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.
### Service

<table>
<thead>
<tr>
<th>Laryngeal injections for vocal cord augmentation, office-based</th>
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### Medical Necessity

**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:
  - 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)
  - Vocal cord paresis
  - Vocal fold scarring
  - Presbylaryngitis (age-related loosening of the vocal cords aka vocal cord atrophy); or
  - Parkinson’s disease

- Indications for office setting augmentation include all of the following:
  - Cooperative patients with a strong gag reflex
  - Avoidance of general anesthesia in patients with significant comorbidities
  - Symptoms that do not merit the risk of general anesthetic
  - 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.

**Note:** See Related Information below for Limitations.
Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPT</td>
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<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>31573</td>
<td>Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral</td>
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<tr>
<td>31574</td>
<td>Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral</td>
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<tr>
<td>31599</td>
<td>Unlisted procedure, larynx</td>
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</table>

ICD-10 Diagnosis Codes Covered if Selection Criteria are Met

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<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>
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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
- Methylcellulose injections
- Sculptra
- Teflon and/or collagen products such as CosmoDerm/Zyplast/Zyderm

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
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>
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<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>
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<tr>
<td>05/01/21</td>
<td>Annual Review, approved April 1, 2021. No changes to the policy statement, references updated. Added CPT codes 31573 and 31574.</td>
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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. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2021 Premera All Rights Reserved.

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Email AppealsDepartmentInquiries@Premera.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 S90F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

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Premera Blue Cross e Premera Blue.

(800-722-1471 (TTY: 800-842-5357)