

Example letter to appeal denial of prior authorization request for gender affirming care

Situation:

Your insurer denied your request for gender affirming care.

[Your name, address, policy number]

[Date]

[Contact information for your insurer's appeals department]

To whom it may concern:

I am enrolled in [INSURANCE COMPANY NAME, PLAN NAME], policy number [POLICY NUMBER (IF APPLICABLE)]. I'm appealing a prior authorization denial for [PROCEDURE NAME] to treat gender dysphoria.

Under Washington state law, a health insurer generally cannot exclude, deny or limit medically necessary gender-affirming treatment. Adverse benefit determinations must be reviewed by a health provider experienced in gender affirming treatment.

The World Professional Association for Transgender Health (WPATH) issued guidance on medical necessity for gender affirming care. Under WAC 284-43-2050, insurers' utilization review criteria must be evidence-based.

[WHY YOU NEED THE PROCEDURE: Explain in your own words here]

Please find enclosed a letter from my health care provider, which provides further support and documentation of the medical necessity of this treatment.

[If your procedure is already scheduled, include the date here, and provide a date by which you need to get a response.]

Respectfully,

[YOUR NAME]