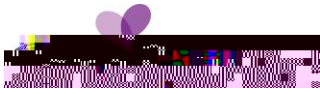


MEDICAL

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction 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, the plan contract shall prevail. 21(-)5(-6)9(-)5((-)5(o). q



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 identity. Gender expression involves the way an

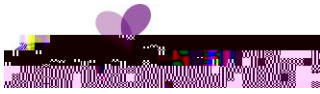
identity. Gender affirmation can include social domains, such as changing pronouns,

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 773004u EdniBnd

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

The MEDICAL Policy Statement detailed above



- 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

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

