



Vocal Cord Paralysis Treatment

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon
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Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

The vocal cords are two flexible bands of tissue located within the larynx. They are open during inhalation and close during swallowing and phonation. Abnormal functioning or impaired movement of the vocal folds is generally referred to as vocal cord dysfunction and may be caused by disease, injury or be idiopathic. Symptoms of vocal cord dysfunction may include changes in voice (breathiness or hoarseness), repetitive throat clearing, coughing or difficulty swallowing.

Vocal fold mobility disorders are a type of vocal cord dysfunction involving decreased movement of one (unilateral) or both (bilateral) vocal cords. Vocal cord insufficiency is most often used to describe this condition, and it may be termed vocal fold paresis or paralysis if it persists for greater than six months.

Treatment depends on the cause and severity of the condition, and usually starts with conservative measures, such as resting the voice, speech therapy, and vocal cord injections. Surgical treatment may be an option to correct certain vocal cord dysfunctions.

Criteria

Commercial

Prior authorization is required

Vocal Cord Paralysis Treatment Options

I. Non-Surgical Treatment Options

A. Prolaryn Gel/Radiesse

PacificSource considers injection laryngoplasty with Prolaryn Gel/Radiesse voice gel medically necessary for DIAGNOSTIC PURPOSES, ONE TIME USE ONLY when **ALL** of the following criteria is met:

1. Voice loss and/or aspiration risk
2. Unilateral vocal fold paralysis

B. Hyaluronic Acid

PacificSource considers Hyaluronic Acid Treatment (e.g., Restylane, Restylane Silk or Restylane Lift) medically necessary for short-term management of vocal cord problems (e.g., secondary nerve trauma during surgery, unilateral paralysis where the laryngeal nerve remains intact, glottic insufficiency).

C. Autologous fat

PacificSource considers harvesting and injection of autologous fat medically necessary when **ALL** of the following criteria is met:

1. Voice loss and/or aspiration risk
2. Unilateral vocal fold paralysis

Note: **Corticosteroid injections** for vocal cord paralysis are a covered benefit and do not require PA

II. Surgical Treatment Options

A. PacificSource considers medialization laryngoplasty with Gore-Tex/silastic implant medically necessary for vocal cord paralysis when **ALL** of the following criteria are met:

1. Voice loss and/or aspiration risk
2. Unilateral vocal fold paralysis

Medicaid

PacificSource Community Solutions follows the criteria hierarchy described in the Clinical Criteria Used in UM Decisions policy for coverage of treatment for vocal cord paralysis and considers services medically necessary when:

- The condition and service(s) pair on a funded line of the HERC Prioritized List of Health Services, and
- Any relevant Guideline criteria is met, and
- Service(s) are medically necessary and appropriate for the specific member.
- None of the limitations or exclusions outlined in OARs 410-141-3825 and 410-120-1200 apply.
- Additional coverage options for unfunded conditions and services are provided as described in Covered Services OAR 410-141-3820.

PCS follows the “Unlisted and Unspecified Procedure Codes” policy for requests for unlisted codes.

PacificSource follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for EPSDT Beneficiaries. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical

Appropriateness, as defined in OAR 410-151-0001, is required prior to denying any service(s). Relevant Guideline Note(s) may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review.

Medicare

PacificSource Medicare follows Local Coverage Determination L35172 for coverage of Botulinum Toxin Types A and B.

Experimental/Investigational/Unproven

PacificSource considers injections of bulking agents into the vocal cords to be experimental, investigational, or unproven for all **other** indications.

PacificSource considers botulinum toxin injection for the treatment of vocal cord paralysis to be experimental, investigational, or unproven.

PacificSource considers Juvederm to be experimental, investigational, or unproven for the treatment of vocal cord paralysis.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- Q2026 Radiesse injectable, 0.1 ml
- 15877 Suction assisted lipectomy; trunk
- 31513 Laryngoscopy, indirect; with vocal cord injection
- 31570 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
- 31571 Laryngoscopy, Direct, W/Injection Into Vocal Cord, Therapeutic; W/Microscope
- 31573 Laryngoscopy, flexible; with therapeutic injection(s) (e.g., chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral
- 31574 Laryngoscopy, flexible; with injection(s) for augmentation (e.g., percutaneous, transoral), unilateral
- 31591 Laryngoplasty, medialization, unilateral
- 31599 Unlisted procedure, larynx
- L8607 Injectable bulking agent for vocal cord medialization, 0.1 ml

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Definitions

Autologous Fat – fatty tissue derived from the same individual

Bulking Agent – Injectable fillers add bulk to vocal cords that have lost muscle tone or cannot close well due to vocal cord paralysis

Laryngoscopy – internal examination of the larynx using a scope

Laryngoplasty – surgical repair of laryngeal defects

Phonation - producing sound or speech

Related Policies

Clinical Criteria Used in UM Decisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Unlisted and Unspecified Procedure Codes

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Appendix

Policy Number:

Effective: 1/1/2021

Next review: 11/1/2026

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): Guideline Note 141 of the OHP Prioritized List of Health Services OAR 410-120-1200, 410-141-3820, 410-141-3835, 410-151-0001, 410-151-0002

Commercial OPs: 10/2025

Government OPs: 10/2025