



**Washington State Office of the Insurance Commissioner (WA OIC) –
Gender Affirming Treatment (GAT) Study**

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Purpose & Background

In 2021, Washington state passed **2SSB 5313** to prohibit health insurers from denying or limiting coverage for gender affirming treatment (GAT) when care is medically necessary and prescribed per accepted standards of care. The law also prohibits carriers from applying categorical cosmetic or blanket exclusions.

2SSB 5313 also directed the Washington Office of the Insurance Commissioner (OIC) to issue a report on geographical access to GAT across the state. As mandated, the report must include the number of providers that offered GAT services in each county, the carriers and Medicaid managed care organizations with which those providers have active contracts, and the types of services provided by each provider in each region.

OIC explored various options for collecting this data. They first considered asking insurance carriers to directly report the information. However, because there is no distinct licensure for GAT providers, carriers do not track this information. OIC also considered conducting a provider survey but recognized that provider survey completion rates are often low and the number of GAT providers and associated data likely would be underreported.

OIC ultimately decided to use the state's all-payer claims database, the Washington State All-Payer Health Care Claims Database (WA-APCD), to identify GAT patients and providers and to complete the required reporting. In 2022, OIC partnered with the Washington State Health Care Authority (HCA), the Washington Department of Health (DOH), and Onpoint Health Data, the state's APCD vendor, to develop methods to meet the reporting requirements.

Key Findings

Key findings of this study included:

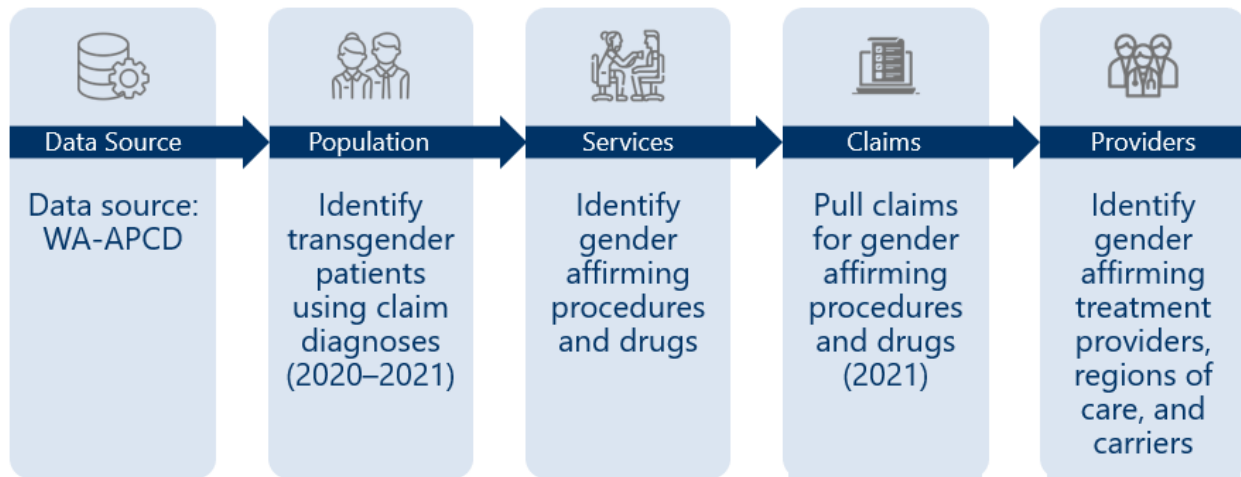
- Overall, 11,723 patients received GAT in 2021 either in Washington (Washington residents and non-residents) or in other states (Washington residents only). Patients received care from 6,895 providers and retail pharmacies. This included 6,008 providers within Washington, 341 providers in Oregon, and 546 providers in other states (see **Table 8**).
- At a county-level, the number of providers ranged from a maximum of 2,323 providers in King County to zero providers in Garfield County (see **Table 8**).
- Twenty commercial plans paid for GAT in 2021. The highest numbers of claims were paid by Kaiser Foundation Health Plan of Washington (10,614) and Regence BlueShield (10,296). Seven Medicaid managed care plans paid for GAT, with Molina Healthcare of Washington paying for the highest number of claims (17,543). **Table 10** provides detailed data regarding the carriers that paid for GAT.

- For each category of service, the King County rating area had the highest number of providers offering GAT, with 2,323 providers across all service categories (**Figure 7**). The Southeast rating area had the lowest number of providers with claims for GAT services across almost all service categories. For each rating area, office visits were provided by the highest number of distinct providers than other service categories, followed by behavioral health visits and retail pharmacies. The number of distinct providers billing for pharmacy in medical claims or for procedures was much lower.

Methods

As part of this study, methods to identify GAT providers were developed. **Figure 1** provides an overview of the key steps used in this study.

Figure 1. Overview of Methods



Data Source

The WA-APCD contains administrative claims data submitted by Washington health plans, including data from commercial, Medicaid, and Medicare sources. The APCD includes medical, pharmacy, and dental claims and provides a wealth of information regarding services provided, provider locations, diagnoses, procedures, charges, paid amounts, and more.

Claims from commercial payers, Medicaid managed care organizations, and Medicaid Fee-for-Service (FFS) were included in this project for calendar years 2020 and 2021 (i.e., the most recent two years of data in the APCD at the time of this project). The Medicare and uninsured populations were not included.

Population: Identifying Transgender Patients

As an initial step for this study, it was important to identify transgender patients because many of the procedures that encompass GAT also may be performed for other reasons (e.g., mastectomies due to breast cancer). By limiting procedures to those that were provided to transgender individuals, it was possible to focus on providers who specifically administered GAT services.

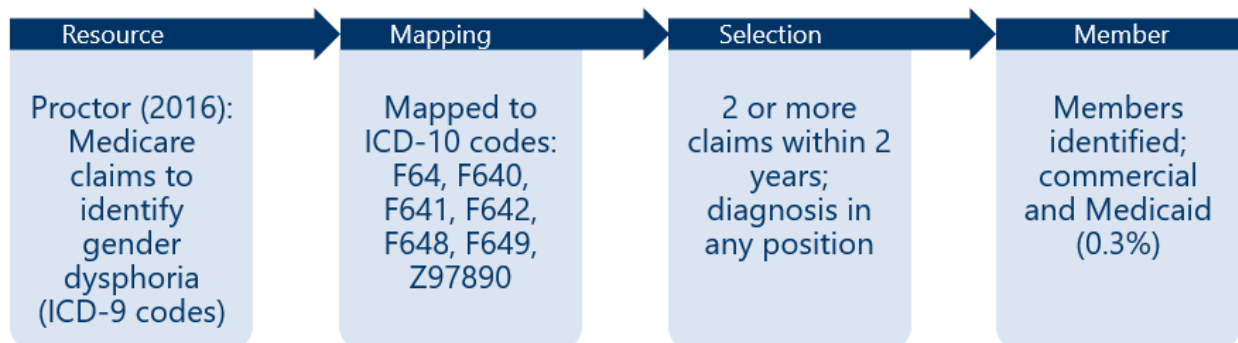
In 2016, Proctor et al. published a study on identifying transgender patients in Medicare claims data (<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Identifying-the-Transgender-Population-in-the-Medicare-Program.pdf>). The study used a combination of ICD-9 diagnosis codes related to gender dysphoria and validated them using confirmatory diagnoses, billing codes, and evidence of hormone prescriptions. (Note that the World Health Organization maintains International Classification of Diseases (ICD) codes and transitioned from version ICD-9 to version ICD-10 in 2016.)

For this report, the ICD-9 codes identified in the Proctor study were translated into the following ICD-10 codes:

- F64 – Gender identity disorders
- F640 – Transsexualism
- F641 – Dual role transvestism
- F642 – Gender identity disorder of childhood
- F648 – Other gender identity disorders
- F649 – Gender identity disorder, unspecified
- Z87890 – Personal history of sex reassignment

Medicaid and commercially insured patients who had two or more claims within the two-year reporting period (2020–2021) with these diagnoses in any position on the claim were identified as transgender for this study. Approximately 0.3% of Medicaid and commercially insured patients were identified as transgender using these methods (see **Figure 2**).

Figure 2. Identification of Transgender Patients



Gender Affirming Treatment Services & Prescriptions

The Washington State HCA provided a list of common GAT procedures (based on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes) covered by the state's Medicaid program. Other services frequently provided to transgender patients identified through this study also were considered.

A list of GAT services was developed (see [Appendix 1](#)), with services falling into the following categories:

- Behavioral health
- Office visit
- Pharmacy in medical claims
- Procedures

HCA also provided a list of endocrine and metabolic prescriptions that frequently are prescribed for patients receiving GAT. Label names and therapeutic classes included in this study are listed in [Appendix 2](#). Key prescriptions included the following:

- Androgens – Testosterone
- Estrogens – Injectable
- Estrogens – Oral
- Estrogens – Topical
- Pituitary suppressants

Claims for Gender Affirming Treatment

For the population of transgender patients, medical and pharmacy claims for commercial and Medicaid members were extracted from the APCD for gender affirming services or prescriptions provided in 2021 based on the criteria outlined below in [Table 1](#). For the office visit and behavioral health categories, the claim was required to have a gender dysphoria diagnosis in any position to be included in the study. This requirement was made because the office visit and behavioral health codes are less specific (e.g., office outpatient codes, psychotherapy) and some visits may be for non-related services. On the other hand, pharmacy and surgical claims were more specific and, because the study is limited to transgender patients, all of these claims were assumed to be related services and were included in the study.

Table 1. Identification of Gender Affirming Claims

Categories	Claim Type	Patient Identified as Transgender	Transgender Diagnosis on Claim Required	Examples
Office Visit	Medical	✓	✓	Office outpatient visits, consultations
Behavioral Health	Medical	✓	✓	Psychotherapy, psychological evaluation
Procedures	Medical	✓	x	Mastectomy, urethroplasty, prosthesis breast
Pharmacy	Medical	✓	x	Injection of estradiol, testosterone injection
Retail Pharmacy	Pharmacy	✓	N/A	Testosterone, estrogens

Claims were limited to those paid by commercial, Medicaid managed care, or Medicaid FFS carriers. Denied claims were excluded.

The unique rendering provider data (i.e., National Provider Identifier (NPI) and provider ZIP code) were extracted from the claims. When provider ZIP code was not available on the claim, data on provider ZIP code was extracted from the National Plan and Provider Enumeration System (NPPES) maintained by the U.S. Centers for Medicare & Medicaid Services (CMS). Provider ZIP codes were used to identify county and OIC rating area for each provider. OIC rating areas are presented in [Figure 3](#). The list of rating areas and counties is provided below in [Table 2](#).

Unique, blinded provider numbers were created to allow data to be presented at the provider level without revealing provider NPIs or other potentially identifiable information.

Figure 3. Map of OIC Rating Areas

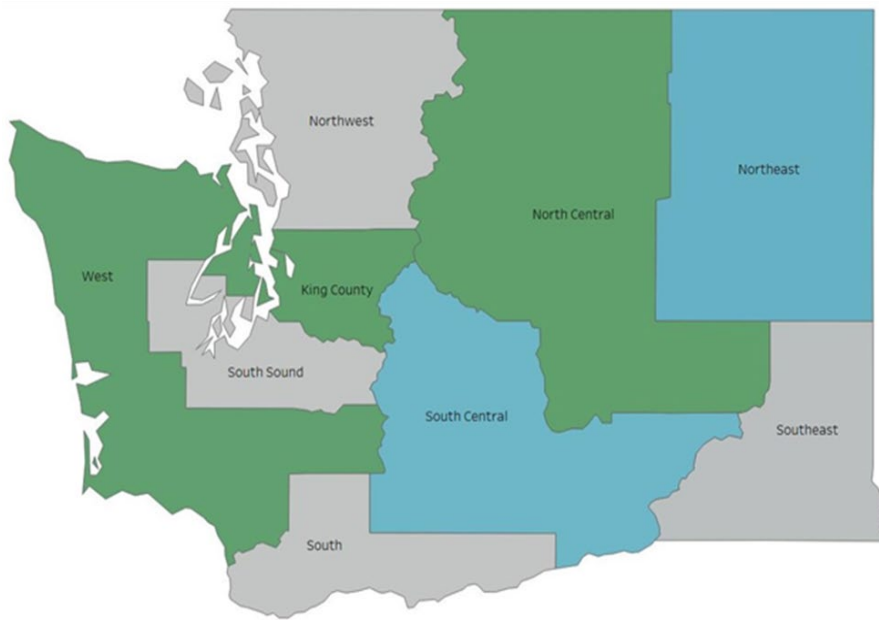


Table 2. OIC Rating Areas & Washington Counties

OIC Rating Area	Counties
Area 1: King County	King
Area 2: West	Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
Area 3: South	Clark, Klickitat, Skamania
Area 4: Northeast	Ferry, Lincoln, Pend Oreille, Spokane, Stevens
Area 5: South Sound	Mason, Pierce, Thurston
Area 6: South Central	Benton, Franklin, Kittitas, Yakima
Area 7: North Central	Adams, Chelan, Douglas, Grant, Okanogan
Area 8: Northwest	Island, San Juan, Skagit, Snohomish, Whatcom
Area 9: Southeast	Asotin, Columbia, Garfield, Walla Walla, Whitman

The Washington APCD requires plans situated in Washington to submit claims and does not restrict submissions to Washington residents. Because this study was focused on access to care within Washington and potential gaps in care, the following steps were taken to address non-residents and out-of-state claims:

- Out-of-state claims for services received by non-residents were *excluded*.
- Out-of-state claims for services received by Washington residents were *included*. These may provide insights into potential gaps in care in Washington.

- Washington claims for services received by out-of-state residents were *included*. These claims help provide the fullest picture of gender affirming services provided in Washington.

Payers were identified using the North American Industry Classification System (NAICS) code submitted on the claim. Data were aggregated by carrier and rating area for each service category to meet the legislative reporting requirements. The payers listed in **Table 3** were included in the reporting.

Table 3. Washington Health Plans with Data in the APCD on Gender Affirming Patients

Product	Payers	
Commercial	Aetna Life Insurance Co. Asuris NW Health BridgeSpan Health Co. Caremark, LLC Cigna Health & Life Insurance Co. Coordinated Care of WA Kaiser Foundation Health Plan of the NW Kaiser Foundation Health Plan of WA Options Kaiser Foundation Health Plan of WA LifeWise Assurance Co.	LifeWise Health Plan of WA Moda Health Plan Molina Healthcare of WA Premera Blue Cross Providence Health Plan Regence BCBS of OR Regence BlueShield Regence BlueShield of ID, Inc. UnitedHealthcare Insurance Co. UnitedHealthcare of WA
Medicaid Managed Care	Amerigroup Caremark, LLC Community Health Plan of WA Coordinated Care Corp.	Kaiser Foundation Health Plan of the NW Molina Healthcare of WA UnitedHealthcare of WA
Medicaid FFS	Washington State Health Care Authority (HCA)	

Findings

Transgender Patients

Insurance Product

Among patients with primary coverage under a commercial or Medicaid plan during 2021, 14,562 (0.33% of patients with these coverages) were identified as transgender using diagnosis codes in the claims (**Table 4**). The Medicaid managed care population had a slightly higher percentage of transgender patients (0.37%) compared to commercial (0.30%). Medicaid FFS patients were less likely to be identified as transgender (0.10%) through the claims data.

For the purposes of identifying the transgender population, patients were assigned to one primary insurance product based on their length of enrollment during 2021.

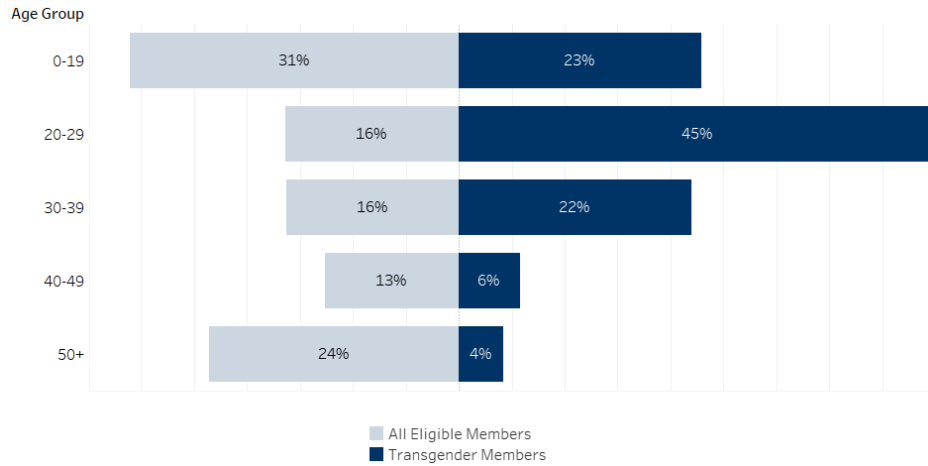
Table 4. Transgender Patients Based on Claims Data in the WA-APCD (2021)

Product	Transgender Members with Eligibility	Total Members with Eligibility	Percent of Total Patients
Commercial	7,198	2,376,977	0.30%
Medicaid FFS	174	169,010	0.10%
Medicaid Managed Care	7,190	1,918,068	0.37%
Total	14,562	4,464,055	0.33%

Age

Transgender patients were a younger population than the total population of eligible members with commercial and Medicaid coverage. For example, while they comprised only 16% of all members with commercial and Medicaid coverage, nearly half of members (45%) identified as transgender were in the 20–29 year-old age group (**Figure 4**). In contrast, the percentage of patients with gender dysphoria diagnoses in the claims was lower among older age groups compared to the distribution of all eligible members in those age groups. Note that since the Medicare population was not included, most adults over the age of 65 years are not included in this reporting.

Figure 4. Transgender Patients & All Eligible Members with Commercial and Medicaid Coverage, Percentage of Population by Age Group (in Years)

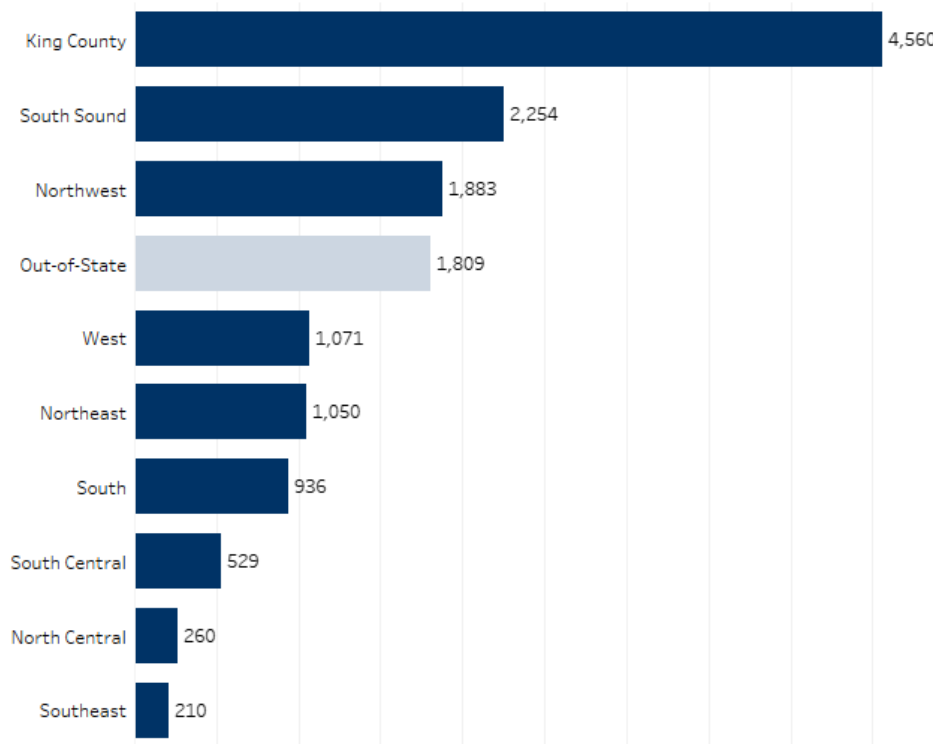


Rating Area of Residence

King County, the most populous OIC rating area, also had the highest number of transgender patients (4,560). South Sound (2,254) and Northwest (1,883) followed. (Figure 5).

It is notable that more than 1,800 transgender patients in the WA-APCD were living out of state (12%, compared with 7% of all members). For these out-of-state patients, who were almost exclusively commercially insured, only claims for services provided within Washington were included in this analysis.

Figure 5. Number of Transgender Patients by OIC Rating Area of Residence



Analysis of Claims & Services

In 2021, more than 110,000 claims were billed to commercial or Medicaid plans for GAT services included in this study. This included approximately 3,300 claims for Washington residents who traveled to Oregon providers for care and approximately 3,300 claims for patients who traveled to other states for care.

Overall, 11,723 patients received GAT services in 2021 either in Washington or, for Washington residents, in other states. Patients received care from 6,895 providers and retail pharmacies. This included 341 providers in Oregon, 546 providers in other states, and 6,008 providers within Washington.

Category of Care

The vast majority of transgender patients (85%) who received GAT had an office visit with a gender dysphoria diagnosis ([Table 5](#)). Sixty-four percent of transgender patients also filled prescriptions for hormone therapies at retail pharmacies. Behavioral health services also were prevalent, with 28% receiving services. Procedure claims were limited to 7% of patients.

The proportion of claims that were billed by in-network providers was higher than 90% for all service categories except retail pharmacy (76% in-network).

Table 5. Claims for Gender Affirming Treatment in the WA-APCD by Category of Care & Network Status

Category	Total Claims	Total Patients with Claims	% of Total Patients Receiving Care	Distinct Providers	In Network Claims	Percent of In Network Claims
All Services	110,437	11,723	100%	6,895	95,190	86%
Retail Pharmacy	45,980	7,563	64%	1,355	34,982	76%
Behavioral Health	28,731	3,260	28%	1,601	27,360	95%
Office Visit	28,643	9,997	85%	3,927	25,956	91%
Procedures	5,158	868	7%	204	5,076	98%
Pharmacy in Medical Claims	1,925	340	3%	338	1,816	94%

Insurance Product

For eligibility purposes, patients were assigned to one primary payer during the year based on length of enrollment. However, for the analysis of claims, the insurance product for each claim was based on the product type and the carrier that paid for the claim. Some patients, therefore, had coverage under more than one product type during the year (e.g., more than 2,000 transgender patients had at least one claim paid by a Medicaid managed care plan and at least one claim paid by a commercial plan during the same year) ([Table 6](#)).

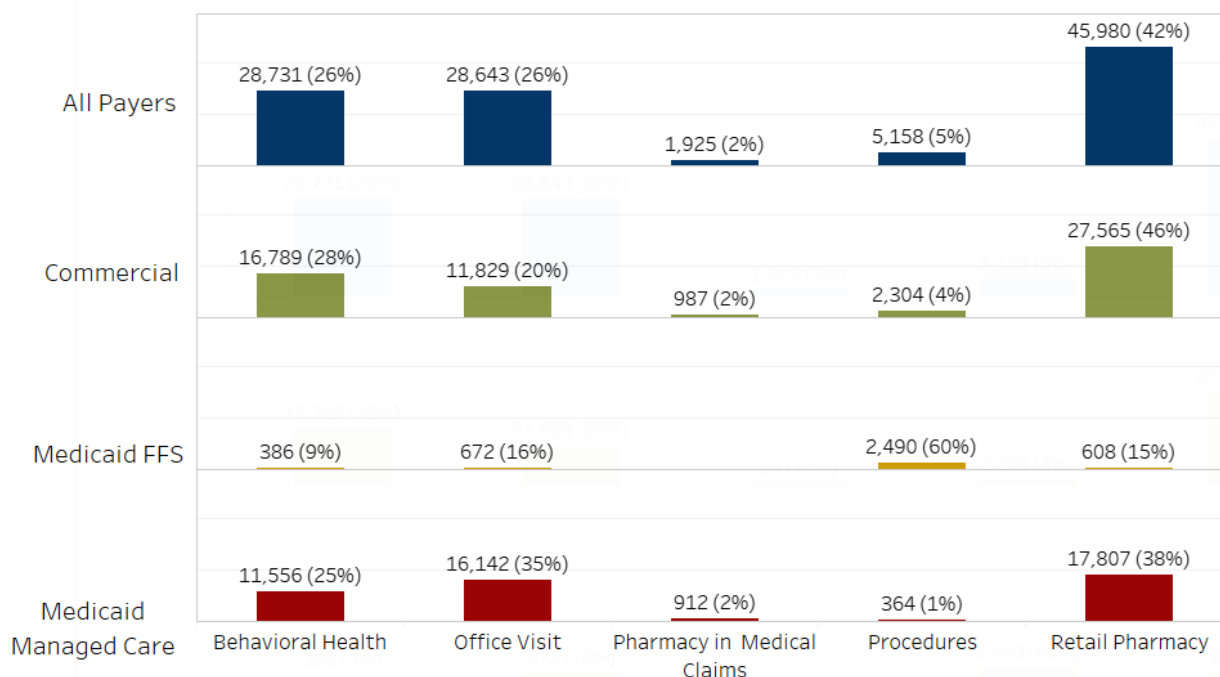
Table 6. Claims for Gender Affirming Treatment in the WA-APCD by Product Type

Category	Total Claims	Total Patients with Claims	Distinct Providers	In Network Claims	Percent of In Network Claims
All Payers	110,437	11,723	6,895	95,190	86%
Commercial	59,474	7,014	4,226	58,552	98%
Medicaid FFS	4,182	651	379	4,182	100%
Medicaid Managed Care	46,781	6,592	4,652	32,456	69%

Among commercial patients, 46% of claims were for prescriptions at retail pharmacies, 28% were for behavioral health visits, 20% were for office visits, 4% were for procedures, and 2% were pharmacy in medical claims. For Medicaid patients, some care was provided by Medicaid managed care plans, and some care was covered by Medicaid FFS regardless of the patients' primary eligibility type. For claims paid by Medicaid managed care, the category with the

highest percentage of claims was also for prescriptions at retail pharmacy (38%), followed by office visits (35%) and behavioral health visits (25%). A very low percentage of claims paid by Medicaid managed care plans were for pharmacy in medical claims (2%) and for procedures (1%). Since Medicaid FFS has a specific benefit structure to cover procedures, most gender affirming procedures – even for patients with Medicaid managed care coverage – were reported in the FFS claims. In fact, 60% of the claims paid by Medicaid FFS were for procedures due to this benefit coverage structure (**Figure 6**).

Figure 6. Number of Claims by Service Category & Payer Type (including Percent of Total Claims by Payer Type)



Rating Area

The highest number of gender affirming services were provided in King County, which also had the highest number of patients served and providers practicing GAT. More than half of the 11,723 patients who received at least one GAT service visited at least one provider in the King County rating area (6,325 patients) (**Table 7**). Of the 11,723 patients who received gender affirming services, 4,560 resided in King County (**Figure 5**).

Table 7. Claims for Gender Affirming Treatment in the WA-APCD by OIC Rating Area

Category	Total Claims	Total Patients with Claims	Distinct Providers	In Network Claims	Percent of In Network Claims
King County	43,319	6,325	2,323	37,209	86%
South Sound	1,947	255	185	1,838	94%

Category	Total Claims	Total Patients with Claims	Distinct Providers	In Network Claims	Percent of In Network Claims
Northwest	9,926	1,364	521	9,057	91%
Northeast	13,648	1,942	965	10,954	80%
South	3,311	780	341	3,165	96%
West	3,308	820	546	3,028	92%
South Central	6,324	807	425	5,978	95%
Out-of-State, Oregon	4,410	664	368	3,480	79%
Out-of-State, Other	15,816	2,444	961	13,163	83%
Southeast	2,231	482	115	2,034	91%
West	6,197	988	530	5,284	85%
Total, All areas	110,437	11,723	6,895	95,190	86%

County

As shown in **Table 8**, there were 6,895 distinct rendering providers who were identified as billing for any GAT service in 2021. This included 341 providers in Oregon and 546 providers in other states outside of Washington. The number of providers ranged from a maximum of 2,323 distinct providers in King County to zero distinct providers in Garfield County.

Table 8. Claims for Gender Affirming Treatment in the WA-APCD by County

Category	Total Claims	Total Patients with Claims	Distinct Providers	In Network Claims	Percent of In Network Claims
Adams	*	*	*	*	*
Asotin	89	14	9	79	89%
Benton	1,647	237	151	1,288	78%
Chelan	1,150	153	92	1,115	97%
Clallam	879	110	75	775	88%
Clark	6,217	794	410	5,882	95%
Columbia	*	*	*	*	*
Cowlitz	1,318	202	114	1,258	95%
Douglas	217	42	16	176	81%
Ferry	*	*	*	*	*

Category	Total Claims	Total Patients with Claims	Distinct Providers	In Network Claims	Percent of In Network Claims
Franklin	402	160	48	357	89%
Garfield	0	0	0	0	0
Grant	443	77	54	416	94%
Grays Harbor	640	107	51	524	82%
Island	347	56	32	195	56%
Jefferson	263	46	34	215	82%
King	43,319	6,325	2,323	37,209	86%
Kitsap	2,234	424	186	1,838	82%
Kittitas	410	82	36	365	89%
Klickitat	94	16	14	83	88%
Lewis	698	116	59	530	76%
Lincoln	*	*	*	*	*
Mason	470	90	42	423	90%
Okanogan	88	21	20	83	94%
Out-of-State, Oregon	3,311	780	341	3,165	96%
Out-of-State, Other	3,308	820	546	3,028	92%
Pacific	157	22	14	136	87%
Pend Oreille	*	*	*	*	*
Pierce	9,122	1,587	647	7,770	85%
San Juan	82	13	9	75	91%
Skagit	803	155	102	637	79%
Skamania	*	*	*	*	*
Snohomish	7,701	1,254	610	5,870	76%
Spokane	9,649	1,345	490	8,816	91%
Stevens	182	34	21	146	80%
Thurston	6,224	994	285	4,970	80%
Wahkiakum	*	*	*	*	*
Walla Walla	669	93	56	540	81%

Category	Total Claims	Total Patients with Claims	Distinct Providers	In Network Claims	Percent of In Network Claims
Whatcom	4,715	619	223	4,177	89%
Whitman	1,469	379	48	1,411	96%
Yakima	1,951	341	160	1,470	75%
Total, All Areas	110,437	11,723	6,895	95,190	86%

* Result blinded due to fewer than 11 patients

Approximately 94% of all GAT claims were provided in Washington state (**Table 9**). Washington residents traveled to Oregon for about 3% of services and to other states for 3% of services. Travel for GAT-related procedures was higher, with 10% of services provided in Oregon and 7% in other states.

Table 9. Percent of Claims Billed by In- & Out-of-State Providers

Location	All Services	Behavioral Health	Office Visit	Pharmacy	Retail Pharmacy	Procedures
Out-of-State – Oregon	3%	2%	5%	6%	2%	10%
Out-of-State – Other	3%	4%	2%	1%	3%	7%
Washington	94%	95%	93%	93%	95%	83%

Categories of Services & Number of Providers by Rating Area

Within Washington state, the number of providers by OIC rating area and category of service are provided in **Figure 7**. For each category of service, the King County rating area had the highest number of providers with claims for GAT services, with 2,323 providers across all service categories. The Southeast rating area had the lowest number of providers with claims for GAT services across all service categories except procedures. For each rating area, office visits were provided by the highest number of distinct providers compared to other service categories, followed by behavioral health visit and then retail pharmacies. The number of distinct providers billing for pharmacy in medical claims or procedures was much lower. While all areas had at least one provider for each service category, most areas had very few providers who performed procedures.

Figure 7. Number of Providers by Service Category & OIC Rating Area



Carriers Paying for Gender Affirming Treatment

Table 10 provides data regarding the carriers and Medicaid managed care organizations that paid for GAT during 2021. On the commercial side, 19 plans that submitted data to the WA-APCD paid for GAT. The highest number of claims was paid by Kaiser Foundation Health Plan of Washington (10,614) and Regence BlueShield (10,296). Six Medicaid managed care plans paid for GAT, with Molina Healthcare of Washington paying for the highest number of claims (17,543).

Approximately 86% of care statewide was provided by in-network providers. The percentage was higher for commercial plans (98%) compared to Medicaid managed care plans (69%).

Table 10. Carriers Paying for GAT & Overview of GAT Claims, Patients, Providers, & Number of Providers

Carrier	Total Claims	Total Patients with Claims	Distinct Providers	In Network Claims	Percent of In Network Claims
Total, All Payers	110,437	11,723	6,895	95,190	86%
Commercial					
Total, All Commercial	59,474	7,014	4,266	58,552	98%
Kaiser Foundation Health Plan of WA	10,614	1,149	820	10,613	100%
Regence BlueShield	10,296	1,271	1,330	10,022	97%
Caremark, LLC	10,173	1,989	833	10,173	100%
Premera Blue Cross	8,838	891	1,203	8,691	98%
Kaiser Foundation Health Plan of WA Options	4,305	498	660	4,282	99%
Moda Health Plan	2,885	574	372	2,885	100%
Kaiser Foundation Health Plan of the NW	2,813	321	218	2,800	100%
Aetna Life Insurance Co.	2,701	337	603	2,544	94%
UnitedHealthcare Insurance Co.	1,259	167	327	1,176	93%
Cigna Health & Life Insurance Co.	1,008	123	276	976	97%
LifeWise Health Plan of WA	1,001	107	203	1,001	100%
LifeWise Assurance Co.	919	73	103	855	93%
Coordinated Care of WA	820	110	219	704	86%

Carrier	Total Claims	Total Patients with Claims	Distinct Providers	In Network Claims	Percent of In Network Claims
Regence BCBS of OR	637	61	145	632	99%
Molina Healthcare of WA	444	143	180	443	100%
UnitedHealthcare of WA	326	43	109	322	99%
Providence Health Plan	173	12	26	171	99%
Asuris NW Health	107	15	32	107	100%
No NAICS Code Provided**	64	15	25	64	100%
BridgeSpan Health Co.	*	*	*	*	*
Regence BlueShield of ID, Inc.	*	*	*	*	*
Medicaid FFS					
Total, Medicaid FFS	4,182	651	379	4,182	100%
Medicaid Managed Care					
Total, Medicaid Managed Care	46,781	6,592	4,652	32,456	69%
Molina Healthcare of WA	17,543	3,263	2,445	17,324	99%
UnitedHealthcare of WA	7,422	1,108	1,204	273	4%
Community Health Plan of WA	6,992	749	1,025	2,746	39%
Amerigroup	6,466	811	1,090	6,359	98%
Coordinated Care Corp.	5,014	658	1,031	2,418	48%
Caremark, LLC	3,177	1,474	654	3,177	100%
Kaiser Foundation Health Plan of the NW	167	34	39	159	95%

* Result blinded due to fewer than 11 patients

** Payers were identified using the North American Industry Classification System (NAICS) code submitted on the claim. In some cases, data submitters did not populate these codes, and the claim could not be attributed to a carrier.

Limitations

This was the first evaluation of access to GAT in Washington using the WA-APCD. While the WA-APCD was the most robust source of claims data to support this analysis, the WA-APCD cannot require self-insured plans to submit their data and relies on their voluntary participation; the data for the self-insured population, therefore, was limited. The Medicare and uninsured populations also were omitted.

This study looked at data in the WA-APCD for calendar years 2020 and 2021, which were the most recent two years of data in the APCD at the time of this study. The data presented here do not reflect providers who began providing care after 2021, providers who stopped practicing or no longer provided GAT, or those who offered GAT but had no reported claims for such services during the study period.

Another limitation of this study is that there were no patient or claims thresholds for inclusion in the study. For example, providers with only one or two encounters with transgender patients per year would be included in this study's provider data although they may rarely provide GAT. Additionally, there were a small number of claims that were submitted without a NAICS code and could not be attributed to a carrier.

Additionally, claims data cannot measure the demand for GAT services; it can only detail services that were provided. This study showed that many patients traveled out of state for care; in state, many traveled to the King County rating area from other areas. The claims data cannot determine whether these individuals would have preferred to receive GAT care closer to home or whether patients sought care in their own rating area but could not find a provider offering GAT services.

Summary

This study provides reporting on the number of providers offering GAT services in each Washington state county, the carriers and Medicaid managed care organizations with which those providers had active contracts, and the types of services provided by each provider in each rating area.

Using the WA-APCD and existing information on GAT and diagnoses, the transgender population was identified, and GAT was summarized for 2021. Key findings included the following:

- The transgender population was concentrated in those younger than 40 years of age
- While transgender patients resided throughout the state, more patients resided in the Washington's more populous OIC rating areas.
- The highest volume of GAT services was provided in the King County rating area.
- Overall, 11,723 patients received GAT in 2021 either in Washington (Washington residents and non-residents) or in other states (Washington residents only).
- These patients received care from 6,895 distinct rendering providers and retail pharmacies. This included 6,008 providers within Washington, 341 providers in Oregon and 546 providers in states other than Washington. At a county-level, the number of providers ranged from a maximum of 2,323 providers in King County to zero providers in Garfield County (see [Table 8](#)).
- Twenty commercial plans paid for GAT in 2021. The highest numbers of claims were paid by Kaiser Foundation Health Plan of Washington (10,614) and Regence BlueShield (10,296). Seven Medicaid managed care plans paid for GAT, with Molina Healthcare of Washington paying for the highest number of claims (17,543). [Table 10](#) provides detailed data regarding the carriers that paid for GAT.
- For each category of service, the King County rating area had the highest number of providers offering GAT, with 2,323 providers across all service categories ([Figure 7](#)). The Southeast rating area had the lowest number of providers with claims for GAT services across almost all service categories. For each rating area, office visits were provided by the highest number of distinct providers than other service categories, followed by behavioral health visits and retail pharmacies. The number of distinct providers billing for pharmacy in medical claims or for procedures was much lower.
- Patients received most of their GAT within Washington but were more likely to travel out of state for procedures than for other types of services, with 10% traveling to Oregon for procedures and 7% traveling to other states.

Appendix 1. Gender Affirming Treatment Procedures by CPT/HCPCS Code

Procedure Code	Description
Behavioral Health	
S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES
90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS
90,847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY
90853	GROUP PSYCHOTHERAPY
92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE
96130	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR
96131	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR
96132	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR
96136	PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN
96137	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN
96156	HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT
Office Visit	
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR
99201	OFFICE OUTPATIENT NEW 10 MINUTES
99202	OFFICE OUTPATIENT NEW 20 MINUTES
99203	OFFICE OUTPATIENT NEW 30 MINUTES
99204	OFFICE OUTPATIENT NEW 45 MINUTES
99205	OFFICE OUTPATIENT NEW 60 MINUTES
99211	OFFICE OUTPATIENT VISIT 5 MINUTES
99212	OFFICE OUTPATIENT VISIT 10 MINUTES

Procedure Code	Description
99213	OFFICE OUTPATIENT VISIT 15 MINUTES
99214	OFFICE OUTPATIENT VISIT 25 MINUTES
99215	OFFICE OUTPATIENT VISIT 40 MINUTES
99242	OFFICE CONSULTATION NEW/ESTAB PATIENT 30 MIN
99243	OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN
99244	OFFICE CONSULTATION NEW/ESTAB PATIENT 60 MIN
99245	OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN
99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS
99441	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN
99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN
Pharmacy in Medical Claims	
J9225	HISTRELIN IMPLANT VANTAS 50 MG
11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION
J1000	INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG
J1071	INJECTION TESTOSTERONE CYPIONATE 1 MG
J1380	INJECTION ESTRADIOL VALERATE UP TO 10 MG
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG
J9217	LEUPROLIDE ACETATE 7.5 MG
S0189	TESTOSTERONE PELLETT 75 MG
Procedures	
15115	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<
15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM/<
15201	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 CM/<
15240	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<
15241	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA20CM/<
15750	FLAP NEUROVASCULAR PEDICLE

Procedure Code	Description
15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS
15824	RHYTIDECTOMY FOREHEAD
15877	SUCTION ASSISTED LIPECTOMY TRUNK
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES
17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE
19303	MASTECTOMY SIMPLE COMPLETE
19304	MASTECTOMY SUBCUTANEOUS
19318	REDUCTION MAMMAPLASTY
19325	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT
19350	NIPPLE/AREOLA RECONSTRUCTION
19499	UNLISTED PROCEDURE BREAST
21122	GENIOPLASTY 2/> SLIDING OSTEOTOMIES
21139	RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL
21209	OSTEOPLASTY FACIAL BONES REDUCTION
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL
21296	REDUCTION MASSETER MUSCLE & BONE INTRAORAL
30410	RHINP PRIM COMPLETE XTRNL PARTS
31599	UNLISTED PROCEDURE LARYNX
31899	UNLISTED PROCEDURE TRACHEA BRONCHI
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA
53430	URETHROPLASTY RCNSTJ FEMALE URETHRA
54120	AMPUTATION PENIS PARTIAL
54125	AMPUTATION PENIS COMPLETE
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH
54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE
55180	SCROTOPLASTY COMPLICATED
55970	INTERSEX SURG MALE FEMALE
55980	INTERSEX SURG FEMALE MALE
56800	PLASTIC REPAIR INTROITUS
56805	CLITOROPLASTY INTERSEX STATE
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT
57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP
57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR

Procedure Code	Description
57335	VAGINOPLASTY INTERSEX STATE
58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL
64999	UNLISTED PROCEDURE NERVOUS SYSTEM
C1789	PROSTHESIS BREAST
L8600	IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED

Appendix 2. Endocrine & Metabolic Agents Included in Retail Pharmacy Reporting

ANDROGENS TESTOSTERONE	
ANDRODERM	TESTONE CIK
ANDROGEL	TESTOPEL
ANDROGEL PUMP	TESTOSTERONE
AVEED	TESTOSTERONE CYPIONATE
AXIRON	TESTOSTERONE ENANTHATE
DEPO-TESTOSTERONE	TESTOSTERONE PUMP
FORTESTA	TESTOSTERONE TOPICAL SOLUTION
JATENZO	VOGELXO
NATESTO	VOGELXO PUMP
TESTIM	XYOSTED
ESTROGENS INJECTABLE	
DELESTROGEN	ESTRADIOL VALERATE
DEPO-ESTRADIOL	PREMARIN
ESTROGENS ORAL	
ESTRACE	MENEST
ESTRADIOL	PREMARIN
ESTROGENS TOPICAL	
ALORA	ESTROGEL
CLIMARA	EVAMIST
DIVIGEL	LYLLANA
DOTTI	MENOSTAR
ELESTRIN	MINIVELLE
ESTRADERM	VIVELLE
ESTRADIOL	VIVELLE-DOT
PITUITARY SUPPRESSANTS	
ELIGARD	ONCOLOGY AGENTS : LHRH ANALOGS - INJECTABLE
FENSOLVI	SUPPRELIN LA
LEUPROLIDE ACETATE	SYNAREL
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	TRELSTAR DEPOT
LUPANETA PACK	TRELSTAR DEPOT MIXJECT
LUPRON DEPOT	TRELSTAR LA

LUPRON DEPOT (1-MONTH)	TRELSTAR LA MIXJECT
LUPRON DEPOT (3-MONTH)	TRELSTAR MIXJECT
LUPRON DEPOT (4-MONTH)	TRIPTODUR
LUPRON DEPOT (6-MONTH)	VANTAS
LUPRON DEPOT-PED (1-MONTH)	ZOLADEX
LUPRON DEPOT-PED (3-MONTH)	