

Clinical Policy: Voice Therapy

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Effective Date: 4/10

Last Review Date: 02/23

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Voice therapy refers to any non-surgical techniques employed in the management of individuals with voice disorders. The goal is to modify vocal behaviors to reduce or correct maladaptive and inappropriate vocal behaviors and laryngeal trauma. Voice therapy is usually subject to speech therapy benefits.

Policy/Criteria

- I. It is the policy of California Health & Wellness that voice therapy is medically necessary when provided by a qualified speech language pathologist for the following indications:
 - A. Post vocal cord surgery or vocal cord trauma, or
 - B. Post laryngeal (glottic) carcinoma, or
 - C. Paradoxical vocal cord motion, or
 - D. Functional or spastic (spasmodic) dysphonia, or
 - E. Vocal cord nodules/lesions, or
 - F. Vocal cord paralysis, or
 - G. As part of gender affirming services.

- II. It is the policy of California Health & Wellness that voice therapy is not medically necessary to improve voice quality due to such conditions as laryngitis or for occupational or recreational purposes.

Background

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.

Disorders of the vocal cords such as surgical procedures, trauma, cancer, nodules and issues regarding motility (spasm, paralysis) can all affect speech. Vocal cord nodules (singer's nodules) are small, hard, callus like growths that usually appear singly on the vocal cord. Vocal cord polyps are small, soft growths that usually appear singly on a vocal cord. They are most often caused by vocal abuse or long-term exposure to irritants, such as chemical fumes or cigarette smoke.

Spasmodic dysphonia (SD) involves difficulty speaking because of repetitive or continuous spasms or dystonia of the muscles that control the vocal cords. SD is an extremely disabling form of dystonia that is often misdiagnosed. In certain scenarios, an underlying neurologic disease must also be ruled out, especially Wilson's, Huntington's and Parkinson's disease which may cause secondary SD.

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Benign vocal fold lesions are a common cause of dysphonia. Most laryngologists consider voice therapy, often together with medical management, the initial treatment of choice for benign lesions. Many studies have documented good outcomes after voice therapy in patients with a variety of benign lesions. Increasingly, otolaryngologists are using response to voice therapy to help differentiate among benign mucosal lesions, inform the treatment decision for surgery, and optimize surgical outcome. In cases in which surgery is necessary, pre- and postoperative voice therapy may shorten the postoperative recovery time, allowing faster return to work and limiting scar tissue and permanent dysphonia

Many laryngologists consider voice therapy essential for patients with unilateral vocal fold paralysis as definitive treatment or as adjunctive to surgery. Evidence suggests that preoperative voice therapy improves voice outcomes for greater than 50% of patients with unilateral vocal fold paralysis and may render surgery unnecessary. In other neurological-based dysphonia, such as Parkinson's disease, voice therapy has yielded significant improvement in overall communication.

Clinical trials have (Van Gogh 2006) have shown that voice therapy can be effective in rehabilitating persons treated for early glottic carcinoma. Statistical analyses of the difference in scores (post-measurement minus pre-measurement) showed significant voice improvement after voice therapy by the patients and also confirmed by objective voice parameters.

The American Academy of Otolaryngology- Head and Neck Surgery Committee on Speech, Voice, and Swallowing and the Special Interest Division, Voice and Voice Disorders of the American Speech-Language-Hearing Association, have developed the statement noted below, regarding the use of voice therapy in the treatment of dysphonia:

“It is the consensus of these committees that voice therapy by a licensed speech language pathologist is important for effective medical and surgical treatment of the patient with dysphonia. Voice therapy should be an integral part of the treatment plan of the patient until optimal patient response is achieved”.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2015, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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May not be an all inclusive list

CPT® Codes	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual [voice therapy]
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals [voice therapy]
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (e.g. articulation etc) with evaluation of language comprehension etc
92524	Behavioral and qualitative analysis of voice and resonance

HCPCS Codes	Description
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
D141.1	Benign neoplasm of larynx [benign vocal fold lesions]
J38.00 – J38.02	Paralysis of vocal cords and larynx
J38.2	Nodules of the vocal cords
C32.x	Malignant neoplasm of the larynx
S19.38x+	Other specified injuries of vocal cord
F64-F64.9	Gender Identity Disorder
Z85.21	Personal history of malignant neoplasm of larynx

Reviews, Revisions, and Approvals	Date	Approval Date
Initial Approval	4/10	4/10
Update No Revisions	4/11	4/11
Update No Revisions, coding updates	2/12, 2/13 2/14 2/15 2/16	
Placed on new template, approved	9/17	
Update with no revisions	9/18	
Update to include gender reassignment and added code	2/19	2/19
Update; references updated	2/20	2/20

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Reviews, Revisions, and Approvals	Date	Approval Date
Updated CPT codes, added reference, revised gender “reassignment” to gender “affirming” services	2/21	2/21
Update; references updated.	02/22	02/22
Added D141 to ICD-10 codes	2/23	2/23

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to

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recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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