

**Policy: MP159**

**Section: Medical Benefit Policy**

**Subject: Voice Therapy**

### Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

**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**

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- 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; or
- As part of gender confirmation treatment (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**.

**Medicaid Business Segment:**

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

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](http://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  
K1009 Speech volume modulation system, any type, including all components and accessories  
Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

#### **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 supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

#### **REFERENCES:**

National Institutes of Health, National Institute on Deafness and Other Communication Disorders. Vocal Cord Paralysis. NIDCD Health Information. Bethesda MD: NIDCD June 1999 Accessed on October 26,2005 at <http://www.nidcd.nih.gov/health/voice/vocalparal.asp>

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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); 9/23 (clarify indications)

**Reviewed:** 08/07, 8/08, 8/09, 10/10, 10/11, 10/12, 10/13, 10/15, 9/17 (added coding section); 9/19, 9/20, 9/21 , 9/22

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Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.