[Date]

[Insurance Company Name]
[Claims/Appeals Department]
[Address]
[City, State, Zip Code]

RE: Letter of Medical Necessity for Facial Masculinization Surgery
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Policy Number: [Policy ID]
Group Number: [Group Number]

To Whom It May Concern,

I am writing this letter to support the medical necessity of Facial Masculinization Surgery (FMS) for [Patient Name]. I am [Patient Name]'s [Title, e.g., Treating Surgeon/Physician].

[Patient Name] has been diagnosed with Gender Dysphoria (ICD-10 F64.0). This patient has been living full-time in a gender role congruent with their male identity for [Number] years and has been on testosterone hormone replacement therapy since [Date].

Despite these treatments, the patient continues to experience significant clinically significant distress due to facial features that are perceived as female. This physical incongruence results in [mention specific impacts, e.g., social anxiety, inability to safely navigate public spaces, or severe depression].

I have recommended the following procedures to alleviate the patient's symptoms:

- [Procedure 1, e.g., Rhinoplasty]
- [Procedure 2, e.g., Mandibular Augmentation]
- [Procedure 3, e.g., Thyroid Cartilage Enhancement]

These procedures are not cosmetic in this case; they are reconstructive treatments intended to align the patient's physical appearance with their gender identity, which is a recognized standard of care according to WPATH (World Professional Association for Transgender Health) guidelines. Failure to perform these surgeries would likely result in the worsening of the patient's mental health condition.

I have confirmed that [Patient Name] has the capacity to make fully informed decisions and consent to treatment. They have met all clinical criteria for these procedures.

I request that you authorize coverage for these medically necessary services. Please contact me at [Phone Number] or [Email] if you require further documentation.

Sincerely,

[Signature]
[Provider Name, MD/DO/Professional Title]
[NPI Number]
[Medical Practice Name]