[Physician/Mental Health Professional Name, Credentials]

[License Number]

[Address]

[City, State, Zip Code]

[Phone Number / Email]

[Date]

[Insurance Company Name]

[Attn: Medical Review/Appeals Department]

[Address]

[City, State, Zip Code]

RE: Letter of Medical Necessity for [Patient Name]
DOB: [Patient Date of Birth]
Member ID: [Insurance ID Number]
Group ID: [Group Number]

To Whom It May Concern,

I am writing to formally request coverage for masculinizing chest reconstruction (CPT code [Insert Code, e.g., 19303]) for [Patient Name]. I have been treating this patient since [Date] for Gender Dysphoria (ICD-10 F64.1/F64.0).

The patient has a persistent and well-documented history of gender dysphoria. They have expressed a strong desire for surgical intervention to align their physical appearance with their gender identity. The patient meets the following criteria for medical necessity:

- A persistent diagnosis of Gender Dysphoria.
- Capacity to make a fully informed decision and to consent for treatment.
- The patient is of legal age to provide consent.
- Significant medical or mental health concerns, if present, are reasonably well-controlled.
- [Optional: The patient has completed X months of hormone replacement therapy, or HRT is not clinically indicated].

The patient experiences significant distress due to their chest appearance, which impairs their daily functioning and quality of life. Masculinizing chest reconstruction is the standard of care for treating Gender Dysphoria in this instance, as outlined by the World Professional Association for Transgender Health (WPATH) Standards of Care.

This procedure is not cosmetic; it is a medically necessary treatment to alleviate the symptoms of gender dysphoria. I fully support [Patient Name]'s request for surgery and expect that this procedure will significantly improve their mental health and overall well-being.

Please feel free to contact me if you require any further documentation or information regarding this request.

Sincerely,

[Signature]

[Typed Name and Credentials]