

Gender Dysphoria (Gender Identity Disorder) Treatment (for Washington Only)

Policy Number: BIP197.N
Effective Date: April 1, 2026

[➔ Instructions for Use](#)

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Related Medical Policies
• Breast Reconstruction
• Breast Reduction Surgery
• Brow Ptosis and Eyelid Repair
• Gonadotropin Releasing Hormone Analogs
• Rhinoplasty and Other Nasal Surgeries

Application

This policy applies to:

- UnitedHealthcare Commercial fully-insured group plans
- UnitedHealthcare Individual Exchange fully-insured group plans

Federal/State Mandated Regulations

Revised Code of Washington (RCW) Section 48.43.0128

<https://app.leg.wa.gov/rcw/default.aspx?cite=48.43.0128>

Non-grandfathered health plans and plans issued or renewed on or after January 1, 2022 – Prohibited discrimination – Rules.

- (1) A health carrier offering a non-grandfathered health plan or a plan deemed by the commissioner to have a short-term limited purpose or duration, or to be a student-only plan that is guaranteed renewable while the covered person is enrolled as a regular, full-time undergraduate student at an accredited higher education institution may not:
 - (a) In its benefit design or implementation of its benefit design, discriminate against individuals because of their age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions; and
 - (b) With respect to the health plan or plan deemed by the commissioner to have a short-term limited purpose or duration, or to be a student-only plan that is guaranteed renewable while the covered person is enrolled as a regular, full-time undergraduate student at an accredited higher education institution, discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, or sexual orientation.
- (2) Nothing in this section may be construed to prevent a carrier from appropriately utilizing reasonable medical management techniques.
- (3) For health plans issued or renewed on or after January 1, 2022:
 - (a) A health carrier may not deny or limit coverage for gender affirming treatment when that treatment is prescribed to an individual because of, related to, or consistent with a person's gender expression or identity, as defined in RCW 49.60.040, is medically necessary, and is prescribed in accordance with accepted standards of care.
 - (b) A health carrier may not apply categorical cosmetic or blanket exclusions to gender affirming treatment. When prescribed as medically necessary gender affirming treatment, a health carrier may not exclude as cosmetic services facial feminization surgeries and other facial gender affirming treatment, such as tracheal shaves, hair electrolysis, and other care such as mastectomies, breast reductions, breast implants, or any combination of gender affirming procedures, including revisions to prior treatment.

- (c) A health carrier may not issue an adverse benefit determination denying or limiting access to gender affirming services, unless a health care provider with experience prescribing or delivering gender affirming treatment has reviewed and confirmed the appropriateness of the adverse benefit determination.
- (d) Health carriers must comply with all network access rules and requirements established by the commissioner.
- (4) For the purposes of this section, "gender affirming treatment" means a service or product that a health care provider, as defined in RCW [70.02.010](#), prescribes to an individual to treat any condition related to the individual's gender identity and is prescribed in accordance with generally accepted standards of care. Gender affirming treatment must be covered in a manner compliant with the federal mental health parity and addiction equity act of 2008 and the federal affordable care act. Gender affirming treatment can be prescribed to two spirit, transgender, nonbinary, intersex, and other gender diverse individuals.
- (5) Nothing in this section may be construed to mandate coverage of a service that is not medically necessary.
- (6) By December 1, 2022, the commissioner, in consultation with the health care authority and the department of health, must issue a report on geographic access to gender affirming treatment across the state. The report must include the number of gender affirming providers offering care in each county, the carriers and Medicaid managed care organizations those providers have active contracts with, and the types of services provided by each provider in each region. The commissioner must update the report biannually and post the report on its website.
- (7) The commissioner shall adopt any rules necessary to implement subsections (3), (4), and (5) of this section.
- (8) Unless preempted by federal law, the commissioner shall adopt any rules necessary to implement subsections (1) and (2) of this section, consistent with federal rules and guidance in effect on January 1, 2017, implementing the patient protection and affordable care act.

State Market Plan Enhancements

None

Covered Benefits

Important Notes:

- Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.
- Prior authorization of medically necessary services must be done by UnitedHealthcare or delegated Providers as determined by UnitedHealthcare.

Criteria for Adults

Hormonal treatment for Gender Dysphoria may be indicated when the following criteria are met, as documented in an assessment from a health care professional who has competencies in the assessment of transgender people:

- Gender incongruence is marked and sustained;
- Meets diagnostic criteria for gender incongruence;
- Demonstrates capacity to consent for the specific gender-affirming hormone treatment;
- Other possible causes of apparent gender incongruence have been identified and excluded;
- Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed; and
- Understands the effect of gender-affirming hormone treatment on reproduction and they have explored reproductive options.

Surgical treatment for Gender Dysphoria may be indicated for individuals who provide documentation that the individual meets all of the following criteria:

- Persistent, well-documented [Gender Dysphoria](#);
 - Capacity to make a fully informed decision and to consent for treatment;
 - Must be at least 18 years of age; and
 - Favorable psychosocial-behavioral evaluation including screening and identification of risk factors or potential postoperative challenges.
- **For breast surgery** (mastectomy, breast reduction, or breast augmentation), in addition to the above criteria, a written clinical assessment from at least one [Qualified Healthcare Professional](#) experienced in treating Gender Dysphoria is required; the assessment must document that an individual meets the following criteria:

- For breast augmentation, continued Gender Dysphoria following the completion of 12 months of continuous hormone therapy prior to the breast procedure is required.
- **For thyroid cartilage reduction and/or voice modification surgery** (e.g., laryngoplasty, glottoplasty, or shortening of the vocal cords), in addition to the above criteria, a written clinical assessment from at least one [Qualified Healthcare Professional](#) experienced in treating Gender Dysphoria is required; the assessment must document that an individual meets **all** of the following criteria:
 - Completion of 6 months of continuous hormone therapy prior to surgery is required for voice masculinization.
 - For voice modification surgery, documentation of presurgical voice lessons and/or therapy.
- **For genital surgery**, in addition to the above criteria, a written clinical assessment from at least two [Qualified Healthcare Professional](#) experienced in treating Gender Dysphoria, who have independently assessed the individual, is required; the assessment must document that an individual meets **all** of the following criteria:
 - Complete at least 12 months of successful continuous full-time real-life involvement in the identified gender.
 - Complete 12 months of continuous hormone therapy appropriate for the experienced gender (unless medically contraindicated or not indicated for gender).
 - Treatment plan that includes ongoing follow-up and care by a [Qualified Healthcare Professional](#) experienced in treating Gender Dysphoria.

Gender affirming surgery is considered an irreversible intervention. Although infrequent, reversal of prior gender affirming surgery may be covered when the medical necessity criteria for the requested treatment above are met.

Surgical treatment for Gender Dysphoria may be indicated for individuals who provide documentation that the individual meets all of the following criteria:

- Persistent, well-documented [Gender Dysphoria](#);
- Capacity to make a fully informed decision and to consent for treatment;
- Must be at least 18 years of age; and
- Favorable psychosocial-behavioral evaluation including screening and identification of risk factors or potential postoperative challenges.
- **For breast surgery** (mastectomy, breast reduction, or breast augmentation), in addition to the above criteria, a written clinical assessment from at least one [Qualified Healthcare Professional](#) experienced in treating Gender Dysphoria is required; the assessment must document that an individual meets the following criteria:
 - For breast augmentation, continued Gender Dysphoria following the completion of 12 months of continuous hormone therapy prior to the breast procedure is required.
- **For thyroid cartilage reduction and/or voice modification surgery** (e.g., laryngoplasty, glottoplasty, or shortening of the vocal cords), in addition to the above criteria, a written clinical assessment from at least one [Qualified Healthcare Professional](#) experienced in treating Gender Dysphoria is required; the assessment must document that an individual meets **all** of the following criteria:
 - Completion of 6 months of continuous hormone therapy prior to surgery is required for voice masculinization.
 - For voice modification surgery, documentation of presurgical voice lessons and/or therapy.
- **For genital surgery**, in addition to the above criteria, a written clinical assessment from at least two [Qualified Healthcare Professional](#) experienced in treating Gender Dysphoria, who have independently assessed the individual, is required; the assessment must document that an individual meets **all** of the following criteria:
 - Complete at least 12 months of successful continuous full-time real-life involvement in the identified gender.
 - Complete 12 months of continuous hormone therapy appropriate for the experienced gender (unless medically contraindicated or not indicated for gender).
 - Treatment plan that includes ongoing follow-up and care by a [Qualified Healthcare Professional](#) experienced in treating Gender Dysphoria.

Criteria for Adolescents

In addition to the above criteria, for surgical treatment for Gender Dysphoria in Adolescents (individuals under the age of 18), a comprehensive biopsychosocial assessment from a member of a multidisciplinary team, including both medical and mental health professionals, reflecting the assessment and opinion from the team:

- Gender diversity/incongruence is marked and sustained over time;
- Meets the diagnostic criteria of gender incongruence;
- Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;

- Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally;
- Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility; and
- At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated.

Gender affirming surgery is considered an irreversible intervention. Although infrequent, reversal of prior gender affirming surgery may be covered when the medical necessity criteria for the requested treatment above are met.

Adults and Adolescents

When the [above criteria](#) are met, the following surgical procedures and/or therapies to treat Gender Dysphoria are medically necessary and covered as a benefit for both adults and adolescents:

- Bilateral mastectomy or breast reduction.
- Breast augmentation with breast implants or fat transfer.
- Clitoroplasty (creation of clitoris).
- Hysterectomy (removal of uterus).
- Labiaplasty (creation of labia).
- Laser or electrolysis hair removal in advance of genital reconstruction prescribed by a physician for the treatment of Gender Dysphoria.
- Metoidioplasty (creation of penis, using clitoris).
- Orchiectomy (removal of testicles).
- Penectomy (removal of penis).
- Penile prosthesis.
- Phalloplasty (creation of penis).
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries).
- Scrotoplasty (creation of scrotum).
- Testicular prostheses.
- Thyroid cartilage reduction/reduction thyroid chondroplasty/tracheal shave (removal or reduction of the Adam's apple).
- Urethroplasty (reconstruction of female urethra).
- Urethroplasty (reconstruction of male urethra).
- Vaginectomy (removal of vagina).
- Vaginoplasty (creation of vagina).
- Voice lessons and/or voice therapy (with or without surgery).
- Voice modification surgery (e.g., laryngoplasty, glottoplasty, or shortening of the vocal cords).
- Vulvectomy (removal of vulva).

Not Covered

The following are not covered:

- Treatment received outside the United States.

Definitions

Gender Dysphoria in Adolescents and Adults: A disorder characterized by the following diagnostic criteria [Diagnostic and Statistical Manual of Mental Disorders, 5th edition, Text Revision (DSM-5-TR™)]:

- A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by **at least two** of the following:
 - A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
 - A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
 - A strong desire for the primary and/or secondary sex characteristics of the other gender.

- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender Dysphoria in Children: A disorder characterized by the following diagnostic criteria [Diagnostic and Statistical Manual of Mental Disorders, 5th edition, Text Revision (DSM-5-TR™)]:

- A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by **at least six** of the following (**one of which must be criterion A1**):
 - A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
 - In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
 - A strong preference for cross-gender roles in make-believe play or fantasy play.
 - A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
 - A strong preference for playmates of the other gender.
 - In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
 - A strong dislike of ones' sexual anatomy.
 - A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
- The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

Qualified Healthcare Professional:

- Documented credentials from a relevant licensing board.
 - A minimum of a master's degree or equivalent training in a clinical field relevant to the assessment and treatment of Gender Dysphoria.
 - Knowledge and experience in treating Gender Dysphoria.
- (Coleman et al., 2022; Hembree et al., 2017)

References

Washington Office of the Insurance Commissioner, Commissioner's Letter Gender Identity Non Discrimination Requirements: <https://www.insurance.wa.gov/sites/default/files/documents/gender-identity-discrimination-letter.pdf>.

World Professional Association for Transgender Health (WPATH). Standards of care for the health of transgender and gender diverse people. 8th edition. 2022. Available at: <https://www.wpath.org>. Accessed December 8, 2025.

Policy History/Revision Information

Date	Summary of Changes
04/01/2026	<p>Related Policies</p> <ul style="list-style-type: none"> ● Added reference link to the Medical Benefit Drug Policy titled <i>Gonadotropin Releasing Hormone Analogs</i> ● Removed reference link to the Benefit Interpretation Policy titled <i>Medications and Off-Label Drugs</i> <p>Application</p> <ul style="list-style-type: none"> ● Removed language indicating this policy applies to UnitedHealthcare West plans (UnitedHealthcare of Washington, Inc.) <p>Federal/State Mandated Regulations</p> <ul style="list-style-type: none"> ● Removed language pertaining to the <i>Revised Code of Washington (RCW) Section 74.09.675</i> <p>State Market Plan Enhancements</p>

Date	Summary of Changes
	<ul style="list-style-type: none"> ● Removed reference link to the <i>Washington Office of the Insurance Commissioner, Commissioner's Letter Gender Identity Non Discrimination Requirements</i> ● Removed language pertaining to <i>Washington Administrative Code Section 284.43.5622</i> <p>Covered Benefits</p> <ul style="list-style-type: none"> ● Revised language to indicate: <ul style="list-style-type: none"> ○ Prior authorization of medically necessary services must be done by UnitedHealthcare or delegated providers as determined by UnitedHealthcare <p>Criteria for Adults</p> <ul style="list-style-type: none"> ○ Hormonal treatment for gender dysphoria may be indicated when the following criteria are met, as documented in an assessment from a health care professional who has competencies in the assessment of transgender people: <ul style="list-style-type: none"> ▪ Gender incongruence is marked and sustained ▪ Meets diagnostic criteria for gender incongruence ▪ Demonstrates capacity to consent for the specific gender-affirming hormone treatment ▪ Other possible causes of apparent gender incongruence have been identified and excluded ▪ Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed ▪ Understands the effect of gender-affirming hormone treatment on reproduction and they have explored reproductive options ○ Surgical treatment for Gender Dysphoria may be indicated for individuals who provide documentation that the individual meets all of the following criteria: <ul style="list-style-type: none"> ▪ Persistent, well-documented Gender Dysphoria ▪ Capacity to make a fully informed decision and to consent for treatment ▪ Must be at least 18 years of age ▪ Favorable psychosocial-behavioral evaluation including screening and identification of risk factors or potential postoperative challenges ▪ For breast surgery (mastectomy, breast reduction, or breast augmentation), in addition to the above criteria, a written clinical assessment from at least one Qualified Healthcare Professional experienced in treating Gender Dysphoria is required; the assessment must document that an individual meets the following criteria: <ul style="list-style-type: none"> - For breast augmentation, continued Gender Dysphoria following the completion of 12 months of continuous hormone therapy prior to the breast procedure is required ▪ For thyroid cartilage reduction and/or voice modification surgery (e.g., laryngoplasty, glottoplasty, or shortening of the vocal cords), in addition to the above criteria, a written clinical assessment from at least one Qualified Healthcare Professional experienced in treating Gender Dysphoria is required; the assessment must document that an individual meets all of the following criteria: <ul style="list-style-type: none"> - Completion of 6 months of continuous hormone therapy prior to surgery is required for voice masculinization - For voice modification surgery, documentation of presurgical voice lessons and/or therapy ▪ For genital surgery, in addition to the above criteria, a written clinical assessment from at least two Qualified Healthcare Professional experienced in treating Gender Dysphoria, who have independently assessed the individual, is required; the assessment must document that an individual meets all of the following criteria: <ul style="list-style-type: none"> - Complete at least 12 months of successful continuous full-time real-life involvement in the identified gender - Complete 12 months of continuous hormone therapy appropriate for the experienced gender (unless medically contraindicated or not indicated for gender) - Treatment plan that includes ongoing follow-up and care by a Qualified Healthcare Professional experienced in treating Gender Dysphoria ○ Gender affirming surgery is considered an irreversible intervention; although infrequent, reversal of prior gender affirming surgery may be covered when the medical necessity criteria for the requested treatment above are met ○ Surgical treatment for Gender Dysphoria may be indicated for individuals who provide documentation that the individual meets all of the following criteria: <ul style="list-style-type: none"> ▪ Persistent, well-documented Gender Dysphoria

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ Capacity to make a fully informed decision and to consent for treatment ▪ Must be at least 18 years of age ▪ Favorable psychosocial-behavioral evaluation including screening and identification of risk factors or potential postoperative challenges ▪ For breast surgery (mastectomy, breast reduction, or breast augmentation), in addition to the above criteria, a written clinical assessment from at least one Qualified Healthcare Professional experienced in treating Gender Dysphoria is required; the assessment must document that an individual meets the following criteria: <ul style="list-style-type: none"> - For breast augmentation, continued Gender Dysphoria following the completion of 12 months of continuous hormone therapy prior to the breast procedure is required ▪ For thyroid cartilage reduction and/or voice modification surgery (e.g., laryngoplasty, glottoplasty, or shortening of the vocal cords), in addition to the above criteria, a written clinical assessment from at least one Qualified Healthcare Professional experienced in treating Gender Dysphoria is required; the assessment must document that an individual meets all of the following criteria: <ul style="list-style-type: none"> - Completion of 6 months of continuous hormone therapy prior to surgery is required for voice masculinization - For voice modification surgery, documentation of presurgical voice lessons and/or therapy ▪ For genital surgery, in addition to the above criteria, a written clinical assessment from at least two Qualified Healthcare Professionals experienced in treating Gender Dysphoria, who have independently assessed the individual, is required; the assessment must document that an individual meets all of the following criteria: <ul style="list-style-type: none"> - Complete at least 12 months of successful continuous full-time real-life involvement in the identified gender - Complete 12 months of continuous hormone therapy appropriate for the experienced gender (unless medically contraindicated or not indicated for gender) - Treatment plan that includes ongoing follow-up and care by a Qualified Healthcare Professional experienced in treating Gender Dysphoria <p>Criteria for Adolescents</p> <ul style="list-style-type: none"> ○ In addition to the above criteria, for surgical treatment for gender dysphoria in adolescents (individuals under the age of 18), a comprehensive biopsychosocial assessment from a member of a multidisciplinary team, including both medical and mental health professionals, reflecting the assessment and opinion from the team: <ul style="list-style-type: none"> ▪ Gender diversity/incongruence is marked and sustained over time ▪ Meets the diagnostic criteria of gender incongruence ▪ Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment ▪ Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally ▪ Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility ▪ At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated ○ Gender affirming surgery is considered an irreversible intervention; although infrequent, reversal of prior gender affirming surgery may be covered when the medical necessity criteria for the requested treatment above are met <p>Adults and Adolescents</p> <ul style="list-style-type: none"> ○ When the above criteria are met, the following surgical procedures and/or therapies to treat Gender Dysphoria are medically necessary and covered as a benefit for both adults and adolescents: <ul style="list-style-type: none"> ▪ Bilateral mastectomy or breast reduction ▪ Breast augmentation with breast implants or fat transfer ▪ Clitoroplasty (creation of clitoris)

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ Hysterectomy (removal of uterus) ▪ Labiaplasty (creation of labia) ▪ Laser or electrolysis hair removal in advance of genital reconstruction prescribed by a physician for the treatment of Gender Dysphoria ▪ Metoidioplasty (creation of penis, using clitoris) ▪ Orchiectomy (removal of testicles) ▪ Penectomy (removal of penis) ▪ Penile prosthesis ▪ Phalloplasty (creation of penis) ▪ Salpingo-oophorectomy (removal of fallopian tubes and ovaries) ▪ Scrotoplasty (creation of scrotum) ▪ Testicular prostheses ▪ Thyroid cartilage reduction/reduction thyroid chondroplasty/tracheal shave (removal or reduction of the Adam's apple) ▪ Urethroplasty (reconstruction of female urethra) ▪ Urethroplasty (reconstruction of male urethra) ▪ Vaginectomy (removal of vagina) ▪ Vaginoplasty (creation of vagina) ▪ Voice lessons and/or voice therapy (with or without surgery) ▪ Voice modification surgery (e.g., laryngoplasty, glottoplasty, or shortening of the vocal cords) ▪ Vulvectomy (removal of vulva) <p>Not Covered</p> <ul style="list-style-type: none"> • Revised list of non-covered services; removed: <ul style="list-style-type: none"> ○ Surgical or cross-gender hormone treatment for members under 18 years of age; hormone therapy for members under 18 years of age is reviewed on a case-by-case basis by UnitedHealthcare ○ Surgical treatment not prior authorized by UnitedHealthcare or the delegated participating medical group/IPA ○ Drugs for hair loss ○ Drugs for sexual performance for members that have undergone genital reconstruction ○ Drugs or devices not approved by the FDA for use in the United States (drugs or devices approved by the FDA will be considered for off-label use according to the Benefit Interpretation Policy titled <i>Medications and Off-Label Drugs</i>) ○ GnRH/Gonadotropin-Releasing Hormone Agonist (i.e., Lupron Depot, Vantas/Histrelin) drugs for use in puberty suppression are considered to be off-label ○ Drugs when prescribed for cosmetic purposes ○ Coverage does not apply to members that do not meet the criteria listed in the eligibility qualifications for surgery [in the <i>Covered Benefits</i> section of the policy] ○ Surrogate parenting, donor eggs, donor sperm, and host uterus [refer to member's Evidence of Coverage (EOC)] ○ Transportation, meals, lodging or similar expenses unless medically necessary treatment outside the state of Washington is authorized and directed by plan's medical director <ul style="list-style-type: none"> ▪ Travel expense reimbursement is limited to reasonable expenses for transportation, meals, and lodging for the member to obtain authorized surgical consultation, surgical procedure(s), and follow-up care, when the authorized surgeon and facility are located outside the state of Washington ▪ The transportation and lodging arrangements must be arranged by or approved in advance by UnitedHealthcare ▪ Reimbursement excludes coverage for alcohol and tobacco ▪ Food and lodging expenses are not covered for any day a member is not receiving authorized surgical services • Removed notation indicating the drug related exclusions listed [in the <i>Not Covered</i> section of the policy] apply to drugs administered by provider in a medical setting (including but not limited to office, outpatient, or inpatient facility); for drugs obtained at a pharmacy, check with the pharmacy plan administrator for information on covered and excluded drugs <p>Definitions</p> <ul style="list-style-type: none"> • Added definition of:

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Gender Dysphoria in Adolescents and Adults ○ Gender Dysphoria in Children ○ Qualified Healthcare Professional ● Removed definition of “Gender Identity Disorder/Gender Dysphoria” <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>References</i> section to reflect the most current information ● Archived previous policy version BIP197.M

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.