MEDICAL POLICY – 2.01.541
Laryngeal Injection for Vocal Cord Augmentation

Ref. Policy: MP-112

Effective Date: Nov. 1, 2020
Last Revised: Oct. 22, 2020
Replaces: N/A

RELATED MEDICAL POLICIES:
None

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

The larynx is a muscular organ in the upper neck. One of its functions is to create sound for the voice. It does this when tissue on the left and right side of the larynx (vocal folds) move away or toward each other and close the area where the vocal cords are (glottis). When vocal folds do not close correctly, they can cause weakness in the voice, shortness of breath while talking, and an inability to produce an adequate cough. This is called glottal or vocal cord insufficiency. Laryngeal injections are a treatment for glottal insufficiency in which a gel-like filler is injected through the skin and directly into the vocal folds. This policy describes when laryngeal injections for vocal cord augmentation may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria
<table>
<thead>
<tr>
<th>Service</th>
<th>Medical Necessity</th>
</tr>
</thead>
</table>
| Laryngeal injections for vocal cord augmentation, office-based | Office-based laryngeal injections for vocal cord augmentation may be considered medically necessary for the following indications:  
  • Coverage of Radiesse® Voice, Radiesse® Voice Gel, Cymetra®, steroids or autologous fat injection augmentation for glottal/vocal cord insufficiency includes any of the following:  
    o Vocal fold paralysis resulting from but not limited to:  
      ▪ Prior neck or chest surgery that damaged the vagus or recurrent laryngeal nerve  
      ▪ Lung or thyroid cancer  
      ▪ Complications from endotracheal intubation  
      ▪ Tumors of the skull base, neck, or chest  
      ▪ Blunt trauma to the neck or chest  
      ▪ Infections (ie, Lyme disease)  
      ▪ Stroke  
      ▪ Neurological conditions (ie, Multiple Sclerosis, Parkinson’s disease)  
    o Vocal cord paresis  
    o Vocal fold scarring  
    o Presbylaryngitis (age-related loosening of the vocal cords aka vocal cord atrophy); or  
      o Parkinson’s disease  
  • Indications for office setting augmentation include all of the following:  
    o Cooperative patients with a strong gag reflex  
    o Avoidance of general anesthesia in patients with significant comorbidities  
    o Symptoms that do not merit the risk of general anesthetic  
    o Treatment trials in situations of uncertain benefit and when the diagnosis is uncertain  

**Note:** The setting for the procedure is usually based on the general indication, patient safety and individual surgeon preference.  

See Related Information below for Limitations.
## Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>CPT</td>
<td></td>
</tr>
<tr>
<td>31513</td>
<td>Laryngoscopy, indirect; with vocal cord injection</td>
</tr>
<tr>
<td>31570</td>
<td>Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;</td>
</tr>
<tr>
<td>31571</td>
<td>Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope</td>
</tr>
<tr>
<td>31599</td>
<td>Unlisted procedure, larynx</td>
</tr>
</tbody>
</table>

### ICD-10 Diagnosis Codes Covered if Selection Criteria are Met

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>J38.01</td>
<td>Paralysis of vocal cords and larynx, unilateral</td>
</tr>
<tr>
<td>J38.02</td>
<td>Paralysis of vocal cords and larynx, bilateral</td>
</tr>
<tr>
<td>J38.5</td>
<td>Laryngeal spasm</td>
</tr>
<tr>
<td>R49.0</td>
<td>Dysphonia</td>
</tr>
</tbody>
</table>

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

## Related Information

### Limitations

Injections of bulking agents into the vocal cords for indications other than listed above and non-U.S. Food and Drug Administrative (FDA)-approved laryngeal implant materials such as, but not limited to:

- Juviderm
- Hylaform
- Restylane
- Captique
Evidence Review

Background

The left and right vocal folds of the larynx muscle move away or towards one another in order to open and close the glottis. Glottal incompetence is the inability of the vocal folds to close the glottis adequately, resulting in vocal abnormalities, shortness of breath while talking, and an inability to produce an adequate cough.

An evaluation for these symptoms by an otolaryngologist or head/neck surgeon would include:

- Medical history including onset and severity of symptoms
- Voice handicap index 10 item scale (VHI-10)
- Digital videostroboscopic laryngeal examination
- Transnasal flexible fiberoptic laryngoscopy
- Baseline voice laboratory studies and/or
- Laryngeal electromyelography if applicable (can provide definitive diagnostic information and vital prognostic information in some cases)

Treatment of glottal incompetence/vocal cord insufficiency depends on the patient’s symptoms and severity and consists of any of the following:

- Voice therapy
- Surgery if therapy is inadequate
  - U.S. Food and Drug Administration (FDA) approved injectable bulking agents into the affect vocal fold to augment medialize the folds. Radiesse® Voice and Radiesse® Voice Gel laryngeal implant are FDA-approved for vocal cord medialization and vocal fold/cord
insufficiency. Radiesse® is an injectable calcium hydroxylapatite (CaHA) implant with a smoothing effect lasting about six months.

References


History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/16/19</td>
<td>New policy, approved August 13, 2019, effective January 1, 2020. Office-based laryngeal injections for vocal cord augmentation may be considered medically necessary when criteria are met.</td>
</tr>
</tbody>
</table>

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply.
Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.
Discrimination Is Against the Law

LifeWise Health Plan of Washington complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

LifeWise:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-6396, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@LifeWiseHealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room S09F, HHH Building
Washington, D.C. 20020
1-800-368-1019, 1-800-537-7697 (TDD)

Information written in other languages

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified interpreters
  • Information written in other languages

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through LifeWise Health Plan of Washington. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-592-6804 (TTY: 800-842-5357).

Français (French):

Deutsche (German):

Italiano (Italian):

中文 (Chinese):
本通知有重要的訊息。本通知可能有關於您透過 LifeWise Health Plan of Washington 提交的申請或保單的重要訊息。本通知內可能會有重要日期。您可能會需要在截止日期之前採取行動。以保留您的健康保險或費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-592-6804 (TTY: 800-842-5357)。


Ilokano (Ilocano): Daytoy a Pakdaark ket naglaon iti Napateng nga Impormasion. Daytoy a pakdaark mabalin nga adda ket naglaon iti napaleg nga impormasion maiangpepp i aplikasyonyo wenne coverage babaen iti LifeWise Health Plan of Washington. Daytoy a mabalin dagiti importante a peta sa daytoy a pakdaark. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular at nauditng nga adday napo tapangalinaay nga coverage ti salun-atyo wenne tulong kagadit gastos. Adda karbengayo a mangala iti daytoy nga impormasion ken tulong nga ipokodo a pagasao nga awan ti bayadanyo. Tunawag iti numero nga 800-592-6804 (TTY: 800-842-5357).