



# MONTANA HEALTHCARE PROGRAMS NOTICE

May 26, 2017

All Provider Types

**Effective July 18, 2016**

## **Federal Final Rule, "Nondiscrimination in Health Program and Activities" and Implication for Coverage of Services Related to Gender Transition**

On May 18, 2016, the U.S. Department of Health and Human Services Office of Civil Rights issued the final rule, entitled "Nondiscrimination in Health Programs and Activities," which implements Section 1557 of the Patient Protection and Affordable Care Act of 2010 (ACA) (Pub. L. 111-148). Section 1557 prohibits discrimination in certain health programs and activities on the grounds prohibited under Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Montana Executive Order 04-2016, which together prohibit discrimination on the basis of race, color, national origin, sex, age or disability.

The Federal Final Rule prohibits a State Medicaid Program, as an entity covered under the scope of the Rule, from having or implementing any categorical coverage exclusion or limitation from health services related to gender transition. The State Medicaid Program is not, however, restricted from determining whether any particular service meets medical necessity requirements or otherwise meets applicable coverage requirements in a particular case.

Services related to gender transition that otherwise fall within a members covered benefit plan (e.g., physician's services, inpatient and outpatient hospital services, prescribed drugs, etc.) will be reimbursable under Montana Medicaid when medically necessary. Providers may wish to refer to the "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People," published by the World Professional Association for Transgender Health for contemporary medical necessity criteria, but must follow prior authorization requirements, billing guidelines related to covered services, and services provided must not be subject to any applicable exclusion. Providers should contact the Physician Program Officer at (406) 444-3995 regarding any questions on prior authorization requirements or any procedure codes not listed on the applicable provider fee schedule.

### **Contact Information:**

If you have any questions, please contact:  
The Physician Program Officer at (406) 444-3995.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442- 1837 (Helena) or via e-mail at [MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com).  
Visit the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.