



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

August 22, 2022

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2022-XX

Applicable to the **2018-2023 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental

Re: Non-Coverage of Gender Dysphoria Treatments

The Agency for Health Care Administration (Agency) is responsible for promulgating coverage requirements applicable to managed care plans through Florida Medicaid Coverage Policies, services listed in the associated Florida Medicaid fee schedules, and the Florida Medicaid State Plan, as well as plan communications specific to changes in federal and State law, rules or regulations and federal [Centers for Medicare & Medicaid Services] waivers applicable to this contract. (Attachment II, Section VI.A.1.a.) The purpose of this policy transmittal is to notify the managed care plan of a change to covered services and advise the managed care plan of its responsibilities for transition of care.

The Agency recently promulgated revisions to [Rule 59G-1.050, Florida Administrative Code \(F.A.C.\), General Medicaid Policy](#), to create subparagraph (7), Gender Dysphoria. Effective August 21, 2022. Florida Medicaid no longer covers the following services for the treatment of gender dysphoria:

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

For the purpose of determining medical necessity, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), the services listed above do not meet the definition of medical necessity in accordance with Rule 59G-1.010, F.A.C. (Rule 59G-1.050(7), F.A.C.)

To ensure the 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, the managed care plan must notify its subcontractors, providers, and enrollees receiving active treatment of the changes in coverage. In addition the managed care plan must honor any current prior authorization of prescribed outpatient drugs for the treatment of gender dysphoria through sixty (60) days after the date of this policy transmittal (October 20, 2022). If the enrollee's prior authorization expires during the sixty (60)-day period, the managed care plan will coordinate with the enrollee and the enrollee's prescriber to extend the prior authorization to cover the treatment through October 20, 2022.

If you have any questions, please contact your contract manager at (850) 412-4004.

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Sincerely,

Tom Wallace
Deputy Secretary for Medicaid

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