MEDICAL POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Gender Affirming Surgery-OH MCD-MM-0034	12/01/2023
Policy Type	
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 (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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

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

such as use of gender-affirming hormones, or surgical domains, including vaginoplasty or breastT/F1 1dode124(al)6(t)-4(i)5(on)3( )-4.

communicate willingness to be available to treat the member during transition or make appropriate referral if member needs assistance with behavioral health treatment.

a. The BH provider has evaluated the member within the past twelve months of the time of referral.
   01. If member has been in treatment, it is preferred that one of the recommendations is made by the treating BH provider.
   02. If there is not a treating BH provider, one

F. botulinum toxin treatments (i.e., Botox, Dysport, Xeomin, Jeuveau)
G. calf, cheek, chin, malar, pectoral and/or nose implants
H. collagen injections
I. drugs for hair loss or hair growth
J. face lifts
K. facial bone reduction or facial feminization
L. perineal skin hair removal
M. hair removal for vaginoplasty without creation of neovagina or when genital surgery is not yet required or not approved
N. hair replacement
O. lip enhancement or reduction
P. liposuction
Q. mastopexy
R. neck tightening
S.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Po