I. Policy: Voice Therapy

II. Purpose/Objective:
To provide a policy of coverage regarding Voice Therapy

III. Responsibility:
A. Medical Directors
B. Medical Management Department

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community;
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) the service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) the service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
(iii) the service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.
DESCRIPTION:
Voice therapy is an approach to the treatment of voice disorders that incorporates a series of individualized behavioral treatment techniques which aims to minimize and correct maladaptive and inappropriate vocal disorders. Voice disorders are characterized by pitch, loudness, resonance, quality or duration of voice or by the inability to use one’s voice. The disorders result from abnormal laryngeal, respiratory or vocal tract functioning. Voice therapy includes four major components: vocal hygiene, vocal production, muscle relaxation and respiratory support.

INDICATIONS: Voice therapy may be considered medically necessary for the restoration of the ability to produce speech from the larynx for any of the following conditions, which are refractory to a 2 week period of voice rest.
- Post-surgical or post traumatic injury to the vocal cords
- Post laryngeal carcinoma; or
- Vocal cord paralysis and paresis; or
- Vocal cord nodules; or
- Spastic dysphonia

There must be documentation of a diagnosis of a speech or language disorder resulting from injury, trauma or a medically based illness or disease.

Voice therapy to reduce male or female voice qualities as part of gender reassignment is considered medically necessary. (Please reference MP307 - Gender Dysphoria and Gender Confirmation Treatment)

From initial evaluation through the entire course of treatment, all of the following must be met:
- The presence of a clinically documented functional speech disorder resulting in an inability to perform at the previous functional level
- Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in a reasonable and predictable period of time for the particular diagnosis and phase of recovery.

EXCLUSIONS:
- Voice therapy for the purpose of accent reduction or acquisition; or
- Voice therapy solely for vocational or recreational purposes; or
- Laryngitis due to viral infection or vocal abuse; or
- Maintenance program performed to maintain a level of function (exception: within the Medicaid business segment coverage to maintain a current level of function will be considered for coverage if found to be medically necessary)

There is insufficient evidence in the current peer-reviewed, published medical literature to support the use of the computer based voice analysis software (i.e. EZ Voice PLUS) for any application at this time. The use of this device is considered experimental, investigational or unproven and is NOT COVERED.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Voice Therapy
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements

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, two or more individuals
92521 Evaluation of speech fluency (eg, stuttering, cluttering)
92522 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524 Behavioral and qualitative analysis of voice
92597 Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
LINE OF BUSINESS:
Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and NCD’s will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:


This policy will be revised as necessary and reviewed no less than annually.

Devised: 10/26/05

Revised: 10/14 (added exclusion); 10/16 (add gender affirmation coverage); 9/18 (add indication)

Reviewed: 08/07, 8/08, 8/09, 10/10, 10/11, 10/12, 10/13, 10/15, 9/17 (added coding section); 9/19