



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 and surgery.

Policy Issued By: [Blue Cross Blue Shield of Illinois](#)

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.
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Policy Issued By: [Blue Cross Blue Shield of Minnesota](#)

Policy Title: [Gender Affirming Procedures for Gender Dysphoria](#)

Voice Therapy And Surgery:

- The following procedures for the treatment of gender dysphoria may be considered **MEDICALLY NECESSARY AND APPROPRIATE** to create and maintain gender specific characteristics (masculinization or feminization) as part of the overall desired gender reassignment treatment plan when criteria in section I are met:
 - Voice therapy;
 - Voice modification surgery when voice/speech therapy has been ineffective;
- Documentation Requirements:
 - One letter of recommendation from a qualified mental health professional (as defined in section I) has been obtained and includes **ALL** of the following:
 - The member's general identifying characteristics; and
 - Results of the member's psychosocial assessment, including any diagnoses; and
 - The duration of the mental health professional's relationship with the member including the type of evaluation and therapy or counseling to date; and
 - An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the member's request for surgery; and
 - A statement about the fact that informed consent has been obtained from the patient; and

- A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.
- The letter must be presented to the health plan and to the surgeon prior to surgery. If the providers are working within a multidisciplinary specialty team, the letters may be sent only to the health plan with documentation of the information in the patient's chart.
- For voice modification surgery, documentation from the treating speech therapy provider that speech therapy was tried and failed, and that voice modification surgery will provide further benefit.

Policy Issued By: [Blue Cross Blue Shield of Montana](#)

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:

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

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: [Blue Cross Blue Shield of Texas](#)

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.
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Policy Issued By: [Blue Shield of California](#)

Policy Title: [Gender Reassignment Surgery](#)

Voice Therapy And Surgery:

Additional surgeries may be proposed (i.e., body feminization or masculinization) for an individual who is planning to undergo or has undergone gender reassignment surgery. Including, but not limited to, the following surgical procedures need to be reviewed for medical necessity (see documentation needed for medical necessity determination in the Policy Guidelines section):

- Cricothyroid approximation (voice modification that raises the vocal pitch by stimulating contractions of the cricothyroid muscles with sutures)
 - Laryngoplasty (reshaping of laryngeal framework)
 - Voice modification surgery and voice retraining (speech therapy)
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Policy Issued By: [CareFirst BlueCross BlueShield](#)

Policy Title: [Gender Affirmation Services /Gender Dysphoria](#)

Voice Therapy And Surgery:

Other surgeries for assisting in body feminization or body masculinization are generally labeled cosmetic as they provide no significant improvement in physiologic function. However, these surgeries can be considered medically necessary depending on the unique clinical situation of a given patient's condition. These surgeries include but are not limited to:

...

- Laryngoplasty: reshaping of laryngeal framework (voice modification surgery)
 - Voice modification surgery/Cricothyroid approximation: voice modification that raises the vocal pitch by stimulating contractions of the cricothyroid muscle with sutures
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Policy Issued By: [ConnectiCare](#)

Policy Title: [Gender Affirming/Reassignment Surgery \(Commercial\)](#)

Voice Therapy And Surgery:

The following surgery, services and procedures will be reviewed on a case by case basis.

It is expected that the clinical rationale for each requested procedure is specifically documented in the letter of medical necessity from the treating physician:

- Voice therapy, voice lessons or voice modification surgery

Policy Issued By: [EmblemHealth - New York](#)

Policy Title: [Gender Affirming/Reassignment Surgery – New York](#)

Voice Therapy And Surgery:

Coverage is not available for any surgeries, services or procedures that are purely cosmetic (i.e., when performed solely to enhance appearance, but not to medically treat the underlying gender dysphoria). The following surgery, services and procedures will be reviewed on a case by case basis. It is expected that the clinical rationale for each requested procedure is specifically documented in the letter of medical necessity from the treating physician: ...
Voice therapy, voice lessons or voice modification surgery

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: [Geisinger Health Plan](#)

Policy Title: [Gender Dysphoria and Gender Confirmation Treatment](#)

Voice Therapy And Surgery:

Voice modification surgery

Voice/speech therapy

Policy Issued By: [Health Net](#)

Policy Title: [Gender Affirming Procedures](#)

Voice Therapy And Surgery:

It is the policy of Health Net of California to consider voice modification surgery (such as laryngoplasty or shortening of the vocal cords) related to transgender dysphoria, consistent with World Professional Association for Transgender Health (WPATH) version 7 guidelines, according to the following:

A. Voice deepening surgery (eg thyroplasty) is considered medically necessary if the voice fails to deepen after 2 years of consistent masculinization hormone therapy.

B. Voice feminization surgery (cricothyroid approximation or CTA) is considered medically necessary when the following are met:

1. Documentation demonstrating the member has been diagnosed with transgenderism (as defined by WPATH) by qualified professionals;
2. Documentation that voice therapy has been provided and proven ineffective as attested to by a qualified voice therapist (trans-sensitive speech-language therapists using standard voice and communication protocols);

3. Documentation of completed pre-operative assessments by both a laryngologist and speech-language therapist who agreed to the clinical benefits in achieving transitional goals;
 4. Documentation that a qualified voice and communication specialist (who is licensed and/or credentialed by the board responsible for speech therapists/speech-language pathologists) will follow the patient post-operatively to maximize the surgical outcome.
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Policy Issued By: [HMSA](#)

Policy Title: [Gender Identity Services](#)

Voice Therapy And Surgery:

The following services are generally not considered to be medically necessary, but will be reviewed on an individual basis in accord with Section II of this Medical Policy:

1. Voice alteration surgery;
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Policy Issued By: [Kaiser Permanente Northwest Region](#)

Policy Title: [Physical/Occupational/Speech Therapy Medical Necessity Criteria](#)

Voice Therapy And Surgery:

Acquisition of voice and communication skills for the transgender member, consistent with their sexual identity. The American Speech and Hearing Association states: The speech-language pathologist provides voice and communication training. The SLP will look at a variety of aspects of communication including vocal pitch, intonation and resonance and nonverbal communication.

Policy Issued By: [Medi-Cal](#)

Policy Title: [Transgender Services](#)

Voice Therapy And Surgery:

Nationally recognized medical experts in the field of transgender health care have identified the following core services in treating gender dysphoria:

- Mental and behavioral health services
- Hormone therapy
- A variety of surgical procedures that bring primary and secondary gender characteristics into conformity with the individual's identified gender

Medically necessary covered services are those services that "are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis and treatment of disease, illness or injury" (California Code of Regulations [CCR], Title 22, Section 51303). Medical necessity is assessed and services shall be recommended by treating licensed mental health professionals and physicians and surgeons experienced in treating patients with gender dysphoria.

In the case of transgender services, "normal appearance" is determined by referencing the gender with which the recipient identifies. Reconstructive surgery to create a normal appearance for transgender recipients is determined to be medically necessary for the treatment of gender dysphoria on a case-by-case basis.

A service or the frequency of services available to a transgender recipient cannot be categorically limited. All medically necessary services must be provided timely. Limitations and exclusions, medical necessity determinations and/or appropriate utilization management criteria that are non-discriminatory may be applied.

Policy Issued By: [Moda Health Plan](#)

Policy Title: [Gender Confirming Surgery](#)

Voice Therapy And Surgery:

The following adjunct procedures are considered medically necessary if the specific criteria is met for the procedure requested: ... Voice therapy/voice modification.

Policy Issued By: [Oscar](#)

Policy Title: [Sex Reassignment Surgery \(Gender Affirmation Surgery\)](#)

Voice Therapy And Surgery:

Non-surgical services are covered with sex reassignment surgery when the aforementioned criteria are met; covered services include: ... Vocal training

Policy Issued By: [UnitedHealthcare West](#)

Policy Title: [Gender Dysphoria \(Gender Identity Disorder\) Treatment \(Oregon\)](#)

Voice Therapy And Surgery:

Coverage is available for medical, behavioral or pharmacological treatment that is Medically Necessary for Gender Dysphoria. UnitedHealthcare does not exclude or deny covered health care benefits based on associated diagnosis of Gender Dysphoria, or otherwise discriminate against the member on the basis that treatment is for Gender Dysphoria.

Policy Issued By: [UnitedHealthcare West](#)

Policy Title: [Gender Dysphoria \(Gender Identity Disorder\) Treatment \(Washington\)](#)

Voice Therapy And Surgery:

Coverage is available for medical, behavioral or pharmacological treatment that is Medically Necessary for Gender Dysphoria. UnitedHealthcare does not exclude or deny covered health care benefits based on associated diagnosis of Gender Dysphoria, or otherwise discriminate against the member on the basis that treatment is for Gender Dysphoria.

Policy Issued By: [UPMC Health Plan](#)

Policy Title: [Gender Affirmation Surgery](#)

Voice Therapy And Surgery:

Chondroplasty, voice modification and voice lessons will be considered when medically necessary.

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