15, 2022), 2021 WL 3421572 at \*14; Am. Psych. Ass’n, *Report of the APA Task Force Report on Gender Identity and Gender Variance* 32 (2009), http://www.apa.org/pi/lgbt/resources/policy/gender-identity-report.pdf (noting that the Standards of Care reflect “the consensus in expert opinion among professionals in this field on the basis of their collective clinical experience as well as a large body of outcome research”); Numerous leading medical groups recognize the medical necessity of treatments for gender dysphoria and, endorse such treatments and reject exclusions for transgender-related care); *See* TLDEF, Medical Organization Statements, available at: <https://transhealthproject.org/resources/medical-organization-statements/>. [↑](#footnote-ref-10)
11. *Grimm v. Gloucester Cnty. Sch. Bd*., 972 F.3d 586, 595–96 (4th Cir. 2020), *as amended* (Aug. 28, 2020), *cert. denied*, 141 S. Ct. 2878 (2021) (“[W]e now have modern accepted treatment protocols for gender dysphoria. Developed by the World Professional Association for Transgender Health (WPATH), the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (7th Version 2012) (hereinafter ‘WPATH Standards of Care’) represent the consensus approach of the medical and mental health community, Br. of Medical Amici 13, and have been recognized by various courts, including this one, as the authoritative standards of care, *see* *De’lonta v. Johnson*, 708 F.3d 520, 522–23 (4th Cir. 2013); *see also* Edmo, 935 F.3d at 769; *Keohane v. Jones*, 328 F. Supp. 3d 1288, 1294 (N.D. Fla. 2018), *vacated sub nom.* *Keohane v. Fla. Dep’t of Corrs. Sec’y*, 952 F.3d 1257 (11th Cir. 2020). ‘There are no other competing, evidence-based standards that are accepted by any nationally or internationally recognized medical professional groups.’” *Edmo*, 935 F.3d at 769 (quoting *Edmo v. Idaho Dep’t of Corr*., 358 F. Supp. 3d 1103, 1125 (D. Idaho 2018)). *See also Monroe v. Meeks*, No. 3:18-CV-00156-NJR, 2022 WL 355100, at \*2 (S.D. Ill. Feb. 7, 2022) (memorandum and order granting preliminary injunction) (acknowledging “[WPATH] Standards of Care for the treatment of gender dysphoria are the benchmark for appropriate care of individuals with this diagnosis.”); [↑](#footnote-ref-11)
12. WPATH SOC8, *supra* note 16,at S129. [↑](#footnote-ref-12)
13. *See* WPATH SOC8, *supra* note 6. [↑](#footnote-ref-13)