



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

Florida Medicaid Health Care Alert Sign-Off Form

Provider Type(s): All Providers

Date: August 22, 2022

Alert Subject: Coverage of Treatment for Gender Dysphoria

Is this alert related to a billing or system change (including file maintenance and claims reprocessing)? Yes No

If yes, we will send to Fiscal Agent Operations for an additional 24-hour review.

If yes, please provide the tracking number:

Is this alert related to provider enrollment? Yes No

If yes, we will send to Fiscal Agent Operations for an additional 24-hour review.

Does this alert have Bureau Chief, ADS, or Director approval to bypass the review period? Yes No

If yes, please provide signatures or emails verifying authorization.

Does the alert refer the provider to another entity (ex. eQhealth, Medicaid Help Line, etc): Yes No

Entity (1) Referred to: _____ Referral method: Website Email Phone

Has entity been notified: Yes No

Entity (2) Referred to: _____ Referral method: Website Email Phone

Has entity been notified: Yes No

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Please make sure the entire message is included in the box below:

Please send Word document of form and the PDF of signed form to: Kelly.Cullen@ahca.myflorida.com

On August 21, 2022, changes to Rule 59G-1.050, Florida Administrative Code (F.A.C.) went into effect. These changes prohibit Florida Medicaid from reimbursing providers for the following services when used to treat gender dysphoria:

- Puberty blockers
- Hormones and hormone antagonists
- Sex reassignment surgery
- Any other procedures that alter primary or secondary sexual characteristics

For determining medical necessity, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) guidelines, the services listed above do not meet medical necessity criteria as specified in Rule 59G-1.010, F.A.C.

To ensure safe discontinuation of puberty blockers or hormones and hormone antagonists for the treatment of gender dysphoria, or allow transition of payment to non-Medicaid funding sources, Florida Medicaid will honor any current prior authorization of prescribed outpatient drugs for the treatment of gender dysphoria through 60 days after the date of this alert (October 20, 2022). If the recipient's prior authorization expires during the 60-day period, providers should coordinate with the recipient's managed care plan or Magellan PBM to extend the prior authorization to cover the treatment through October 20, 2022.

For further information, the complete rule text can be found at the following source: [Florida Medicaid General Policies](#).

Analyst – Matt Brackett

Date

AHC Administrator – D.D. Pickle

Date

Bureau Chief – Ann Dalton

Date

Comments:

Revised January 2017