



All Provider Bulletin 420

DATE: September 2026

TO: All Providers Participating in MassHealth

FROM: Ryan Schwarz, Assistant Secretary for MassHealth

RE: Continued Coverage of Gender-Affirming Care Services for MassHealth Members

Background

The Centers for Medicare & Medicaid Services (CMS) recently issued a Final Rule titled “Prohibition on Federal Medicaid and Children’s Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children” (CMS-2451-F) that prohibits the use of federal Medicaid funds for certain gender-affirming care services for youth, effective October 13, 2026.

MassHealth is not making changes to coverage of gender-affirming care services as a result of the Final Rule. Massachusetts will address any resulting loss of federal Medicaid funding through the state’s Affirming Health Care Trust.

MassHealth will continue to cover gender-affirming care in accordance with current MassHealth rules and regulations, including but not limited to MassHealth medical necessity guidelines. Additional information about coverage of gender-affirming care services is available on the [Gender-Affirming Care for MassHealth Members](#) web page.

Facility Claims

For inpatient and outpatient hospital claims, providers should include condition code 45 at the claim header level when the claim is related to gender affirming care pharmaceutical or surgical interventions.

Condition code 45 is used to indicate a gender/procedure or gender/diagnosis conflict and will help with appropriate claim processing.

Providers should continue to follow existing MassHealth billing and claim submission requirements when submitting facility claims.

MassHealth Website

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Questions?

If you have questions about the information in this bulletin, please contact us.

Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Portal: MassHealthLTSS.com

Mail: MassHealth LTSS

PO Box 159108

Boston, MA 02215

Fax: (888) 832-3006

All Other Provider Types

Phone: (800) 841-2900, TDD/TTY: 711

Email: provider@masshealthquestions.com