n of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

A. Subject
Gender Affirming Surgery

B. Background
Individuals with gender dysphoria display psychological distress resulting from an incongruence between sex assigned at birth based on external genitalia and gender
. Gender expression involves the way an

identity. Gender affirmation can include social domains, such as changing pronouns,

such as use of gender-affirming hormones, or surgical domains, including vaginoplasty or breast augmentation.

The Diagnostic and Statistical Manual of Mental Disorders, 1dfBT/F1312 0 612 773.004u EdniBnd

The MEDICAL Policy Statement detailed abov

03. medical stability for surgery and anesthesia
04. expected outcome(s)

d. evidence that a recommendation was made for the member to consult with an obstetrician, or other qualified health professional, for conception counseling

II. Procedures or surgeries to enhance secondary sex characteristics are considered cosmetic and are not medically necessary. A list of services, procedures or surgeries not covered is included below. This list may not be all inclusive.
   A. reversal of genital surgery or reversal of surgery to revise secondary sex characteristics
   B. abdominoplasty
   C. blepharoplasty
   D. breast augmentation
   E. brow lift
   F. body contouring
   G. botulinum toxin treatments (i.e., Botox, Dysport, Xeomin, Jeuveau)
   H. calf, cheek, chin, malar, pectoral and/or nose implants
   I. collagen injections
   J. drugs for hair loss or hair growth
   K. face lifts
   L. facial bone reduction or facial feminization