



TITLE:	VOICE THERAPY POLICY
POLICY #:	MM-PNP-062
VERSION #:	01
DEPARTMENT:	MEDICAL MANAGEMENT
ORIGINAL EFFECTIVE DATE:	4/12/2024
CURRENT REVISION DATE:	N/A

1. PURPOSE

This policy will be used to inform medical necessity decisions related to authorization requests for Voice Therapy.

2. SCOPE

Medical UM Department

3. DEFINITIONS

N/A

4. RESPONSIBILITIES

Medical UM Department

5. POLICY

Medical Necessity

Curative considers voice therapy medically necessary to restore the ability of the member to produce speech sounds from the larynx 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.

Curative considers voice therapy not medically necessary for *any* of the following indications:

A. Improvement of voice quality; *or*

1. Occupational or recreational purposes (e.g., public speaking, singing, etc.); *or*
2. Self-limited conditions, such as acute laryngitis.

Maintenance treatment, where the patient's symptoms are not improving, is considered not medically necessary. If no clinical benefit is appreciated after 4 weeks of voice therapy, then the treatment plan should be re-evaluated. Further voice therapy is not considered medically necessary if the member does not demonstrate meaningful improvement in symptoms.

Note: Megaphones or amplifiers (e.g., ChatterVox, Mega Mite Megaphone) may be of use in the absence of illness or injury and therefore do not meet Curatives' definition of covered durable medical equipment.

Note: An electronic artificial larynx (artificial voice box) that is used by laryngectomized individuals and persons with a permanently inoperative larynx is covered as a prosthetic. See "Note" regarding electronic speech aids accompanying Speech Generating Devices, see also Voice Prosthesis for Voice Rehabilitation Following Total Laryngectomy.

Note: Voice therapy for male-to-female transgender individuals to feminize the voice or for female-to-male transgender individuals to masculinize the voice is considered not medically necessary and cosmetic. See also Gender Affirming Surgery.

Experimental and Investigational

Curative considers voice therapy experimental and investigational for the following because their effectiveness has not been established:

- Pre-operative voice therapy for improving outcomes of surgery for benign vocal fold lesions;
- Vocal fold motion impairment following chemotherapy administration.

Policy Limitations and Exclusions

Note: Voice therapy is subject to any benefit limitations and exclusions applicable to speech therapy.

6. PROCEDURE

N/A

7. TRAINING REQUIREMENT

- 7.1.** All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

8. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions-controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal, and equitable remedies may apply.

9. DOCUMENTATION

10. N/A

11. REFERENCE DOCUMENTS AND MATERIALS

11.1. Related Policies

- Speech Therapy

- Speech Generating Devices
- Voice Prosthesis for Voice Rehabilitation Following Total Laryngectomy
- Gender Affirming Surgery

12. COLLABORATING DEPARTMENTS

N/A

13. DOCUMENT CONTROL

APPROVED BY:		
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(Printed Name)	(Date)	(Signature)

REVISION HISTORY			
Date	Author	Version	Comments
			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A:

N/A