

WA State Medicaid Coverage for Gender Affirming Care FAQs

What is Medicaid?

Medicaid is a government health insurance program available to eligible people with limited income and resources, elderly adults and people with disabilities.

How do I know if I have Medicaid?

Apple Health is the name of Medicaid in Washington. Most Apple Health patients have managed care, which means Apple Health pays a Managed Care Organization (MCO) to manage your healthcare.

- There are five MCO's in Washington:
 - Amerigroup - Community Health Plan Washington - Coordinated Care - Molina - United HealthCare

If you are enrolled in any of the health programs listed above, you have Medicaid.

TransHealth Program

The TransHealth Program provides coverage for medically necessary gender affirming treatment.

To find out more information about the TransHealth program and your coverage

Email applehealth.transhealth@hca.wa.gov

Visit hca.wa.gov/transhealth

General Requirements

- It is a general requirement to be on gender-affirming hormone therapy for a minimum of 12 months preceding treatment/surgery, unless otherwise noted below, or have a medical contraindication to hormone therapy.
- Live in a gender role that matches your gender identity for a minimum of 12 months preceding treatment/surgery, unless otherwise noted, or have been unable to live in your desired gender identity due to personal safety concerns.
 - Certain procedures do not require you to live in your desired gender for 12 months. These procedures include: mastectomy or reduction mammoplasty (chest masculinization); orchiectomy (testicle removal); and hysterectomy (uterus removal).

Hair Removal Requirements

- Letter from the provider managing the client's gender affirming hormone therapy (within the past 18 months)

- Description of medical condition and attempted treatments that prohibit the client from shaving or utilizing other hair removal techniques (except electrolysis or laser). Examples include documented folliculitis, documented sensitivity to hair removal techniques, or thick male pattern hair growth prohibiting adequate hair removal.
- Photos of requested area for hair removal from approximately 2 feet (please include method of hair removal in documentation):
Prior to hair removal (include length of time from last hair removal; an 8 hour period of time from last hair removal is recommended), and;
Immediately after hair removal
- Letter of medical necessity from the treating provider performing the hair removal that includes the size and location of the area to be treated, and the number of expected units needed to complete treatment.