



WASHINGTON
**All-Payer
Claims Database**

**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 prohibits carriers from applying categorical cosmetic or blanket exclusions to gender affirming treatment.

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.

When the initial report was designed in 2022, OIC explored various options for collecting this data, including asking insurance carriers to directly report the information. This approach, however, was not viable since GAT providers do not have a distinct licensure that carriers can capture and report. OIC also considered conducting a provider survey but recognized that provider survey completion rates are often low, which would result in the underreporting of GAT providers and their associated data.

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. 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. Onpoint conducted the data analysis and prepared the report. This 2024 report uses the same methodology to meet these requirements using more recent claims data.

Key Findings

Key findings of this study included:

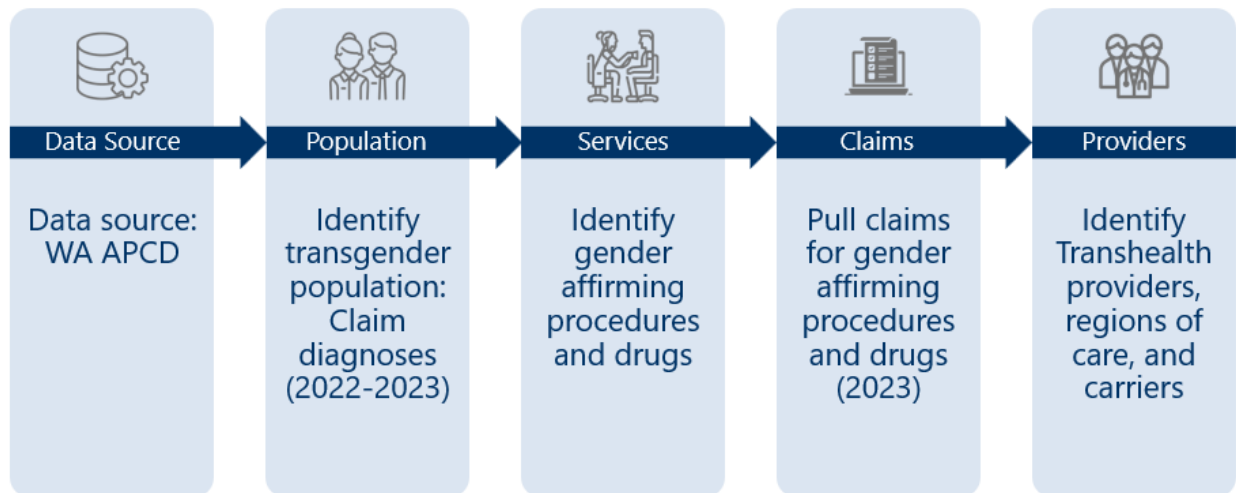
- Overall, 16,818 patients received GAT in 2023 either in Washington (Washington residents and non-residents) or in other states (Washington residents only). Patients received care from 8,445 providers and retail pharmacies. This included 7,424 providers within Washington, 448 providers in Oregon, and 733 providers in other states (see **Table 8**).
- At a county level, the number of providers ranged from a maximum of 2,914 providers in King County to less than 11 providers in several counties (see **Table 8**).
- Twenty-one commercial plans paid for GAT in 2023. The highest numbers of claims were paid by Kaiser Foundation Health Plan of Washington (18,146) and Regence BlueShield (16,997). Seven Medicaid managed care plans paid for GAT, with Caremark paying for the highest number of claims (23,994). **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 2,914 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 compared to 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 2022 through 2023 (i.e., the most recent two years of data in the APCD). The Medicare and uninsured populations were not included. Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) commercial claims and payers were included as a part of the commercial product.

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 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

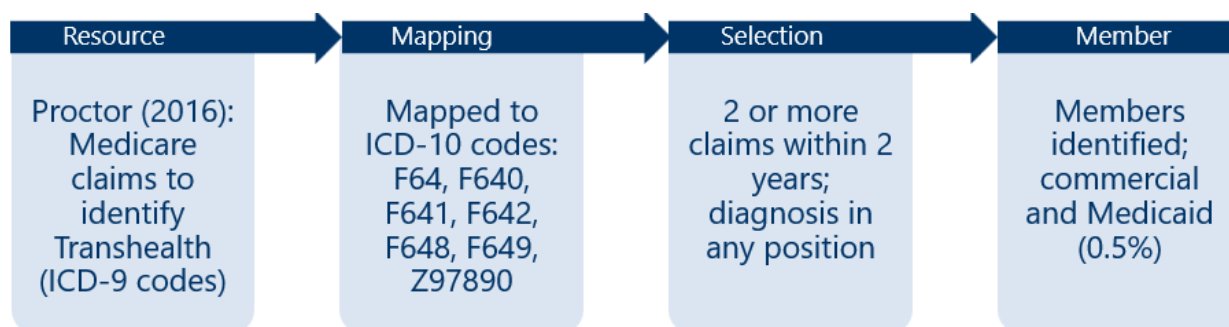
maintains International Classification of Diseases (ICD) codes and transitioned from version ICD-9 to version ICD-10 in 2016.)

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 (2022–2023) with these diagnoses in any position on the claim were identified as transgender for this study. Approximately 0.5% 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 2023 based on the criteria outlined below in **Table 1**. For the office visit and behavioral health categories to be included in the study, the claim was required to have a gender dysphoria diagnosis in any diagnosis position on the claim. This requirement was made because 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 are 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	✓	×	Mastectomy, urethroplasty, prosthesis breast
Pharmacy	Medical	✓	×	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 provider numbers were created to allow data to be blinded for presenting at the provider level without revealing provider NPIs or other potentially identifiable information.

Figure 3. Map of OIC Rating Areas

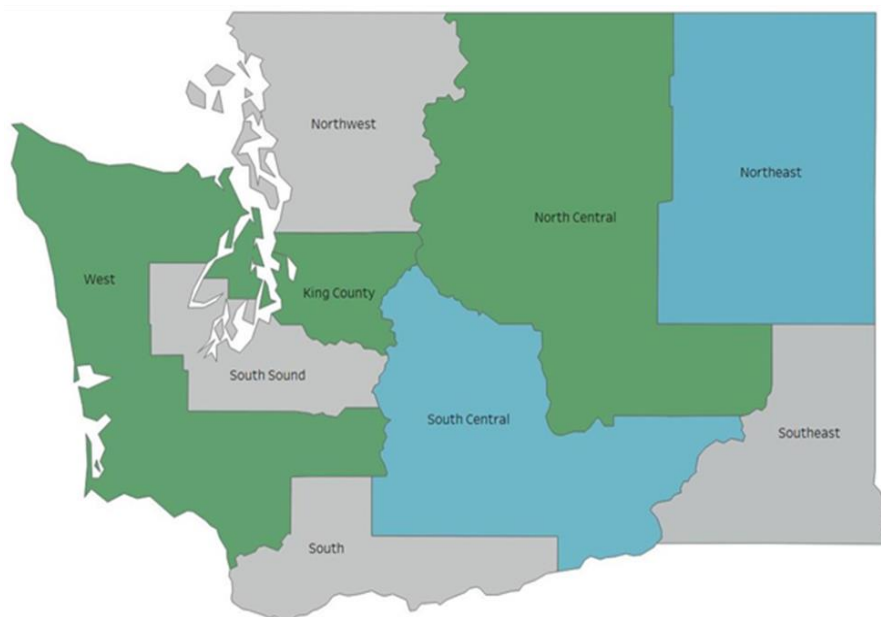


Table 2. OIC Rating Areas & Washington Counties

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 National Association of Insurance Commissioners (NAIC) number 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 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	Wellpoint Caremark 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 2023, 21,180 (0.46% 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 lower percentage of transgender patients (0.47%) compared to commercial (0.49%). Medicaid FFS patients were less likely to be identified as transgender (0.05%) 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 2023.

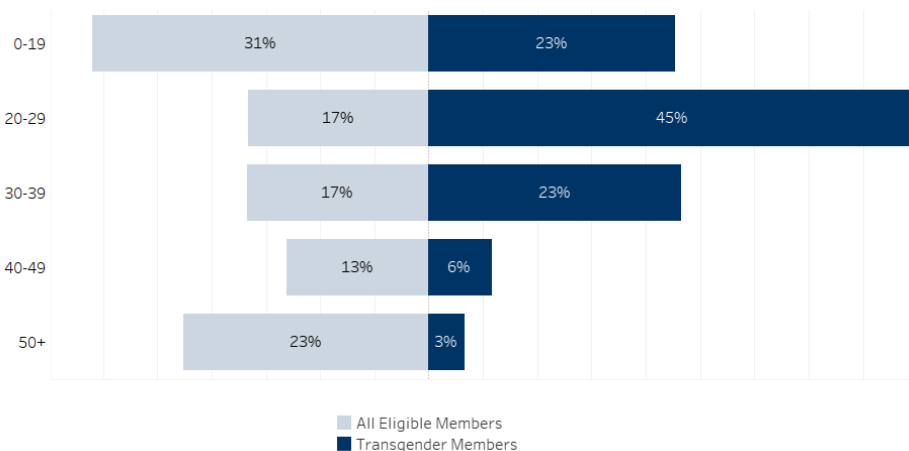
Table 4. Transgender Patients Based on Claims Data in the WA-APCD (2023)

Product	Transgender Members with Eligibility	Total Members with Eligibility	Percent of Total Patients
Commercial	11,502	2,363,543	0.49%
Medicaid FFS	102	193,733	0.05%
Medicaid Managed Care	9,576	2,028,508	0.47%
Total	21,180	4,585,784	0.46%

Age

Transgender patients were a younger population than the total population of eligible members with commercial and Medicaid coverage. For example, while comprising only 17% of all members with commercial or Medicaid coverage, the 20-to-29-year-old age group comprised nearly half (45%) of all members who identified as transgender (**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)

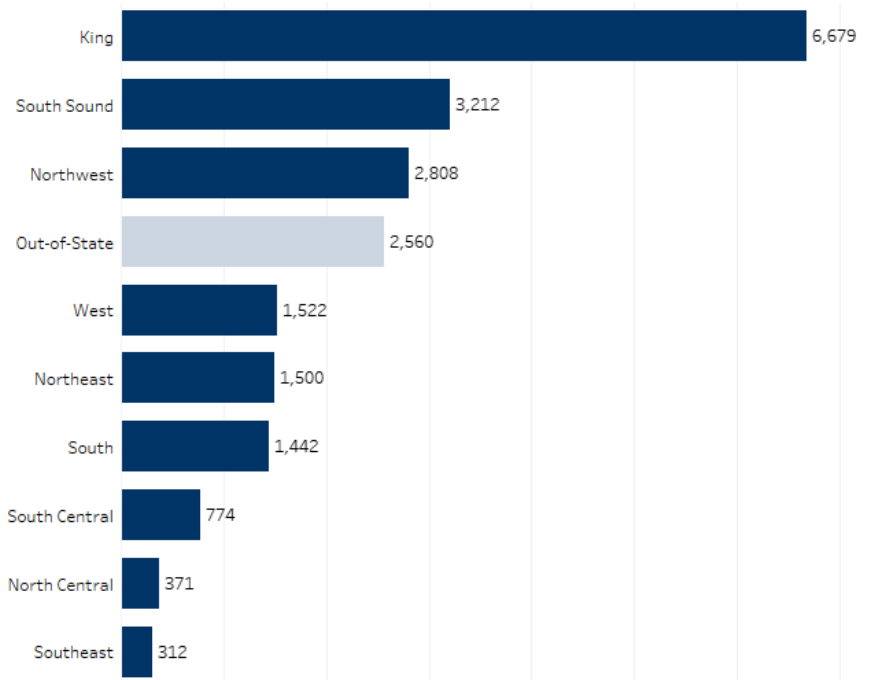


Rating Area of Residence

King County, the most populous OIC rating area, also had the highest number of transgender patients (6,679). South Sound (3,212) and Northwest (2,808) followed. (Figure 5).

It is notable that more than 2,500 transgender patients in the WA-APCD were living out of state (16%, 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 2023, more than 169,000 claims were billed to commercial or Medicaid plans for GAT services included in this study. This included approximately 5,000 claims for Washington residents who traveled to Oregon providers for care and approximately 4,200 claims for patients who traveled to other states for care.

Overall, 16,818 patients received GAT services in 2023 either in Washington or, for Washington residents, in other states. Patients received care from 8,445 providers and retail pharmacies. This included 7,424 providers within Washington, 448 providers in Oregon, and 733 providers in other states.

Category of Care

The vast majority of transgender patients (85%) who received GAT had a claim for an office visit with a gender dysphoria diagnosis (Table 5). Seventy-four percent of transgender patients also filled prescriptions for hormone therapies at retail pharmacies. Behavioral health services also were prevalent, with 26% receiving services. Nine percent of patients had procedure claims.

The proportion of claims that were billed by in-network providers was higher than 90% for all service categories except retail pharmacy (79% 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	169,564	16,818	100%	8,445	151,519	89%
Retail Pharmacy	72,804	12,459	74%	1,522	57,825	79%
Behavioral Health	41,814	4,343	26%	2,070	40,008	96%
Office Visit	41,942	14,363	85%	4,719	40,900	98%
Procedures	10,123	1,583	9%	527	9,918	98%
Pharmacy in Medical Claims	2,743	421	3%	406	2,731	99.6%

Insurance Product

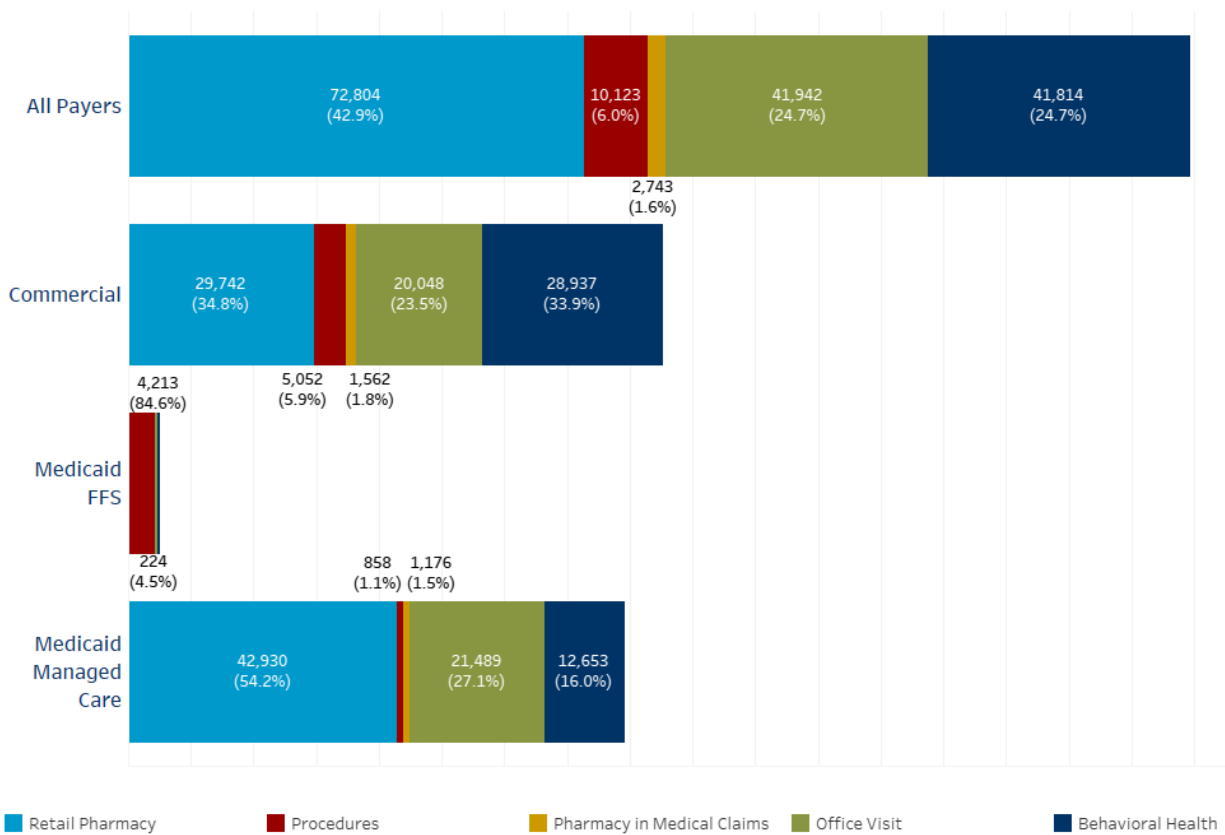
For eligibility purposes, patients were assigned to one primary payer during the year based on length of enrollment. However, for the analysis of claims, the insurance product for each claim was based on the product type and the carrier that paid for the claim. Some patients, therefore, had coverage 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	169,564	16,818	8,445	151,519	89%
Commercial	85,435	8,993	5,767	83,688	98%
Medicaid FFS	4,979	669	233	4,979	100%
Medicaid Managed Care	79,150	9,262	5,408	62,852	79%

Among commercial patients, 35% of claims were for prescriptions at retail pharmacies, 34% were for behavioral health visits, 23% were for office visits, 6% were for procedures, and 2% were pharmacy in medical claims. For Medicaid patients, some care was covered by both Medicaid managed care plans and 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 (54%), followed by office visits (27%) and behavioral health visits (16%). A very low percentage of claims paid by Medicaid managed care plans were for pharmacy in medical claims (1%) 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, 85% 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 distinct 16,818 patients who received at least one GAT service visited at least one provider in the King County rating area (9,369 patients) (**Table 7**). Of the 16,818 distinct patients who received gender affirming services, 6,679 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	69,134	9,369	2,914	62,589	91%
South Sound	22,837	3,543	1,113	20,380	89%
Northwest	23,055	3,014	1,236	19,667	85%
Northeast	14,395	1,702	670	12,632	88%
South	9,578	1,241	527	8,945	93%
West	8,566	1,506	615	7,670	90%
South Central	7,213	983	406	5,684	79%
Out-of-State, Oregon	4,976	1,115	448	4,872	98%
Out-of-State, Other	4,166	1,076	733	3,919	94%

Category	Total Claims	Total Patients with Claims	Distinct Providers	In-Network Claims	Percent of In-Network Claims
Southeast	2,968	575	133	2,680	90%
West	8,566	1,506	615	7,670	90%
North Central	2,676	399	237	2,481	92%
Total, All Areas	169,564	* 16,818	* 8,445	151,519	89%

* The “Total, All Areas” for “Total Patients with Claims” count and the “Total, All Areas” for “Distinct Providers” count will be different than the distinct counts for patients and providers. A patient or provider who receives or gives care in different categories will be counted in each area. The number in the “Total” cell represents the distinct number across all categories.

County

As shown in **Table 8**, there were 8,445 distinct rendering providers who were identified as billing for any GAT service in 2023. This included 448 providers in Oregon and 733 providers in other states outside of Washington. The number of providers ranged from a maximum of 2,914 distinct providers in King County to less than eleven distinct providers in Columbia, Ferry, Garfield, Lincoln, Pend Oreille, Skamania, and Wahkiakum counties.

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

County / Region	Total Claims	Total Patients with Claims	Distinct Providers	In-Network Claims	Percent of In-Network Claims
Adams	55	16	14	39	71%
Asotin	113	21	15	97	86%
Benton	2,607	348	159	2,085	80%
Chelan	1,282	180	110	1,219	95%
Clallam	1,021	196	92	880	86%
Clark	9,461	1,215	510	8,862	94%
Columbia	*	*	*	*	*
Cowlitz	1,609	274	121	1,503	93%
Douglas	296	53	21	261	88%
Ferry	*	*	*	*	*
Franklin	634	219	55	504	79%
Garfield	*	*	*	*	*
Grant	881	176	71	817	93%
Grays Harbor	843	134	50	771	91%
Island	705	88	38	476	68%
Jefferson	469	74	46	445	95%
King	69,134	9,369	2,914	62,589	91%
Kitsap	3,500	652	213	3,109	89%
Kittitas	1,061	201	54	933	88%
Klickitat	91	26	17	73	80%
Lewis	955	223	83	824	86%
Lincoln	*	*	*	*	*
Mason	623	131	56	549	88%

County / Region	Total Claims	Total Patients with Claims	Distinct Providers	In-Network Claims	Percent of In-Network Claims
Okanogan	162	35	29	145	90%
Pacific	155	38	17	124	80%
Pend Oreille	28	12	*	*	*
Pierce	13,212	2,272	728	11,743	89%
San Juan	147	25	13	137	93%
Skagit	1,628	232	151	1,421	87%
Skamania	*	*	*	*	*
Snohomish	13,287	1,946	791	11,122	84%
Spokane	14,180	1,679	641	12,468	88%
Stevens	176	38	24	131	74%
Thurston	9,002	1,488	352	8,088	90%
Wahkiakum	*	*	*	*	*
Walla Walla	981	149	55	887	90%
Whatcom	7,288	956	260	6,511	89%
Whitman	1,822	414	52	1,659	91%
Yakima	2,911	479	176	2,162	74%
Out-of-State, Oregon	4,976	1,115	448	4,872	98%
Out-of-State, Other	4,166	1,076	733	3,919	94%
Total, All Areas	169,564	† 16,818	† 8,445	151,519	89%

* Result blinded due to fewer than 11 patients

† The “Total, All Areas” for “Total Patients with Claims” count and the “Total, All Areas” for “Distinct Providers” count will be different than the distinct counts for patients and providers. A patient or provider who receives or gives care in different categories will be counted in each area. The number in the “Total” cell represents the distinct number across all categories.

Approximately 95% 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 2% of services. Travel for GAT-related procedures was higher, with 9% of services provided in Oregon and 2% in other states.

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

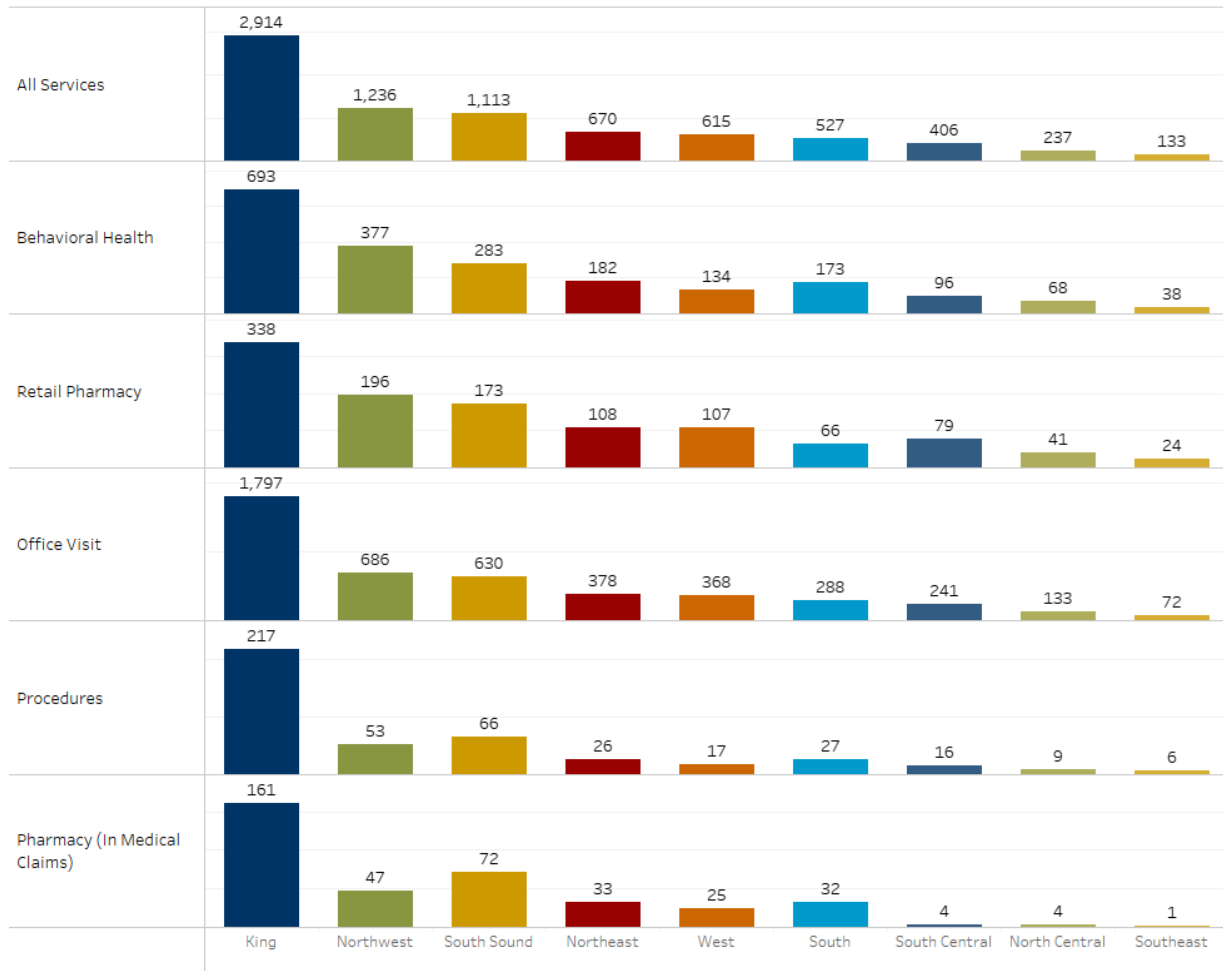
Location	All Services	Behavioral Health	Office Visit	Pharmacy	Retail Pharmacy	Procedures
Out-of-State – Oregon	3%	2%	4%	5%	2%	9%
Out-of-State – Other	2%	3%	3%	2%	2%	2%
Washington	95%	95%	93%	93%	96%	89%

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 2,914 providers across all service categories. The Southeast rating area had the lowest number of providers with claims for GAT services across all service categories. 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 2023. On the commercial side, 21 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 (18,146) and Regence BlueShield (16,997). Seven Medicaid managed care plans paid for GAT, with Caremark paying for the highest number of claims (23,994).

Approximately 89% of care statewide was provided by in-network providers. The percentage was higher for commercial plans (98%) compared to Medicaid managed care plans (79%).

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	169,564	16,818	8,445	151,519	89%
Commercial					
Total, All Commercial	85,435	8,993	5,767	83,688	98%
Kaiser Foundation Health Plan of WA	18,146	1,718	1,097	18,144	100%
Regence BlueShield	16,997	2,211	2,163	16,732	98%
Premera Blue Cross	12,566	1,211	1,554	12,217	97%
Kaiser Found Health Plan of WA Options	7,368	796	899	7,310	99%
Aetna Life Insurance Co.	5,716	668	952	5,435	95%
Moda Health Plan	5,133	1,032	569	5,133	100%
Kaiser Found Health Plan of the NW	4,215	430	286	4,157	99%
Caremark	2,457	849	513	2,457	100%
Cigna Health & Life Insurance Co.	2,472	265	570	2,366	96%
United Healthcare Insurance Co.	2,095	282	501	1,917	91%
LifeWise Assurance Co.	1,443	98	183	1,359	94%
Coordinated Care Corp.	1,404	295	441	1,224	87%
LifeWise Health Plan of WA	1,395	97	175	1,315	100%
Regence BCBS of OR	1,146	121	228	1,129	99%
Molina Healthcare of WA	719	204	265	712	99%
United Healthcare of WA	663	93	186	642	97%
No NAIC Number Provided†	578	102	167	558	96%
Asuris NW Health	250	31	65	249	100%
Community Health Plan of WA	158	36	72	60	35%
BridgeSpan Health Co.	*	*	*	*	*
Providence Health Plan	*	*	*	*	*
Regence BlueShield of ID Inc	*	*	*	*	*

Carrier	Total Claims	Total Patients with Claims	Distinct Providers	In-Network Claims	Percent of In-Network Claims
Medicaid FFS					
Total, Medicaid FFS	4,979	669	233	4,979	100%
Medicaid Managed Care					
Total	79,150	9,262	5,408	62,852	79%
Caremark	23,994	4,178	1,032	23,994	100%
Molina Healthcare of WA	19,952	4,289	2,870	19,739	99%
Community Health Plan of WA	11,275	1,254	1,434	4,050	35%
UnitedHealthcare of WA	9,258	1,422	1,466	4,216	43%
Coordinated Care of WA	7,272	931	1,330	3,509	47%
Wellpoint	7,229	1,025	1,261	7,176	99%
Kaiser Found Health Plan of the NW	170	59	66	168	99%

* Result blinded due to fewer than 11 patients

† Payers were identified using the National Association of Insurance Commissioners (NAIC) number submitted on the claim. In some cases, data submitters did not populate these numbers and the claim could not be attributed to a carrier.

Limitations

The 2021 implementation and the 2023 refresh were the first two evaluations 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 were also omitted.

This study looked at data in the WA-APCD for calendar years 2022 and 2023, 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 2023, providers who stopped practicing or no longer provide 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 NAIC number 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 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 2023. 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 Washington's more populous OIC rating areas.
- The highest volume of GAT services was provided in the King County rating area.
- Overall, 16,818 patients received GAT in 2023 either in Washington (Washington residents and non-residents) or in other states (Washington residents only).
- These patients received care from 8,445 distinct rendering providers and retail pharmacies. This included 7,424 providers within Washington, 448 providers in Oregon, and 733 providers in states other than Washington. At a county level, the number of providers ranged from a maximum of 2,914 providers in King County to fewer than 11 in several counties. (see **Table 8**).
- Twenty-one commercial plans paid for GAT in 2023. The highest numbers of claims were paid by Kaiser Foundation Health Plan of Washington (18,897) and Regence BlueShield (17,549). Seven Medicaid managed care plans paid for GAT, with Caremark paying for the highest number of claims (23,994). **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 2,914 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 a higher 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.

- Transgender patients received most of their GAT within Washington but were more likely to travel out of state for GAT-related procedures than for other types of GAT services, with 9% traveling to Oregon for GAT procedures and 2% 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
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR
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
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

Procedure Code	Description
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	
11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM
11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ
13100	REPAIR COMPLEX TRUNK 1.1-2.5 CM
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM
13133	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<
14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<
14041	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM
14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM
14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM
15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD
15101	SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD
15115	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<
15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 SQ CM/<
15201	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 SQ CM
15240	FTH/GF FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20SQCM/<
15241	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA ADDL
15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25
15570	FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK
15733	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL
15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK
15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR
15750	FLAP NEUROVASCULAR PEDICLE
15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS
15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS
15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS
15772	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC

Procedure Code	Description
15773	GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS
15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT
15824	RHYTIDECTOMY FOREHEAD
15828	RHYTIDECTOMY CHEEK CHIN & NECK
15829	RHYTIDECTOMY SMAS FLAP
15839	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA
15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT
15876	SUCTION ASSISTED LIPECTOMY HEAD & NECK
15877	SUCTION ASSISTED LIPECTOMY TRUNK
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES
17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION
19303	MASTECTOMY SIMPLE COMPLETE
19304	MASTECTOMY SUBCUTANEOUS
19316	MASTOPEXY
19318	BREAST REDUCTION
19325	BREAST AUGMENTATION WITH IMPLANT
19340	INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY
19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY
19350	NIPPLE/AREOLA RECONSTRUCTION
19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION
19370	REVISION PERI-IMPLANT CAPSULE BREAST
19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE
19380	REVISION OF RECONSTRUCTED BREAST
19499	UNLISTED PROCEDURE BREAST
21120	GENIOPLASTY AUGMENTATION
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE
21122	GENIOPLASTY 2/> SLIDING OSTEOTOMIES
21125	AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL
21137	REDUCTION FOREHEAD CONTOURING ONLY
21139	RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL
21208	OSTEOPLASTY FACIAL BONES AUGMENTATION
21209	OSTEOPLASTY FACIAL BONES REDUCTION
21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS
21215	GRAFT BONE MANDIBLE
21235	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL
21296	REDUCTION MASSETER MUSCLE & BONE INTRAORAL
30400	RHINP PRIM LAT&ALAR CRTLG&ELVTN NASAL TI
30410	RHINP PRIM COMPLETE XTRNL PARTS
30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR
31599	UNLISTED PROCEDURE LARYNX
31899	UNLISTED PROCEDURE TRACHEA BRONCHI
35236	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY

Procedure Code	Description
40500	VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMNT
40510	EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST
52000	CYSTOURETHROSCOPY
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA
53415	URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT
53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE
53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE
53430	URETHROPLASTY RCNSTJ FEMALE URETHRA
53450	URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT
53899	UNLISTED PROCEDURE URINARY SYSTEM
54120	AMPUTATION PENIS PARTIAL
54125	AMPUTATION PENIS COMPLETE
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH
54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY
55150	RESECTION SCROTUM
55175	SCROTOPLASTY SIMPLE
55180	SCROTOPLASTY COMPLICATED
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM
55970	INTERSEX SURG MALE FEMALE
55980	INTERSEX SURG FEMALE MALE
56620	VULVECTOMY SIMPLE PARTIAL
56625	VULVECTOMY SIMPLE COMPLETE
56800	PLASTIC REPAIR INTROITUS
56805	CLITOROPLASTY INTERSEX STATE
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX
57061	DESTRUCTION VAGINAL LESIONS SIMPLE
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL
57107	VAGINECTOMY PRTL RMVL VAG WALL & PARAVAGINAL T
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL
57111	VAGINECTOMY COMPL RMVL VAG WALL & PARAVAG TISS
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT
57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP
57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR
57300	CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR
57335	VAGINOPLASTY INTERSEX STATE
57400	DILATION VAGINA W/ANESTHESIA OTHER THAN LOCAL
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL
57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY
58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY

Procedure Code	Description
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<
58262	VAG HYST 250 GM/< W/RMVL TUBE&/OVARY
58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY
58290	VAGINAL HYSTERECTOMY UTERUS > 250 GM
58291	VAG HYST > 250 GM RMVL TUBE&/OVARY
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR
58543	LAPS SUPRACERVICAL HYSTERECTOMY >250
58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<
58552	LAPS W/VAG HYSTERECT 250 GM&RMVL TUBE&/OVARIES
58553	LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS
58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM
58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL
64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH
64708	NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC
64834	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE
64837	SUTURE EACH ADDITIONAL NERVE HAND/FOOT
64859	SUTURE EACH ADDITIONAL PERIPHERAL NERVE
64905	NERVE PEDICLE TRANSFER FIRST STAGE
64999	UNLISTED PROCEDURE NERVOUS SYSTEM
67900	REPAIR BROW PTOSIS
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)	