Transhealth program

Provider – Frequently Asked Questions

The Transhealth program provides coverage for medically necessary gender-affirming treatment and is included under Washington Apple Health (Medicaid).

What gender-affirming services are available to Apple Health clients?

Hormone therapy, including puberty blockers, is a covered service paid for by the client's managed care organization (MCO).

Other procedures, mostly surgical, are covered directly by Apple Health (known as fee-for-service). Clients should use their ProviderOne services card when accessing services not covered by their MCO. These services have specific criteria and require prior authorization (PA) through ProviderOne prior to receiving services. Consultations do not require a PA and are billed using the expedited prior authorization (EPA) number listed in the billing guide.

Learn more about gender-affirming interventions and treatment services on the Transhealth program provider webpage.

How do I ensure a client is eligible for Transhealth services?

The ProviderOne Billing and Resource Guide helps providers and billing staff understand how to:

- Check client eligibility for services, and
- Receive timely and accurate payments.

How do I submit a prior authorization for Transhealth services?

A prior authorization (PA) can be submitted:

- Online through the ProviderOne portal, or
- Faxed to 1-866-668-1214 (no fax coversheet needed).

View the Prior Authorization webpage for details.

Where can I refer clients to get more information?

- Online: hca.wa.gov/transhealth
- Email: applehealth.transhealth@hca.wa.gov

Where can I find more information on the Transhealth program?

- Transhealth program provider webpage
- Physician Related Services Billing Guide (pg. 308)
- Washington Apple Health-Gender Dysphoria Treatment Program: WAC 182-531-1675