

SIG 3

Clinical Focus

Insurance Coverage for Gender-Affirming Voice and Communication Services: An In-Depth Analysis in a Midwestern U.S. State

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ABSTRACT

Purpose: The aim of this study was to explore the gap between the need for gender-affirming voice and communication services (GAVCS) and insurance coverage within one state.

Method: An electronic, cross-sectional survey of transgender/gender-diverse (TGD) adults assessed the incidence of insurance and cost barriers to GAVCS. Then, policies from 22 major insurers were reviewed using a web-based search and telephone inquiries. Finally, a tool was developed for clinicians to share available coverage for GAVCS by insurer.

Results: Over half (53%) of 115 respondents reported vocal incongruence, but only 19.1% had pursued GAVCS. Of those who had not, 57% reported cost and/or insurance coverage were barriers (most of whom were commercially insured). Less than half of major Ohio insurance plans mentioned GAVCS coverage, and of those who did, less than half would consider covering it on a case-by-case basis. Creation of a tool that explained coverage across insurance companies was helpful, but challenging and labor-intensive.

Conclusions: TGD individuals often experience a mismatch between their gender identity and societal perceptions of their voice, which can worsen dysphoria and compromise safety. GAVCS align voice with gender identity but are inconsistently covered by health insurance and can be costly, particularly for individuals who face socioeconomic marginalization. Inconsistent transparency in communicating coverage criteria further exacerbates access to GAVCS. Poor insurance coverage of GAVCS is an important barrier to accessing this evidence-based care, and more transparency and consistency in coverage is critical.

Transgender and gender-diverse (TGD) persons are less likely to have health insurance than cisgender persons (Clark et al., 2022; Gonzales & Henning-Smith, 2017), resulting in unmet medical needs, including access to gender-affirming care (Clark et al., 2022). The Affordable Care Act expanded access to gender-affirming treatments,

including hormone therapy and surgery, and standards of care deem these treatments medically necessary (Coleman et al., 2022). Despite this support and a 2015 cost-effectiveness analysis showing that coverage of gender-affirming care was affordable and cost-effective, many TGD persons with insurance still lack coverage for these treatments (Cohen et al., 2019; Padula & Baker, 2017; Padula et al., 2015; Stroumsa et al., 2019; Wiegmann et al., 2021). This lack of access was demonstrated in a 2019 analysis of third-party payers, which showed that more than 50% of TGD persons seeking gender-affirming

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surgery were denied care (Wiegmann et al., 2021). Since insurance coverage for gender-affirming care can be decided at local, state, and employment-based levels, policies can vary widely in what treatments are covered and lack clarity and consistency in how criteria for medically necessary coverage are met (Cohen et al., 2019; Kirkland et al., 2021; Patel et al., 2023).

Gender-affirming voice and communication services (GAVCS), which include vocal therapy (encapsulating both voice and communication therapy), vocal feminization and masculinization surgery, and chondrolaryngoplasty (tracheal shave), are aspects of gender-affirming care where insurance coverage is lacking (DeVore et al., 2021; Ngaage et al., 2021). In a 2019 analysis of the top three insurance companies in each state, DeVore et al. (2021) found that 75.8% of 150 insurance policies had no coverage for GAVCS. This lack of insurance coverage is in contrast to the established evidence that GAVCS improves TGD voice-related quality of life and mental health outcomes, including for TGD people on testosterone therapy, which can itself influence voice (Azul et al., 2018; Carew et al., 2007; Gelfer & Tice, 2013; Hancock & Garabedian, 2013; Meister et al., 2017; Nygren et al., 2016; Ziegler et al., 2018).

To further explore the gap between the demand for GAVCS and insurance coverage for these services, our study evaluated coverage in the state of Ohio. Ohio was chosen because of its inconsistent policies toward TGD people, placing it in a “low-equality” designation, along with 13 other states across the United States (Movement Advancement Project, n.d.). Our study had three aims: (a) to identify and describe the incidence of insurance and cost barriers to laryngological services for TGD people in Ohio, (b) to critically examine Ohio insurance policies for coverage of GAVCS, and (c) to develop a tool for clinicians to use to enhance awareness of health care coverage. We hypothesized that TGD people would identify insurance and cost as major barriers to GAVCS and that there would be evidence of only limited (25%) coverage across policies in Ohio.

Method and Results

Aim 1: Identify and Describe the Incidence of Insurance and Cost Barriers to GAVCS for TGD People in Ohio

Survey Procedure

An anonymous, online survey was developed and disseminated across the United States using Research Electronic Data Capture (REDCap) hosted at the University of Cincinnati (Harris et al., 2019). Data were

collected from June to November of 2022 after University of Cincinnati Ethical approval (#2022-0358). The survey was disseminated through social media (e.g., Facebook, Twitter), community events, and flyers placed in TGD-serving medical offices and took about 20 min to complete. Eligible participants were those who self-reported being 18 years old or older and TGD. The purpose of the survey was to gather information on participant demographics, vocal incongruence, and barriers to accessing gender-affirming vocal care.

Survey Questions and Measures

The survey included demographic information about current state of residence, gender identity, and sex assigned at birth. Race and ethnicity, level of education, and employment status were also assessed. In addition, information about insurance coverage and source of insurance was also queried.

Vocal congruence was assessed by two measures. The first was a yes/no question asking if the participant’s voice is currently aligned with their gender. The second was a visual analog scale anchored with *masculine* (0) on the left side of the scale and *feminine* (100) on the right side of the scale. Participants were asked to rate their current and ideal voice on separate scales so that the degree of incongruence could be calculated through a simple comparison.

Finally, we asked whether participants had ever pursued GAVCS including professional voice therapy and history of voice surgery. Reasons for not pursuing GAVCS were also queried, with response options including insurance coverage and cost, as well as a response option in which participants could indicate that they did not need services.

Survey Results

A total of 224 people responded to questions relevant to this study. Of these, 115 reported living in Ohio. The present study specifically focused on these Ohio responders and survey information related to vocal incongruence, pursuit and need for GAVCS, and insurance/cost barriers to voice-related care. More information, data, and analysis on the entire group of participants across the United States can be found in Madzia et al. (2024), which reports the presence and degree of vocal incongruence and rates of access to primary care medical services.

Participant demographics. The gender distribution of the sample from Ohio included 46 transgender women, 41 transgender men, and 28 nonbinary and/or genderqueer persons. The sample was predominantly White (81.7%), with 6.1% identifying as Black. A total of 49.6% of respondents had an education level of college degree or higher. Moreover, 76.5% reported being currently employed, and

93.9% reported having health insurance. Most respondents had private health insurance (67.8%); 20.8% had Medicaid, 5.2% had Medicare, and the rest were unsure or had a different type of insurance (see Table 1). When asked to respond to the statement “My insurance provider provides appropriate coverage for gender-related care/services,” 21% reported “Always,” 34% chose “Often,” and 23% reported “Sometimes.” The remaining 22% of responders chose either “Rarely,” “Never,” or “I don’t know.”

Vocal incongruence. When asked whether their current voice aligned with their gender, 53.0% of responders said “no.” The degree of incongruence was determined using the visual analog scale separately for responders who reported incongruence and showed an average difference between current and ideal voice of 47.2 points. For the 30.4% of responders who said that their voice was congruent with their identity, the average difference between their current and ideal voice was 12.0 points. Of the 15.7% of respondents who were unsure whether their voice was congruent with their identity, the average difference between current and ideal voice was 23.3 points.

Table 1. Participant characteristics, reported as count (%) or mean (SD).

Demographic variable	Sample characteristics
Sample size	115
Race	
White	94 (81.7)
Black	7 (6.1)
Asian	1 (0.1)
Native American/Alaskan Native	0
Native Hawaiian/Pacific Islander	4 (3.5)
Two or more races	6 (5.2)
Other	3 (2.6)
Age (Years)	29.9 (10.5)
Gender identity	
Man/transgender man/masc	41 (35.7)
Woman/transgender woman/femme	46 (40.0)
Nonbinary, genderqueer, other	28 (24.3)
Educational attainment	
Some college or less	58 (50.4)
College degree or more	57 (49.6)
Employment	
Currently employed	88 (76.5)
Has health insurance	
Yes	108 (93.9)
No	7 (6.1)
Health insurance type	
Private	78 (67.8)
Medicaid	24 (20.9)
Medicare	6 (5.2)
Other/unsure	6 (5.2)

Barriers to laryngological services. A total of 22 (19.1%) responders said they had pursued GAVCS. Of those who did not pursue GAVCS, 28 (30.1%) stated they felt they did not need it. Of the remaining 65 responders who had not received GAVCS, 18 (28%) participants identified insurance as a barrier and 27 (41%) indicated cost as a barrier, with 10 of these identifying both insurance and cost. Therefore, in total, 35 responders who had not used GAVCS stated that either cost and/or insurance were barriers to accessing GAVCS. Of those 35 responders, 11 (31.4%) were transgender women, 19 (54.3%) were transgender men, and five (14.3%) were nonbinary individuals. Of those who identified insurance as a barrier, 14.3% were uninsured, 71.4% had private health insurance, and 21.4% had Medicaid. Of those who identified insurance or cost as a problem, 20.7% were unemployed. See Table 2 for outcomes by self-reported vocal congruence and Table 3 for demographic data on those who identified cost or insurance as a barrier to accessing GAVCS.

Aim 2: Critically Examine Ohio Insurance Policies for GAVCS Coverage

Procedure: Insurance Policy Examination

Coverage information was examined for three primary types of GAVCS: gender-affirming voice and communication therapy (therapy), gender-affirming vocal surgery (surgery), and chondrolaryngoplasty. Surgery and chondrolaryngoplasty were examined separately because, although chondrolaryngoplasty does not affect vocal output, it is a procedure completed by laryngologists as part of gender-affirming care and so was included in our policy examination. Insurance providers were selected based on insurances accepted at our largest regional academic medical center at the University of Cincinnati as well as a statewide TGD-serving primary care organization, Equitas Health. We conducted a web-based search of relevant policies and followed up with telephone inquiries when necessary. The University of Cincinnati provided ethical approval for this aim of the study (IRB 2023-0506).

Extracted policy measures. From the web-based search, we extracted coverage and policy information for all three types of GAVCS. We also extracted information on additional, non-gender-affirming care diagnoses for which therapy, surgery, or chondrolaryngoplasty could be covered, such as speech therapy for autism spectrum disorder or feeding and swallowing disorders. Policy information or stipulations related to medical necessity were also included. Simultaneously, we extracted information on relevant codes used by three types of standardized coding systems for diagnoses, procedures, and services, which could relate to coverage for GAVCS: International Classification

Table 2. Vocal congruence scores and voice therapy history by self-reported vocal congruence category (congruent, incongruent, unsure), reported as count (%) or mean (SD).

Variable	Congruent (n = 35, 30.4%)	Incongruent (n = 62, 53.9%)	Unsure (n = 18, 15.7%)
Numeric vocal congruence score	12.0 (10.4)	47.2 (19.8)	23.3 (9.8)
History of voice therapy	5 (14.2)	11 (17.7)	6 (33.3)
No voice therapy due to cost constraints	5 (14.2)	19 (16.5)	3 (16.7)
No voice therapy due to insurance constraints	4 (11.4)	11 (17.7)	3 (16.7)

of Diseases, Tenth Revision (ICD-10) codes, Current Procedural Terminology (CPT) codes, and Healthcare Common Procedure Coding System (HCPCS) codes.

Web-based policy review. First, the main website for each insurance company was accessed, and coverage information was sought on the patient/public-facing page. The patient-facing pages were accessed from the main policy website, frequently under a “For Patients” tab, and are easily accessible by the public without a log in needed. When available, the member handbooks were queried. The “find” function was used to locate specific information about gender dysphoria treatment, gender-affirming care, vocal therapy, and vocal surgery, using all common alternative names for procedures (i.e., both “chondrolaryngoplasty” and “tracheal shave”). When available, the dates on which the policies were last revised and information on medical necessity determination were recorded.

After a review of the public, patient-facing pages, guidelines about gender-affirming and vocal procedure and service coverage were sought on provider-facing pages for the insurance companies, when available. The provider sites were accessed from the main policy website, frequently under a “For Providers” tab, but did not require an account or log in. All available policies related to gender-affirming care, vocal therapy, and/or speech therapy were searched. Details recorded included any coverage information and information above covered or relevant ICD-10, CPT, and HCPCS codes. When available, dates indicating the last update were recorded for all relevant policies or guidelines.

Telephone inquiries. To augment the information available on insurance companies’ websites, member services were contacted by telephone for each insurance provider. Representatives were asked to confirm available information about coverage or medical necessity/coding requirements. They were also asked to provide any information missing from that available online.

Insurance Policy Results

Of the 22 policies reviewed, only three (13.64%) provided medical necessity guidelines or criteria. Overall, policies for any type of GAVCS coverage were found for 10 (45.45%) of the insurance companies searched, half of which were Ohio managed Medicaid and half of which were private insurance companies. Of the eight Ohio managed Medicaid plans, five (62.50%) provided GAVCS coverage information. Of the eight private/commercial plans searched, five (62.50%) provided GAVCS information. No Medicare or Dual Medicare–Medicaid policy provided GAVCS coverage information.

Of the 10 policies that provided GAVCS coverage information, all 10 mentioned surgery and chondrolaryngoplasty coverage, but only seven policies provided information on therapy coverage, with four (57.14%) denying coverage for therapy and the remaining three (42.86%) offering it on a case-by-case determination of medical necessity. For surgery, five (50%) denied coverage and five (50%) provided it if specific criteria were met or on a case-by-case determination of medical necessity. Of the 10 policies that provided information on chondrolaryngoplasty, six (60%) denied coverage and four (40%) provided

Table 3. Insurance type and self-reported vocal incongruence by gender in survey responders identifying cost or insurance as a barrier to accessing gender-affirming voice and communication services.

Variable	Trans women (n = 11)	Trans men (n = 19)	Nonbinary (n = 5)
Insurance type			
Medicaid	3 (27.3%)	6 (31.6%)	2 (40.0%)
Medicare	0 (0%)	0 (0%)	0 (0%)
Private (self/partner)	6 (54.5%)	6 (31.6%)	1 (20.0%)
Private (parent/guardian)	1 (9.1%)	6 (31.6%)	2 (40.0%)
No insurance	1 (9.1%)	1 (5.3%)	0 (0%)
Reported vocal incongruence	10 (90.9%)	8 (42.1%)	4 (80.0%)

it if specific criteria were met or on a case-by-case determination of medical necessity.

As seen in Figure 1, coverage further varied by insurance type. 37.5% of insurance policies under Ohio managed Medicaid plans covered surgery and chondrolaryngoplasty on a case-by-case basis and 25% covered therapy on a case-by-case basis. Among private insurance companies, 12.5% covered therapy on a case-by-case basis, 25% covered surgery on a case-by-case basis, and 12.5% covered chondrolaryngoplasty on a case-by-case basis.

Aim 3: Develop a Tool for Clinicians to Use to Enhance Awareness of Health Care Coverage of GAVCS for the State of Ohio

The information gathered from the web-based search and telephone inquiries for each policy was condensed into a table to summarize information most applicable to clinicians who provide GAVCS. As seen in Appendix A, a table was developed that displayed coverage for each of the three types of GAVCS examined in this study, with links to each policy and the date they were last updated (when available). In addition, other diagnoses for which speech therapy were covered, and any

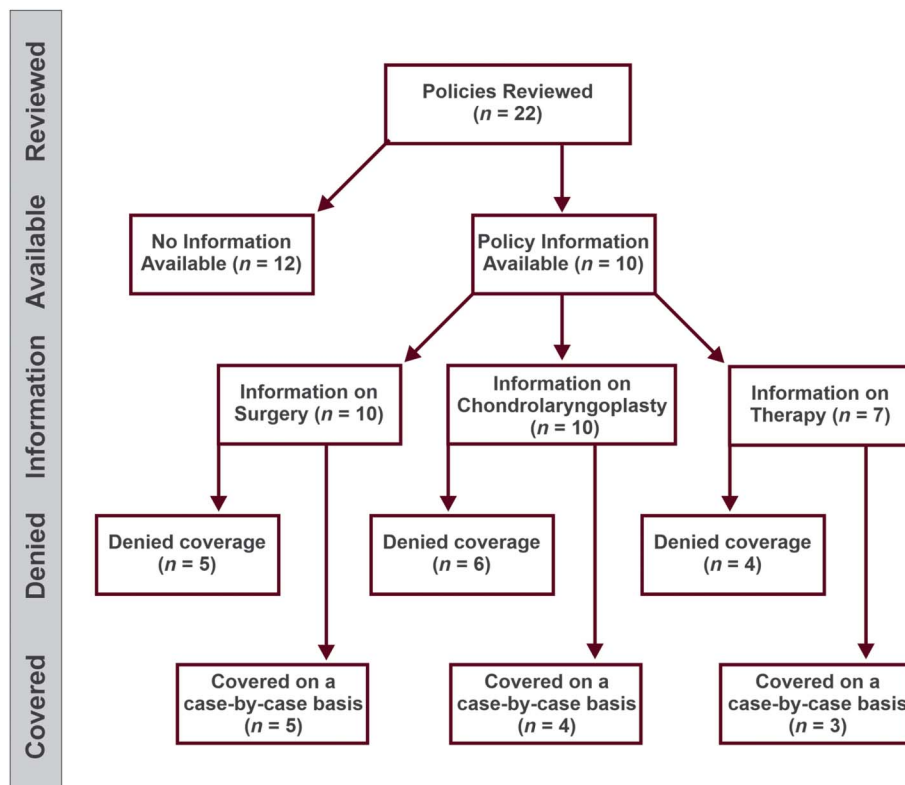
information on medical necessity criteria found on the insurance company sites was listed. A separate table was developed outlining CPT, HCPCS, and ICD-10 codes found in the clinical policies, as seen in Appendix B.

These tables were introduced to a local speech-language pathologist and laryngologist for feedback on its utility in GAVCS practice. With their feedback, the tool was finalized after formatting was adjusted to make the date of last revision of the policies and coverage information for specific procedures clearer within the policy language.

Discussion

This study further expands the existing literature that vocal incongruence is common in TGD individuals, but that inconsistent, absent, and obscure insurance coverage for GAVCS presents a significant barrier to accessing care (Kennedy & Thibeault, 2020; Kirkland et al., 2021; Patel et al., 2023). Despite similar search strategies to those used by DeVore et al. (2021), far fewer insurance companies in our Ohio-based search had available information on coverage (45.5%) than in their 2020 study,

Figure 1. Flowchart of policy information available for the 22 insurance policies examined.



which focused on coverage by the top three insurance plans in each state (86%). Medical necessity criteria for preauthorized or case-by-case coverage for GAVCS were only clearly available in three (13.6%) of the Ohio insurance plans, compared to nine of the 21 policies in their national analysis (DeVore et al., 2021).

Finding coverage information, diagnostic/billing codes, and medical necessity information was labor-intensive. Member handbooks often offered vague coverage information about coverage for any gender-affirming care and/or voice care. In addition, it was often difficult to find when the information was last updated. With an online search, the most relevant information was typically found by searching for “clinical policies” or “medical policies” for gender dysphoria or gender-affirming care, which was sometimes only found on the provider-facing insurance company websites. Telephone inquiries did not result in meaningful additional information, as representatives often referred back to the member handbooks and had no additional or clarifying information to contribute.

The lack of transparency and uniformity in how and when insurance companies cover gender-affirming care, including GAVCS, creates a complex system that leaves the care approval process vulnerable to external factors, including discrimination by not deeming gender-affirming care medically necessary (Lerner et al., 2022; National Center for Transgender Equality, 2023). As many insurance company coverage decisions are made at a state-level, the differences in TGD health protection policies and legislation must be considered when evaluating differences in insurance coverage for gender-affirming medical care across the United States. A 2021 analysis of Medicaid coverage across the United States found that states with laws prohibiting insurance companies from refusing to cover gender-affirming care were more likely to cover care (Zaliznyak et al., 2021). Similarly, a 2019 cross-sectional study of Medicaid and Affordable Care Act Market Plans coverage for gender-affirming hair removal found that states without legal protections for TGD care coverage were less likely to provide coverage for hair removal (Thoreson et al., 2020). In our sample, nearly 45% of responders reported inconsistent coverage of gender-affirming care, with responses of coverage “Sometimes,” “Rarely,” or “Never,” and furthermore, 28% of our sample who had not accessed GAVCS reported insurance as a barrier. Since Ohio is a state without legal protections for gender-affirming care coverage, our findings align with what has previously been established about the importance of protecting gender-affirming care coverage to increase access to care.

DeVore et al. (2021) reported that less than 20% of plans covered individual/group voice therapy or open/

endoscopic surgical procedures to alter voice. In the present study, coverage for GAVCS remained the exception, with only five of 22 (22.7%) insurance companies with policies stating that surgical GAVCS may be covered on a case-by-case basis and three of 22 (13.6%) companies with policies stating that voice therapy may be covered on a case-by-case basis. Chondrolaryngoplasty was covered on a case-by-case basis in four of the 10 plans (40%), where coverage was mentioned, and four of the 22 (18.2%) total plans. Surgical GAVCS was covered in five of 10 plans that mentioned it, which contrasts with a literature review showing that chondrolaryngoplasty has the highest prevalence of coverage among all gender-affirming surgeries (Patel et al., 2023). These results are lower than our hypothesized 25% coverage of GAVCS across all policies.

The disparity in insurance companies’ limited coverage of GAVCS, as highlighted in our study, contrasts starkly with the well-established body of evidence showcasing the positive impact of GAVCS on enhancing voice-related quality of life and promoting mental health outcomes among TGD individuals (Brown et al., 2021; Carew et al., 2007; Gelfer & Tice, 2013; Hancock & Garabedian, 2013; Meister et al., 2017). This mismatch underscores the persistent gap between the demonstrated benefits of GAVCS and the accessibility challenges faced by TGD persons in securing coverage for medically necessary care.

Limitations and Future Directions

Limitations to the present study are consistent with those of a cross-sectional survey, in which more in-depth information from survey responders would have been beneficial to fully characterize barriers to care. Future studies should request information pertaining to specific insurance providers rather than general provider group (i.e., private, Medicare, Medicaid). More information on survey responders would also be helpful in understanding the demographic profile of patients at risk for reduced health care access. For example, gender identity, socioeconomic status, and access to gender-affirming hormone therapies could be factors related to the pursuit and attainment of GAVCS. More information is needed to fully characterize the patient population to educate health care providers on improving health care access and facilitating health care reform. Other limitations to this study include our inability to correlate patient outcomes to policy coverage to determine if there were discrepancies in stated coverage for GAVCS and actual covered services once services were rendered. Our study is also limited in scope since we focused on prevalent insurance companies in a single state.

This study illustrates some of the barriers to care in a state without legal protections for TGD care and highlights the often-unnecessary complexity of the U.S. health insurance system. Further efforts from insurance companies to be consistent and transparent in their policies and remove unnecessary criteria for coverage that are unrelated to international standards of care will improve TGD health care access and improve patient outcomes (Cohen et al., 2019; Ngaage et al., 2021). The methods used to gather the insurance information in our study are ones that patients and care teams endure daily to access information to make care delivery decisions (Kirkland et al., 2021). Our study proposes an intervention in the form of a tool designed to enhance awareness of insurance coverage details. This tool, intended for use by both patients and health care teams, would serve to distinguish coverage between different insurance plans, ultimately fostering greater accessibility to GAVCS.

Conclusions

This study elucidated the ongoing challenges faced by TGD individuals in accessing GAVCS due to inconsistent and nontransparent insurance coverage. Insurance coverage for GAVCS remains a significant barrier to accessing care, despite the established evidence of the positive impact of GAVCS on voice-related quality of life and mental health outcomes (Brown et al., 2021; Carew et al., 2007; Gelfer & Tice, 2013; Hancock & Garabedian, 2013; Meister et al., 2017). Our findings highlight the lack of transparency and uniformity in insurance policies, which leaves the medical necessity decision-making process vulnerable to external factors, including biases and discrimination. The wide disparities in gender-affirming care coverage among states, including Ohio, further exacerbate barriers to care (Cohen et al., 2019; Patel et al., 2023; Zaliznyak et al., 2021). Our study's findings support the need for consistent, transparent, and accessible insurance policies that align with international standards of care for TGD persons. The development of a tool for clinicians and patients is proposed as a solution to enhance awareness of insurance coverage details and promote greater accessibility to GAVCS. Our study contributes to expanding knowledge on this topic and reinforces the urgency of addressing insurance coverage gaps to ensure equitable access to gender-affirming care for TGD individuals.

Data Availability Statement

Data are available upon reasonable request to the authors.

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Insurance Coverage Table by Procedure

Insurance Type	Insurance Company	Gender Dysphoria Policy			Other Diagnoses for Which Speech Therapy Is Covered	Link to Policy and Date Last Updated	Medical Necessity Information
		Gender-Affirming Vocal Therapy	Gender-Affirming Vocal Surgery	Chondrolaryngoplasty			
Medicare	Medicare (Traditional)				E-visits for speech-language pathology covered, medically necessary home health speech-language pathology services https://www.medicare.gov/coverage/speech-language-pathology-services		
Dual Medicaid/Medicare	Aetna Better Health				Speech pathology/audiology services covered at Federally Qualified Health Centers (may require prior authorization), Inpatient speech therapy (prior authorization required), Outpatient rehabilitation speech therapy (may require prior authorization), Home Health speech therapy (may require prior authorization), Cosmetic surgery NOT covered (clarify whether chondrolaryngoplasty is considered cosmetic)		Prior authorization may be required for gender transition services <u>Medical Necessity Criteria:</u> Criteria required by applicable state or federal regulatory agency, Milliman Care Guidelines as the primary decision support for most medical diagnoses and conditions, Aetna Clinical Policy Bulletins (CPBs), LOCUS/CALOCUS Guidelines, American Society of Addiction Medicine (ASAM) Criteria
	Buckeye Dual				Speech pathology/audiology services covered at Federally Qualified Health Centers (may require prior authorization), Home Health speech therapy (may require prior authorization), Inpatient speech therapy,		

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Insurance Coverage Table by Procedure

					Nursing/SNF speech therapy (prior authorization may be required), Outpatient rehabilitation speech therapy (may require prior authorization)		
	Molina Dual				Speech pathology/audiology services covered at Federally Qualified Health Centers (may require prior authorization), Home Health speech therapy (may require prior authorization), Inpatient hospital speech therapy (requires prior authorization), Nursing/SNF speech therapy (prior authorization required), Outpatient rehabilitation speech therapy (may require prior authorization)		
	CareSource Dual				Home Health speech therapy (requires prior authorization), Inpatient hospital speech therapy (requires prior authorization), Outpatient rehabilitation speech therapy (requires prior authorization), SNF speech therapy (requires prior authorization)		
	United Healthcare				Home Health speech therapy (may require prior authorization), Inpatient hospital speech therapy (requires prior authorization), SNF speech therapy (may require prior authorization), Outpatient rehabilitation speech therapy (may require prior authorization), Virtual speech therapy (may require prior authorization)		
Ohio Managed Medicaid	CareSource	Procedures or surgeries to enhance secondary sex characteristics are considered cosmetic and are not medically necessary. A list of services, procedures or surgeries not	Procedures or surgeries to enhance secondary sex characteristics are considered cosmetic and are not medically necessary. A list of services, procedures or surgeries not	Procedures or surgeries to enhance secondary sex characteristics are considered cosmetic and are not medically necessary. A list of services, procedures or surgeries not	Federally Qualified Health Centers (no prior authorization required), Home Health speech therapy (prior authorization required), physical/occupational/speech therapy (prior authorization required), speech and hearing services speech therapy (prior authorization required), inpatient/outpatient rehabilitation	Gender Affirming Surgery Medical Policy , date effective 11/1/22, date last revised 5/19/22: https://www.caresource.com/documents/medicaid-oh-policy-medical-mm-0034-20221101/	

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Insurance Coverage Table by Procedure

		covered is included below. This list may not be all inclusive: Voice modification surgery (laryngoplasty or shortening of the vocal cords), voice therapy or voice lessons , Reduction thyroid chondroplasty	covered is included below. This list may not be all inclusive: Voice modification surgery (laryngoplasty or shortening of the vocal cords) , voice therapy or voice lessons, Reduction thyroid chondroplasty	covered is included below. This list may not be all inclusive: Voice modification surgery (laryngoplasty or shortening of the vocal cords), voice therapy or voice lessons, Reduction thyroid chondroplasty	speech therapy, all speech therapy requires prior authorization		
Molina			Surgical procedures may be considered medically necessary when applicable criteria are met for ANY/ALL of the following: Voice Disorders when the Member meets ALL of the following: i. Diagnosis of voice disorder; AND ii. Evidence of voice-gender incongruence (if the Member is undergoing voice rehabilitation) The following procedures and services for the treatment of gender dysphoria may be considered cosmetic and/or not medically necessary,	Surgical procedures may be considered medically necessary when applicable criteria are met for ANY/ALL of the following: Voice Disorders when the Member meets ALL of the following: i. Diagnosis of voice disorder; AND ii. Evidence of voice-gender incongruence (if the Member is undergoing voice rehabilitation) The following procedures and services for the treatment of gender dysphoria may be considered cosmetic and/or not medically necessary,	Federally Qualified Health Centers (no prior authorization required), Home Health speech therapy (prior authorization required after initial evaluation and first six visits), Inpatient speech therapy (prior authorization required), Nursing facility speech therapy (prior authorization required), Outpatient/Home Setting speech therapy (prior authorization required after 30 visits in a 12-month period) Speech Language Therapy may be covered and considered medically necessary when the Member has at least ONE of the following diagnoses: a. Autism spectrum disorder. b. Developmental delay, neurogenic or psychogenic stuttering. c. Language disorders (e.g., comprehension, expression, pragmatics, semantics, syntax). d. Feeding and swallowing disorders (e.g., oral, pharyngeal, and esophageal stages). e. Non-progressive CNS disorders (e.g., birth trauma, cerebral palsy, spina bifida, Down syndrome, traumatic brain injury [TBI], cerebrovascular accident [CVA],	<u>Gender Affirmation Treatment and Procedures (Medicaid) Clinical Policy</u> , last approval 2/8/23: https://www.molinaclinicalpolicy.com/~media/Molina/PublicWebsite/PDF/Common/Feb2023/Gender-Affirmation-Treatment-and-Procedures_Medicaid_R.pdf <u>Molina Speech Therapy Clinical Policy</u> , last approval 12/14/22: https://www.molinaclinicalpolicy.com/~media/Molina/PublicWebsite/PDF/Common/Molina%20Clinical%20Policy/Speech-Therapy.pdf	

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Insurance Coverage Table by Procedure

			including but not limited to: Laryngoplasty – reshaping of laryngeal framework (voice modification surgery), Trachea Shave / Reduction Thyroid Chondroplasty – reduction of the thyroid cartilage, Cricothyroid Approximation – voice modification that raises the vocal pitch by simulating contractions of the cricothyroid muscle with sutures	including but not limited to: Laryngoplasty – reshaping of laryngeal framework (voice modification surgery), Trachea Shave / Reduction Thyroid Chondroplasty – reduction of the thyroid cartilage, Cricothyroid Approximation – voice modification that raises the vocal pitch by simulating contractions of the cricothyroid muscle with sutures	encephalitis, post-concussion syndrome). f. Articulation disorder (e.g., apraxia, dysarthria).		
	Buckeye	Gender affirming facial procedures will be considered for medical necessity on a case-by-case basis: Thyroid chondroplasty, Chondrolaryngoplasty, Voice modification surgery, therapy, or lessons	Gender affirming facial procedures will be considered for medical necessity on a case-by-case basis: Thyroid chondroplasty, Chondrolaryngoplasty, Voice modification surgery, therapy, or lessons	Gender affirming facial procedures will be considered for medical necessity on a case-by-case basis: Thyroid chondroplasty, Chondrolaryngoplasty, Voice modification surgery, therapy, or lessons	Speech and hearing services (all need prior authorization, Physical/speech/occupational therapy (prior authorization needed after first 30 visits)	Gender Affirming Procedures Clinical Policy , last revised 01/23: https://www.buckeyehealthplan.com/content/dam/centene/policies/clinical-policies/CP.MP.95.pdf Speech/Occupational/Physical Therapy Clinical Policy , last revised 06/22: https://www.buckeyehealthplan.com/content/dam/centene/policies/clinical-policies/CP.MP.49.pdf	
	United Healthcare Community Plan	Certain ancillary procedures, including but not limited to the following, are considered cosmetic and not	Certain ancillary procedures, including but not limited to the following, are considered cosmetic and not	Certain ancillary procedures, including but not limited to the following, are considered cosmetic and not	Well child speech and hearing tests, Speech and hearing services, Speech therapy (prior authorization required)	OH Gender Dysphoria Treatment Medical Policy , last published/effective date 2/01/23: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-	

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Insurance Coverage Table by Procedure

		medically necessary when performed as part of surgical treatment for Gender Dysphoria (please check the federal, state or contractual requirements for benefit coverage): Thyroid cartilage reduction/reduction on thyroid chondroplasty/trachea shave (removal or reduction of the Adam's apple), Voice modification surgery (e.g., laryngoplasty, glottoplasty or shortening of the vocal cords), Voice lessons and voice therapy	medically necessary when performed as part of surgical treatment for Gender Dysphoria (please check the federal, state or contractual requirements for benefit coverage): Thyroid cartilage reduction/reduction on thyroid chondroplasty/trachea shave (removal or reduction of the Adam's apple), Voice modification surgery (e.g., laryngoplasty, glottoplasty or shortening of the vocal cords), Voice lessons and voice therapy	medically necessary when performed as part of surgical treatment for Gender Dysphoria (please check the federal, state or contractual requirements for benefit coverage): Thyroid cartilage reduction/reduction thyroid chondroplasty/trachea shave (removal or reduction of the Adam's apple), Voice modification surgery (e.g., laryngoplasty, glottoplasty or shortening of the vocal cords), Voice lessons and voice therapy		comm-plan/oh/gender-dysphoria-treatment-oh-cs.pdf	
	AmeriHealth				Speech and hearing services (all need prior authorization, Physical/speech/occupational therapy (prior authorization needed after first 30 visits)		<u>Medical Necessity Criteria:</u> https://www.amerhealthcaritasoh.com/member/eng/benefits/medical-necessity.aspx
	Humana Healthy Horizons						
	Anthem	Gender Reassignment Services: Transgender healthcare services covers treatment for	Gender Reassignment Services: Transgender healthcare services covers treatment for	Gender Reassignment Services: Transgender healthcare services covers treatment for	Home healthcare speech therapy, speech/occupational/physical therapy (prior authorization required after first 30 visits), rehabilitative speech therapy, ABA speech therapy		

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Insurance Coverage Table by Procedure

		gender dysphoria. Treatment includes both hormonal and surgical modalities, and psychotherapy based on medical necessity (surgical services that may be considered cosmetic require prior authorization)	gender dysphoria. Treatment includes both hormonal and surgical modalities, and psychotherapy based on medical necessity (surgical services that may be considered cosmetic require prior authorization)	gender dysphoria. Treatment includes both hormonal and surgical modalities, and psychotherapy based on medical necessity (surgical services that may be considered cosmetic require prior authorization)			
	Generic OH Medicaid (ODJFS)				Speech/Language pathology services (prior authorization required after first 30 visits within 12-month period)		
Private/Commercial	Aetna		Aetna considers the following procedures that may be performed as a component of a gender transition as not medically necessary and cosmetic: Tracheal shave (reduction thyroid chondroplasty) , Chondrolaryngoplasty (vocal cord surgery)	Aetna considers the following procedures that may be performed as a component of a gender transition as not medically necessary and cosmetic: Tracheal shave (reduction thyroid chondroplasty) , Chondrolaryngoplasty (vocal cord surgery)	Aetna considers voice therapy not medically necessary for improving voice quality. Aetna considers voice therapy medically necessary for any of the following indications: Essential voice tremor; or Following surgery or traumatic injury to the vocal cords; or Following treatment for laryngeal (glottic) carcinoma; or Muscle tension dysphonia (functional dysphonia); or Paradoxical vocal cord motion; or Spastic (spasmodic) dysphonia; or Symptomatic benign vocal fold lesions (cysts, nodules and polyps); or Vocal cord paralysis. Treatment of communication disabilities and/or swallowing disorders (dysphagia), Speech therapy for idiopathic delays in speech development, Home-based speech therapy in selected cases based upon the member's needs (i.e., the member must be homebound). This is usually used	<u>Gender Affirming Surgery Clinical Policy</u> , last updated 1/6/23: https://www.aetna.com/cpb/medical/data/600_699/0615.html <u>Voice Therapy Clinical Policy</u> , last updated 9/21/22: https://www.aetna.com/cpb/medical/data/600_699/0646.html <u>Speech Therapy Clinical Policy</u> , last updated 4/26/23: https://www.aetna.com/cpb/medical/data/200_299/0243.html	

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Insurance Coverage Table by Procedure

					in the transition of the member from hospital to home and is an extension of case management services		
Anthem			<p>Gender affirming voice modification surgery is considered reconstructive when all of the following criteria have been met: The individual is at least 18 years of age; The individual has capacity to make fully informed decisions and consent for treatment; The individual has been diagnosed with gender dysphoria (see Discussion section for diagnostic criteria);</p> <p>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</p>	<p>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: Thyroid cartilage reduction (chondroplasty), Voice modification surgery</p>		<p><u>Gender Affirming Surgery Clinical Guidelines</u>, last updated 11/10/22: https://www.anthem.com/dam/medpolicies/abcbs/active/guidelines/gl_pw_a051166.html</p>	

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Insurance Coverage Table by Procedure

			<p>provided under the supervision of a physician; and 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 Existing vocal presentation demonstrates significant variation from normal for the experienced gender; and One letter, signed by the referring qualified mental</p>				
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Insurance Coverage Table by Procedure

			health professional* who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission.				
Humana	Humana members may NOT be eligible under the Plan for any other procedures as part of gender affirmation surgery including, but may not be limited to, the following: Thyroid cartilage reduction (eg, chondroplasty), Voice modification surgery (eg, cricothyroid approximation, laryngoplasty), Voice therapy	Humana members may NOT be eligible under the Plan for any other procedures as part of gender affirmation surgery including, but may not be limited to, the following: Thyroid cartilage reduction (eg, chondroplasty), Voice modification surgery (eg, cricothyroid approximation, laryngoplasty), Voice therapy	Humana members may NOT be eligible under the Plan for any other procedures as part of gender affirmation surgery including, but may not be limited to, the following: Thyroid cartilage reduction (eg, chondroplasty), Voice modification surgery (eg, cricothyroid approximation, laryngoplasty), Voice therapy	Any services for rehabilitative speech therapy that are considered primarily educational or training in nature are generally NOT covered under most Humana benefit Plans. Rehabilitative speech therapy not covered for functional dysphonia and voice training, Habilitative speech therapy not covered for voice training but covered for surgery of larynx/vocal cords	Speech Therapy Coverage Policy (under “Speech Therapy” link to pdf), last updated 12/8/22: https://apps.humana.com/tad/tad_new/Search.aspx?sortfield=name&policyType=medical Gender Affirming Surgery Clinical Policy (under “Gender Affirming Surgery” link to pdf), last updated 9/22/22: https://apps.humana.com/tad/tad_new/Search.aspx?sortfield=name&policyType=medical		
Cigna	Voice therapy/voice lessons not considered medically necessary but may be covered by some plans for gender dysphoria treatment when performed as part of a covered	Voice modification surgery not considered medically necessary but may be covered by some plans for gender dysphoria treatment when performed as part of a covered	Laryngoplasty and Thyroid Reduction Chondroplasty not considered medically necessary but may be covered by some plans for gender dysphoria treatment when performed as	Coverage for speech therapy varies across plans. Refer to the customer’s benefit plan document for coverage details. https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0177_coveragepositioncriteria_speech_therapy.pdf	Gender Dysphoria Treatment Coverage Policy , effective date 1/15/23: https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0266_coveragepositioncriteria_gender_reassignment_surgery.pdf		

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Insurance Coverage Table by Procedure

		feminization or masculinization procedure or service	feminization or masculinization procedure or service	part of a covered feminization or masculinization procedure or service			
	UMR (United Medical Resources)						
	United Healthcare						
	Medical Mutual	The Company considers certain procedures as not medically necessary and not eligible for reimbursement when performed as part of gender affirming surgery, including but not limited to the following: Speech therapy for vocal training , Vocal cord procedures (voice modification surgery)	The Company considers certain procedures as not medically necessary and not eligible for reimbursement when performed as part of gender affirming surgery, including but not limited to the following: Speech therapy for vocal training, Vocal cord procedures (voice modification surgery)	The Company considers certain procedures that may be related to gender affirming surgery to be cosmetic and not eligible for reimbursement, including but not limited to the following: Thyroid chondroplasty (reduction of the Adam's apple) , Other aesthetic or cosmetic procedures not listed		<u>Gender Affirming Surgery Medical Policy</u> , last revised 6/06/23: https://www.medmutual.com/-/media/MedMutual/Files/Providers/CorporateMedicalPolicies/201609_Gender-Affirming-Surgery.pdf	<u>MCG guidelines</u> : https://medmutual.access.mcg.com/index <u>eviCore</u> : https://www.evicore.com/provider
	Custom Design Benefits						
Last Updated: 9/14/23							
<i>Key. Red/darker gray = coverage denied; yellow/lighter gray = conditional or case-by-case determination of coverage</i>							

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Diagnosis Codes by Policy and Procedure

Insurance Type	Insurance Company	Class of Code			Link to Policy and Date Last Updated
		ICD10	CPT	HCPCS	
Medicare	Medicare (Traditional)				
Dual Medicaid/Medicare	Aetna Better Health				
	Buckeye Dual				
	Molina Dual				
	CareSource Dual				
	United Healthcare				
Ohio Managed Medicaid	CareSource				
	Molina		<p><u>Gender Affirmation Codes</u> (may be considered cosmetic and non-covered): 31599 laryngoplasty (Unlisted procedure, larynx), 31750 thyroid reduction chondroplasty (Tracheoplasty; cervical), 31899 voice modification (Unlisted procedure, trachea, bronchi)</p> <p><u>Speech Therapy Codes: 92507</u> (Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual), 92508 (Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals)</p>	<p><u>Gender Affirmation Codes:</u> none</p> <p><u>Speech Therapy Codes: 0153</u> (Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes), G0161 (Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes), S9128 (Speech therapy, in the home, per diem), S9152 (Speech therapy, re-evaluation)</p>	<p><u>Gender Affirmation Treatment and Procedures (Medicaid) Clinical Policy</u>, last approval 2/8/23: https://www.molinaclinicalpolicy.com/~media/Molina/PublicWebsite/PDF/Common/Feb2023/Gender-Affirmation-Treatment-and-Procedures_Medicaid_R.pdf</p> <p><u>Molina Speech Therapy Clinical Policy</u>, last approval 12/14/22: https://www.molinaclinicalpolicy.com/~media/Molina/PublicWebsite/PDF/Common/Molina%20Clinical%20Policy/Speech-Therapy.pdf</p>
	Buckeye		<p><u>Gender Affirmation Codes</u> (coverage determined on case-by-case basis): 31599 (Unlisted procedure, larynx), 31899 (Unlisted procedure, trachea, bronchi)</p>		<p><u>Gender Affirming Procedures Clinical Policy</u>, last revised 01/23: https://www.buckeyehealthplan.com/content/dam/centene/policies/clinical-policies/CP.MP.95.pdf</p> <p><u>Speech/Occupational/Physical Therapy Clinical Policy</u>, last revised 06/22: https://www.buckeyehealthplan.com/content/dam/centene/policies/clinical-policies/CP.MP.95.pdf</p>

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Diagnosis Codes by Policy and Procedure

					nt/dam/centene/policies/clinical-policies/CP.MP.49.pdf
	United Healthcare Community Plan	<u>Gender Affirmation Codes</u> (may not be considered medically necessary): F64.0 (Transsexualism), F64.1 (Dual role transvestism), F64.2 (Gender identity disorder of childhood), F64.8 (Other gender identity disorders), F64.9 (Gender identity disorder, unspecified), Z87.890 (Personal history of sex reassignment)	<u>Gender Affirmation Codes</u> (may not be considered medically necessary): 31599 (Unlisted procedure, larynx), 31899 (Unlisted procedure, trachea, bronchi), 92507 (Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual), 92508 (Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals)		<u>OH Gender Dysphoria Treatment Medical Policy</u> , last published/effective date 2/01/23: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/oh/gender-dysphoria-treatment-oh-cs.pdf
	AmeriHealth				
	Humana Healthy Horizons				
	Anthem				
	Generic OH Medicaid (ODJFS)				
Private/Commercial	Aetna	<u>Gender Affirming Surgery Codes: F64.0 - F64.1</u> (Transsexualism and dual role transvestism), F64.8 (Other gender identity disorders), F64.9 (Gender identity disorder, unspecified), Z87.890 (Personal history of sex reassignment); NOT covered: F64.2 (Gender identity disorder of childhood) <u>Voice Therapy Codes: D14.1</u> (Benign neoplasm of larynx [benign vocal fold lesions]), F44.4 (Conversion disorder with motor symptom or deficit [functional dysphonia]), G25.2 (Other specified forms of tremor [voice]), J38.00 -J38.02	<u>Gender Affirming Surgery Codes</u> (not covered; considered not medically necessary and cosmetic): 31599 (Unlisted procedure, larynx [thyroid chondroplasty and tracheal shave] [voice modification surgery] [check benefits]), 31899 (Unlisted procedure, trachea, bronchi [thyroid chondroplasty and tracheal shave] [augmentation thyroid chondroplasty (thyroid cartilage augmentation)] [check benefits]), 92507 (Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual), 92508 (Treatment of speech, language, voice, communication, and/or	<u>Gender Affirming Surgery Codes</u> (not covered): G0153 (Services performed by a qualified speech-hyphenlanguage pathologist in the home health or hospice setting, each 15 minutes), S9128 (Speech therapy, in the home, per diem) <u>Voice Therapy Codes: G0153</u> (Services performed by a qualified speech-hyphenlanguage pathologist in the home health or hospice setting, each 15 minutes), G0161 (Services performed by a qualified speech-hyphenlanguage pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-	<u>Gender Affirming Surgery Clinical Policy</u> , last updated 1/6/23: https://www.aetna.com/cpb/medical/data/600_699/0615.html <u>Voice Therapy Clinical Policy</u> , last updated 9/21/22: https://www.aetna.com/cpb/medical/data/600_699/0646.html <u>Speech Therapy Clinical Policy</u> , last updated 4/26/23: https://www.aetna.com/cpb/medical/data/200_299/0243.html

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Diagnosis Codes by Policy and Procedure

		(Paralysis of vocal cords and larynx), J38.1 (Polyp of vocal cord and larynx), J38.2 (Nodules of vocal cords), R49.0 (Dysphonia [functional dysphonia]), S19.83X+ (Other specified injuries of vocal cord) <u>Speech Therapy Codes</u> (NOT covered): R49.0 (Dysphonia [post extubation])	auditory processing disorder; group, two or more individuals) <u>Voice Therapy Codes: 92507</u> (Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual), 92508 (Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals) <u>Speech Therapy Codes: 92507</u> (Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual), 92508 (Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals)	hyphenlanguage pathology maintenance program, each 15 minutes), S9128 (Speech therapy, in the home, per diem) <u>Speech Therapy Codes: G0153</u> (Services performed by a qualified speech-hyphenlanguage pathologist in the home health or hospice setting, each 15 minutes), G0161 (Services performed by a qualified speech-hyphenlanguage pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-hyphenlanguage pathology maintenance program, each 15 minutes), S9128 (Speech therapy, in the home, per diem)	
Anthem	<u>Gender Affirming Surgery Codes: F64.0 - F64.9</u> (Gender identity disorders), Z87.890 (Personal history of sex reassignment)	<u>Gender Affirming Surgery Codes</u> (considered reconstructive): 31599 (Unlisted procedure, larynx [when specified as thyroid cartilage chondroplasty, tracheal shave, or voice modification surgery such as anterior glottal web formation, cricothyroid approximation, vocal cord shortening])		<u>Gender Affirming Surgery Clinical Guidelines</u> , last updated 11/10/22: https://www.anthem.com/dam/medpolicies/abcbs/active/guidelines/gl_pw_a051166.html	
Humana		<u>Gender Affirming Surgery Codes</u> (not covered if performed as part of gender affirmation surgery): 31599 (Unlisted procedure, larynx), 31899 (Unlisted procedure, trachea, bronchi), 92507 (Treatment of speech, language, voice, communication, and/or	<u>Speech Therapy Codes: S9152</u> (Speech therapy, re-evaluation)	<u>Speech Therapy Coverage Policy</u> (under "Speech Therapy" link to pdf), last updated 12/8/22: https://apps.humana.com/tad/tad_new/Search.aspx?sortfield=name&policyType=medical <u>Gender Affirming Surgery Clinical Policy</u> (under "Gender Affirming Surgery" link to pdf), last updated 9/22/22:	

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Diagnosis Codes by Policy and Procedure

			auditory processing disorder; individual) <u>Speech Therapy Codes: 92507</u> (Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual - Not Covered if used to report for melodic intonation therapy)		https://apps.humana.com/tad/tad_new/Search.aspx?sortfield=name&policyType=medical
	Cigna	<u>Gender Dysphoria Treatment Codes</u> (considered not medically necessary, only covered under some plans): F64.0 (transsexualism), F64.1 (dual role transvestism), F64.2 (gender identity disorder of childhood), F64.8 (other gender identity disorders), F64.9 (gender identity disorder, unspecified), Z87.890 (personal history of sex reassignment)	<u>Gender Dysphoria Treatment Codes</u> (considered not medically necessary, only covered under some plans): 31599 (Laryngoplasty), 31750 (Thyroid reduction chondroplasty), 92507 (voice therapy/voice lessons), 31599/31899 (voice modification surgery)		<u>Gender Dysphoria Treatment Coverage Policy</u> , effective date 1/15/23: https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0266_coveragepositioncriteria_gender_reassignment_surgery.pdf
	UMR (United Medical Resources)				
	United Healthcare				
	Medical Mutual	<u>Gender Affirming Surgery Codes: F64.0, F64.1, F64.2, F64.8, F64.9</u>	<u>Gender Affirming Surgery Codes: 17380, 17999, 19303, 19318, 19325, 19340, 19342, 19350, 44145, 53430, 54125, 54400, 54401, 54405, 54520, 54660, 54690, 55180, 55970, 55980, 56625, 56800, 56805, 57110, 57291, 57292, 57335, 58150, 58262, 58291, 58552, 58554, 58571, 58573, 58661</u>	<u>Gender Affirming Surgery Codes: L8699</u>	<u>Gender Affirming Surgery Medical Policy</u> , last revised 6/06/23: https://www.medmutual.com/-/media/MedMutual/Files/Providers/CorporateMedicalPolicies/201609_Gender-Affirming-Surgery.pdf
	Custom Design Benefits				
Last Updated: 9/14/23					
<i>Note. ICD10 = International Classification of Diseases, Tenth Revision; CPT = Current Procedural Terminology; HCPCS = Healthcare Common Procedure Coding System</i>					