



## Vocal Cord Paralysis Treatment

<b>LOB(s):</b> <input checked="" type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Medicare	<b>State(s):</b> <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"/> Medicaid	<input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington

### 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 or non-surgical treatment options, such as resting the voice, speech therapy, and vocal cord injections.

Unilateral vocal cord paralysis may be surgically treated via medialization laryngoplasty. This surgery, done under moderate sedation, involves an incision and placement of a permanent implant to realign the paralyzed vocal cord. The resulting pressure repositions laryngeal cartilage promoting contact of the paralyzed cord to the other vocal cord during speech and swallowing.

## Criteria

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### Commercial

#### Prior authorization is required

#### Vocal Cord Paralysis Treatment Options

##### I. Non-Surgical Treatment Options

- A. PacificSource considers injection laryngoplasty with Prolarynx 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

Note: If injection is successful, then provider needs to repeat with a different, long-term solution

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

- C. PacificSource considers harvesting and injection of autologous fat to be medically necessary when ALL of the following criteria are 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 Guideline Note 141 of the OHP Prioritized List of Health Services for coverage of Vocal Cord Paralysis Treatment.

### Medicare

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

## Experimental/Investigational/Unproven

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PacificSource considers injections of bulking agents into the vocal cords 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 laryngeal injection of hyaluronic acid with or without lidocaine (e.g., Restylane) for the treatment of unilateral vocal cord paralysis to be experimental, investigational, or unproven

PacificSource considers Juvederm experimental and investigational for the treatment of vocal cord paralysis

## Coding Information

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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., chemodenevation 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
- C1878 Material for vocal cord medialization, synthetic (implantable)
- 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

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**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

## References

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## Appendix

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**Policy Number:**

**Effective:** 1/1/2021

**Next review:** 9/1/2024

**Policy type:** Enterprise

**Author(s):**

**Depts:** Health Services

**Applicable regulation(s):** Guideline Note 141 of the OHP Prioritized List of Health Services

**Commercial OPs:** 2/2024

**Government OPs:** 2/2024