Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



November 8, 2016

Marie Zimmerman, State Medicaid Director Minnesota Department of Human Services P.O. Box 64983 St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #16-0018 --H

--Revising the state plan to eliminate the exclusion of coverage for gender confirmation surgery.

--Effective Date: July 1, 2016

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at <a href="mailto:Sandra.Porter@cms.hhs.gov">Sandra.Porter@cms.hhs.gov</a>.

Sincerely,

/s/

Celestine Curry Acting Associate Regional Administrator Division of Medicaid and Children's Health Operations

## Enclosures

cc: Ann Berg, MDHS Sean Barrett, MDHS

ATTACHMENT 3.1-A STATE: MINNESOTA Page 80b

Effective: July 1, 2016

TN: 16-18

Approved: 11-8-16

Supersedes: 07-08 (06-12, 05-08, 01-14, 01-13)

## SUPPLEMENTARY NOTES (continued)

21. except for an emergency, or as specified in the recipient's plan of care, more than one office, hospital, long-term care facility, or home visit by the same provider per recipient per day;

- 22. more than one home health aide visit per recipient per day, and more than two skilled nurse visits per recipient per day, except as specified in the recipient's plan of care;
- 23. record keeping, charting, or documenting a health service related to providing a covered service;
- 24. services for detoxification that are not medically necessary to treat an emergency;
- 25. artificial insemination;
- 26. reversal of voluntary sterilization;
- 27. surgery primarily for cosmetic purposes; and
- 28. ear piercing; and
- 29. sex reassignment surgery
- 30. Effective July 1, 2007, circumcision, unless the procedure is medically necessary.
- 31. Effective October 1, 2005, payment for visits to a hospital emergency room, that are coded as such visits, which are not for emergency and emergency post-stabilization care or urgent care.

STATE: MINNESOTA ATTACHMENT 3.1-B

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