



## Vocal Cord Paralysis Treatment

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

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

### 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, post-thyroidectomy unilateral paralysis where the laryngeal nerve remains intact).

### 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 Guideline Note 141 of the Health Evidence Review Commission (HERC) Prioritized List of Health Services for coverage of Vocal Cord Paralysis Treatment.

PacificSource Community Solutions follows the general coverage requirements, limitations, and exclusions outlined in Oregon Administrative Rules (OAR) 410-120-1200 and 410-141-3820 through 3825 for adult members 21 years and older.

PacificSource Community Solutions (PCS) follows EPSDT coverage requirements in OAR 410-151-0002 for members under the age of 21. Coverage of Vocal Cord Paralysis Treatment is determined through case-by-case reviews for EPSDT Medical Necessity and EPSDT Medical Appropriateness defined in OAR 410-151-0001.

### 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 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 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 to be experimental, investigational, or unproven 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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- American Academy of Otolaryngology Head and Neck Surgery. (2018). Vocal Cord Paralysis: Patient Health Information. <https://www.enthealth.org/conditions/vocal-cord-fold-paralysis/>
- Cleveland Clinic Medical. (April 13, 2022). Thyroplasty (medialization Laryngoplasty). <https://my.clevelandclinic.org/health/treatments/22748-thyroplasty>
- Fang, T. J., Li, H. Y., Gliklich, R. E., Chen, Y. H., Wang, P. C., & Chuang, H. F. (2010). Outcomes of fat injection laryngoplasty in unilateral vocal cord paralysis. *Archives of otolaryngology--head & neck surgery*, 136(5), 457–462. <https://doi.org/10.1001/archoto.2010.42>
- Granato, F., Martelli, F., Comini, L. V., Luparello, P., Coscarelli, S., Le Seac, O., Carucci, S., Graziani, P., Santoro, R., Alderotti, G., Barillari, M. R., & Mannelli, G. (2019). The surgical treatment of unilateral vocal cord paralysis (UVCP): qualitative review analysis and meta-analysis study. *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery*, 276(10), 2649–2659. <https://doi.org/10.1007/s00405-019-05587-2>
- Khadivi, E., Akbarian, M., Khazaeni, K., & Salehi, M. (2016). Outcomes of Autologous Fat Injection Laryngoplasty in Unilateral Vocal Cord Paralysis. *Iranian journal of otorhinolaryngology*, 28(86), 215–219. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4930845/>
- Kwon, T. K., & Buckmire, R. (2004). Injection laryngoplasty for management of unilateral vocal fold paralysis. *Current opinion in otolaryngology & head and neck surgery*, 12(6), 538–542. <https://doi.org/10.1097/01.moo.0000144393.40874.98>
- Mallur, P. S., & Rosen, C. A. (2010). Vocal fold injection: review of indications, techniques, and materials for augmentation. *Clinical and experimental otorhinolaryngology*, 3(4), 177–182. <https://doi.org/10.3342/ceo.2010.3.4.177>
- Milstein, C. F., Akst, L. M., Hicks, M. D., Abelson, T. I., & Strome, M. (2005). Long-term effects of micronized Alloderm injection for unilateral vocal fold paralysis. *The Laryngoscope*, 115(9), 1691–1696. Accessed June 16, 2017, March 5, 2018, March 26, 2019, February 13, 2020, December 28, 2020, September 28, 2021. <https://www.pubmed.ncbi.nlm.nih.gov/16148719/>
- Oregon Health Authority. The Health Evidence Review (HERC) Committee. Prioritized List of Health Services <https://www.oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx>
- Reiter, R., & Brosch, S. (2012). Laryngoplasty with hyaluronic acid in patients with unilateral vocal fold paralysis. *Journal of voice : official journal of the Voice Foundation*, 26(6), 785–791. <https://doi.org/10.1016/j.jvoice.2011.11.007>
- Švejdová, A., Dršata, J., Mejzlík, J., Homoláč, M., Krtičková, J., Šatanková, J., & Chrobok, V. (2022). Injection laryngoplasty with hyaluronic acid for glottal insufficiency in unilateral vocal fold paralysis: a systematic review of the literature. *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery*, 279(11), 5071–5079. <https://doi.org/10.1007/s00405-022-07437-0>

Verma, S. P., & Dailey, S. H. (2014). Office-based injection laryngoplasty for the management of unilateral vocal fold paralysis. *Journal of voice : official journal of the Voice Foundation*, 28(3), 382–386. <https://doi.org/10.1016/j.jvoice.2013.10.006>

## Appendix

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**Policy Number:**

**Effective:** 1/1/2021

**Next review:** 11/1/2025

**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:** 10/2024

**Government OPs:** 10/2024