



TRANS GUIDE TO INSURANCE APPROVALS

Step #1

Ask Insurance company for their **Transgender Care Policy** in writing.

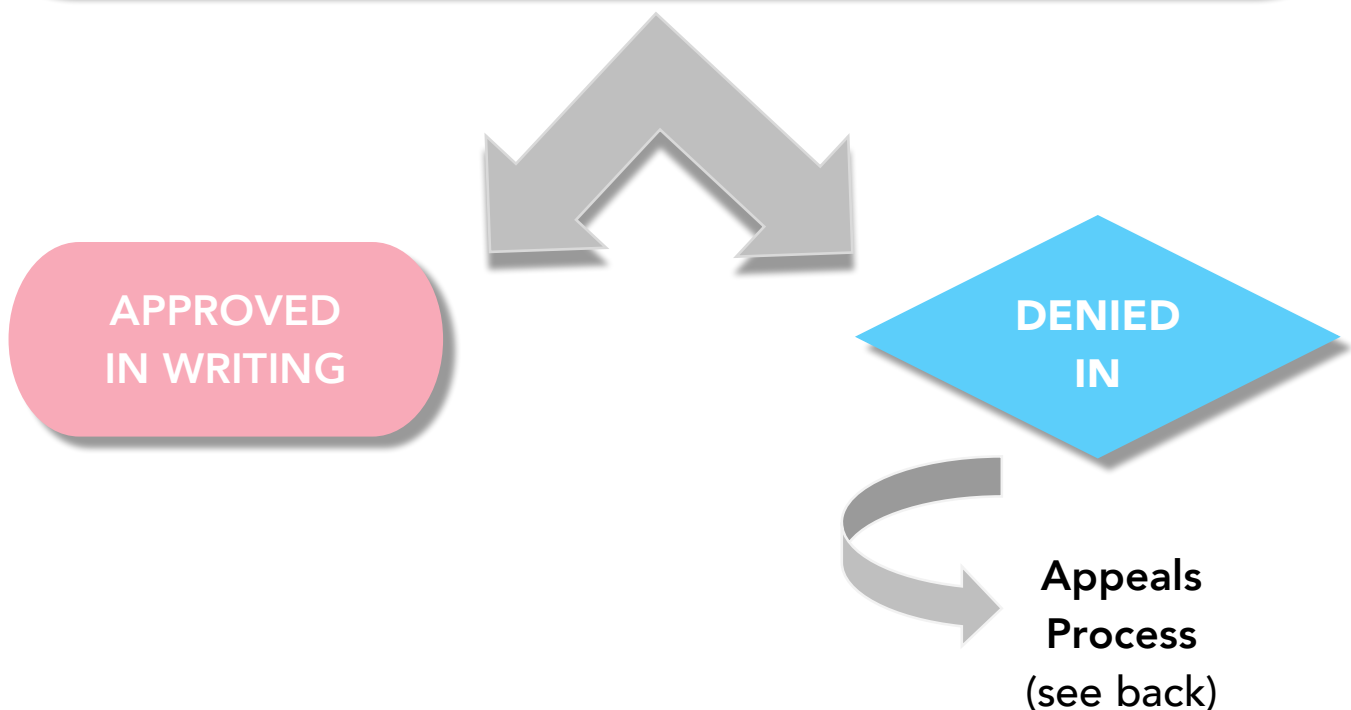
Step #2

Identify the insurance coverage criteria for the procedure you want covered. (**Note: Criteria CAN be overturned**)

For Example: Top Surgery requires a minimum age of 18, needs a therapist and physician letter.

Step #3

Meet with Doctor to Submit for Pre-Authorization.





APPEALS PROCESS

Build Appeal Package

1. Letters from Providers that state medical necessity and why it might not meet the criteria
2. Letter from Therapist
3. Letter from Psychiatrist
4. Letter from Physician
5. Letter from Parent
6. Picture of Minor – Brings a human element

MOST IMPORTANT:

State the medical necessity of the procedure



Request a Case Manager

Request a Case Manager to be assigned to your case since there will be multiple professionals and it is important to have the same person following your case.

MAIL THE APPEAL PACKAGE

Make sure its mailed to the address on the Denial Letter



APPROVED



2nd DENIAL – Do Both Appeals

Appeal to the
**STATE DEPARTMENT OF
INSURANCE**
(Instructions on your
DENIAL Letter)

2ND APPEAL
to Insurance Company
Instructions on your
DENIAL Letter)

