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**From:**  
**Sent:** Friday, December 31, 0001 7:00 PM EST  
**To:** Peoples, Leeanne  
**Subject:** RE: Gender Reassignment  
**Attachments:** image001.png, image002.jpg

Dear Ms. Peoples,

Eligible Medicaid providers may receive reimbursement for the services described in [Florida Statutes Chapter 409 Part III](#) if services are rendered in accordance with state and federal law to eligible Medicaid recipients. The most current and appropriate coding must be reported to the highest level of specificity. All of the criteria of medical necessity, as defined in Rule 59G-1.010, [Florida Administrative Code](#), must be supported in order for a Medicaid coverage determination to be made.

Florida Medicaid must determine if a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, as one of the components of the medical necessity criteria. The guidelines that Florida Medicaid will use when determining the circumstances under which a health service is consistent with generally accepted professional medical standards (GAPMS) and not experimental or investigational are described in [59G-1.035 F.A.C.](#), "[Determining Generally Accepted Professional Medical Standards](#)." This rule also includes the types of information to be considered in the decision making process and names the person(s) qualified to make the final determination. If you're interested in learning more about our GAPMS process, please visit the [Agency's website](#).

Florida Medicaid does not expressly cover or deny coverage for gender confirmation surgery but does reimburse for procedures typically performed during gender confirmation surgeries such as tissue transfer or rearrangement and autologous fat transfer. Reimbursement for services is in accordance with the [Service-Specific Coverage Policy](#), the American Medical Association Current Procedural Terminology, and the applicable [Florida Medicaid fee schedule\(s\)](#). Some procedures require prior authorization. The [Service-Specific Coverage Policies](#) provide Florida Medicaid's minimum coverage and service requirements for Florida Medicaid services.

Providers, including those that contract with health plans, must comply with the service coverage requirements outlined in the policy, unless otherwise specified in the Agency for Health Care Administration's (AHCA) [contract](#) with the health plans. The provision of services to recipients in a Florida Medicaid health plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies. Florida Medicaid health plans may negotiate mutually agreed upon rates with their network providers, as well as authorization, documentation, and reimbursement standards. The plans may place appropriate limits on a service on the basis of medical necessity in accordance with [42 CFR 438.210\(a\)\(4\)\(ii\)](#), provided the services furnished can be reasonably expected to achieve their purpose. The Agency's contract with the plans prohibits them from discriminating on the basis of religion, gender identity, sex, sexual

orientation, race, color, age or national origin, health status, pre-existing condition or need for health care services and the plans are prohibited from using any policy or practice that has the effect of such discrimination.

I hope this information will be helpful to you. If you would like more information or have any further questions, please contact the recipient and provider contact center: 1-877-254-1055.

Sincerely,



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Claire Davis - REGISTERED NURSE CONSULTANT

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- MEDICAID POLICY  
2727 Mahan Drive Tallahassee, FL 32308  
850-412-4266 (Office)  
[Claire.Davis@ahca.myflorida.com](mailto:Claire.Davis@ahca.myflorida.com)



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**From:** Peoples, Leeanne  
**Sent:** Tuesday, June 12, 2018 1:31 PM  
**To:** MEDICAIDPOLICY <[MEDICAIDPOLICY@ahca.myflorida.com](mailto:MEDICAIDPOLICY@ahca.myflorida.com)>  
**Subject:** FW: Gender Reassignment

Good afternoon,

AMG has a provider and adult member inquiring about gender reassignment surgery. Could you please advise on whether gender reassignment is covered or not under Medicaid? They do not have a request with clinical information yet that they could share, but will be happy to do so once the prior authorization request with clinical information is received. Please advise.

Thank you.

Leeanne

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**From:** Davis, Ashley H. <[Ashley.Davis@amerigroup.com](mailto:Ashley.Davis@amerigroup.com)>  
**Sent:** Tuesday, June 12, 2018 12:54 PM  
**To:** Peoples, Leeanne <[Leeanne.Peoples@ahca.myflorida.com](mailto:Leeanne.Peoples@ahca.myflorida.com)>  
**Cc:** dl-flregulatory\_(Florida Regulatory) <[dl-flregulatory\\_floridaregulatory@anthem.com](mailto:dl-flregulatory_floridaregulatory@anthem.com)>  
**Subject:** Gender Reassignment

Hi Leeanne,

We have a provider and adult member inquiring about gender reassignment surgery. Could you please inquire with Policy for guidance on whether gender reassignment is covered or not under Medicaid. We do not believe it is, but would like to know how the Agency would like us to approach this service. We do not have a request with clinical information yet that we could share, but will be happy to do so once the prior authorization request with clinical information is received.

Thanks.  
Ashley

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