Will insurance pay for my surgery?

**Maybe**, the answer depends on the type of insurance you have.

**DC Medicaid** has an inclusive policy, but we still see some denials for surgeries. If you get a denial, please contact Whitman-Walker Legal Services.

**Maryland Medicaid** should cover gender affirming care, but there may be limitations. If you get a denial, please contact Whitman-Walker Legal Services.

**Federal & State Government Plans**—and commercial insurance outside of DC and Maryland—often have discriminatory coverage exclusions that can be legally challenged. If you get a denial for surgery or have questions going in, please contact Whitman-Walker Legal Services.

**Commercial Insurance Plans** are plans purchased from the marketplace or obtained through a private employer. These plans should cover most gender-affirming care, but please ask your insurer for “Coverage Benefits” and look for the policy on gender-affirming care. It should have a list of covered procedures and any exclusions or limitations. Do not get discouraged if the surgery you need is excluded—or if it’s deemed “cosmetic.” However, if it is excluded, you can expect your insurance provider to deny coverage of your surgery. If you get a denial for surgery, please contact Whitman-Walker Legal Services.

If you have questions about coverage, call **202.745.6151** to speak with one of our Public Benefits & Insurance Navigators.

Will I need a prior authorization from my insurer?

**Yes**, in most cases.

Virtually all insurance plans require a prior authorization—also called a “PA” or “pre-certification”—before you have surgery. Prior Authorization allows insurers to confirm that your surgery is medically necessary and assures surgeons of payment. Insurers rely on documentation from your surgeon’s office: including Whitman-Walker’s letters of support, and your surgeon’s notes, for this process.

Medicare policies operate differently depending on your region and the type of Medicare coverage. Please discuss with your surgeon whether they are willing to submit your post-surgery claim to Medicare. If they are unwilling or ask you to sign a guarantee of payment, please contact Whitman-Walker Legal Services.

What if my surgeon does not accept my insurance or any insurance at all?

**You must pay out-of-pocket.**

Some private practice surgeons do not accept any insurance or may just not accept your insurance. In those cases, you will be asked to pay for the surgery out-of-pocket. After the surgery, the surgeon may be willing to provide documentation for you to submit a claim for reimbursement to your insurance provider. Ask your insurance plan about your deductibles, co-payments, reimbursement rates, and how they handle refund claims as you may not be fully reimbursed. If your refund claim is denied, please contact Whitman-Walker Legal Services.

Can Whitman-Walker send me to the ‘best’ surgeon and handle the insurance paperwork?

**No**, but we can suggest surgeons and share information about insurance.

We do our best to identify surgeons who accept a wide variety of insurance plans and are qualified to perform medically necessary gender-affirming procedures. This list is constantly changing as doctors and coverage rules change.

You and your surgeon will work together to handle the insurance claim, and one of you will submit all supporting documentation to the insurer. Whitman-Walker does not handle surgery insurance claims, but our Legal Services team can assist you if your claim is denied.

To contact Legal Services, call **202.939.7630** or email **contact-legal@whitman-walker.org**.
How long can this process take?

Plan on several months.

Completing the surgery navigation process at Whitman-Walker may take more than three months. Once your letters of support are complete, they are valid for the next year. Take that into consideration when planning your surgery timeline and the potential waitlist at your surgeon’s office. Most referral partners in the area—who accept Medicaid—will schedule a consult within 2-to-8 weeks, depending on demand and procedure. Most will schedule your surgery after receiving authorization. Authorization depends on your insurance, the procedure, and the surgery team’s capacity to complete paperwork. On average, a team completes authorization within 4-to-8 weeks of your consultation.

What else do I need to think about?

Think about your action steps for surgery readiness physically, mentally and financially.

Some procedures require physical preparation or readiness. Most surgeons Whitman-Walker works with are more confident in their outcomes when:

- Your Body Mass Index (BMI) is under 30 for vaginoplasty or phalloplasty
- You have completed hair removal for vaginoplasty and sometimes phalloplasty
- You are managing HIV and/or other chronic conditions well
- Your pre-op labs support positive surgical outcomes (i.e. a surgeon may refuse to operate after a positive screening for substances)

Your primary care provider can help assist you with these goals and offer supportive resources.

- Depending on the location of your surgeon’s office, you may need to consider the cost of travel and lodging for recovery periods away from your local community, friends and/or family. This might impact your timeline.
- Your insurance may not cover everything! Budget, as you are able, for any outlying or surprise costs. Don’t be afraid to ask the surgeon for estimates of out-of-pocket expenses and confirm rates with your insurance provider.
- Bring the “Questions to Ask My Surgeon” from Whitman-Walker’s Transgender Resource Guide to your surgery consult. Make sure you have all the information you need to feel good moving forward!

Stay Informed on Gender Affirming Care by checking out these websites:

- World Professional Association for Transgender Health (WPATH) www.wpath.org
- UCSF Center of Excellence for Transgender Health - Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People. www.transhealth.ucsf.edu/protocols
- National Center for Transgender Equality (NCTE) - for resources on healthcare discrimination and knowing your healthcare rights. www.transexuality.org/issues/health-hiv

Many surgeons have websites with more information on specific procedures, testimonials, and pre- and post-op care.

Search key words like “FTM, MTF, trans & queer; non-binary” on Facebook to find community groups. Consider adding your nearest major city to the search.

Search Yahoo groups with the above key words. Many groups are also surgery-specific and often include photos. You must have a Yahoo account.

For more information, please contact 202.797.4457 or genderservices@whitman-walker.org.