ADVOCATES FOR TRANS EQUALITY

Trans Health Project

Working for Transgender Equal Rights

Health Insurance Medical Policies

Voice Therapy And Surgery

These are a list of clinical criteria that have explicit coverage for voice therapy or surgery.

Policy Issued By: Amida Care

Policy Title: Clinical Guidelines and Coverage Criteria for the Treatment of Gender Dysphoria

Voice Therapy And Surgery:

Requires supporting documentation that indicates procedures requested are medically necessary.

Policy Issued By: Anthem

Policy Title: Gender Affirming Surgery

Voice Therapy And Surgery:

Gender affirming voice modification surgery is considered **reconstructive** when *all* of the following criteria have been met:

1. The individual is at least 18 years of age; **and**
2. The individual has capacity to make fully informed decisions and consent for treatment; **and**
3. The individual has been diagnosed with gender dysphoria (see Discussion section for diagnostic criteria); **and**
4. *For gender masculinization only:* for individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
5. If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**
6. Existing vocal presentation demonstrates significant variation from normal for the experienced gender; **and**
7. One letter, signed by the referring qualified mental health professional* who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission.

Policy Issued By: Anthem Blue Cross Blue Shield

Policy Title: Gender Affirming Surgery

Voice Therapy And Surgery:

Gender affirming voice modification surgery is considered **reconstructive** when *all* of the following criteria have been met:

1. The individual is at least 18 years of age; **and**
2. The individual has capacity to make fully informed decisions and consent for treatment; **and**
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6. Existing vocal presentation demonstrates significant variation from normal for the experienced gender; **and**
7. One letter, signed by the referring qualified mental health professional* who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission.

Cosmetic and Not Medically Necessary:

The following procedures, when requested alone or in combination with other procedures, are considered **cosmetic and not medically necessary** when applicable reconstructive criteria above have not been met, or when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo gender affirming surgery, including, but not limited to, the following:

1. Abdominoplasty
2. Bilateral mastectomy
3. Blepharoplasty
4. Breast augmentation
5. Brow lift
6. Calf implants
7. Face lift
8. Facial bone reconstruction
9. Facial implants
10. Gluteal augmentation
11. Hair removal (for example, electrolysis or laser) and hairplasty, when the criteria above have not been met
12. Jaw reduction (jaw contouring)
13. Lip reduction/enhancement
14. Lipofilling/collagen injections
15. Liposuction
16. Nose implants
17. Pectoral implants

18. Rhinoplasty
19. Thyroid cartilage reduction (chondroplasty)
20. Voice modification surgery

Policy Issued By: Anthem Blue Cross (California)

Policy Title: Gender Affirming Surgery

Voice Therapy And Surgery:

Gender affirming voice modification surgery is considered **reconstructive** when *all* of the following criteria have been met:

1. The individual is at least 18 years of age; **and**
2. The individual has capacity to make fully informed decisions and consent for treatment; **and**
3. The individual has been diagnosed with gender dysphoria (see Discussion section for diagnostic criteria); **and**
4. *For gender masculinization only:* for individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
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Policy Issued By: AvMed

Policy Title: Gender Reassignment Surgery

Voice Therapy And Surgery:

Exclusion Criteria

The following procedures are considered cosmetic and not a covered benefit include, but are not limited to:

- Feminizing procedures including Rhinoplasty, face-lifting, lip enhancement, facial bone reduction, blepharoplasty, breast augmentation, liposuction of the waist (body contouring), reduction of hyoid (chondroplasty), hair removal, voice modification surgery (laryngoplasty or shortening of the vocal cords), and skin resurfacing.

Policy Issued By: Blue Cross Blue Shield of Kansas

Policy Title: Surgical Treatment for Gender Dysphoria

Voice Therapy And Surgery:

Voice therapy and surgery are not covered.

Policy Issued By: Blue Cross Blue Shield of New Mexico

Policy Title: Gender Assignment Surgery and Gender Reassignment Surgery with Related Services

Voice Therapy And Surgery:

Procedures or services to create and maintain gender specific characteristics (masculinization or feminization) as part of the overall desired gender reassignment services treatment plan **may be considered medically necessary for the treatment of gender dysphoria ONLY.** These procedures may include the following:

- Laryngoplasty
- Voice modification surgery; and/or
- Voice (speech) therapy or voice lessons.

Policy Issued By: Blue Cross Blue Shield of Oklahoma

Policy Title: Gender Assignment Surgery and Gender Reassignment Surgery with Related Services

Voice Therapy And Surgery:

Procedures or services to create and maintain gender specific characteristics (masculinization or feminization) as part of the overall desired gender reassignment services treatment plan **may be considered medically necessary for the treatment of gender dysphoria ONLY.** These procedures may include the following:

- Laryngoplasty
- Voice modification surgery; and/or
- Voice (speech) therapy or voice lessons.

Policy Issued By: BlueCross BlueShield of Western New York

Policy Title: Gender Affirming Surgery

Voice Therapy And Surgery:

Gender affirming voice modification surgery is considered **reconstructive** when *all* of the following criteria have been met:

1. The individual is at least 18 years of age; **and**
2. The individual has capacity to make fully informed decisions and consent for treatment; **and**
3. The individual has been diagnosed with gender dysphoria (see Discussion section for diagnostic criteria); **and**
4. *For gender masculinization only:* for individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
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6. Existing vocal presentation demonstrates significant variation from normal for the experienced gender; **and**
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Policy Issued By: Gateway Health

Policy Title: Gender Transition Services

Voice Therapy And Surgery:

The following gender confirmation surgeries are eligible services when all of the above criteria are met:

A. Transwomen (male to female): ... Laryngoplasty

Policy Issued By: UniCare (Anthem)

Policy Title: Gender Affirming Surgery

Voice Therapy And Surgery:

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