



Manual: IU Health Plans
Department: Utilization Management
Policy # MP058
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Health Plans

Medicare Advantage

X Commercial

Office-based Laryngeal Injections for Vocal Cord Augmentation Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Office-based Laryngeal Injections for Vocal Cord Augmentation.

II. Scope

This policy applies to all IU Health Plans and Utilization Management staff having decision-making responsibilities where authorization is required for Full-insured and Team Member commercial plans.

III. Exceptions/ Variations

A. Non-covered services include injections of bulking agents into the vocal cords for indications other than listed and non-FDA approved laryngeal implant materials such as, but not limited to **one or more of the following**:

1. Juviderm,
2. Hylaform
3. Restylane
4. Captique
5. Methylcellulose injections
6. Sculptra, Teflon
7. Collagen products such as CosmoDerm/Zyplast/Zyderm

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

IV. Definitions

Glottal Incompetence- a condition of weakened voice production deriving from loss of air through the vocal cords during phonation.

Transcutaneous injection laryngoplasty is a treatment option that aims to improve glottal incompetence by moving one or both of a patient's vocal folds toward the midline, reducing the loss of air and thereby improving the symptoms.

V. Policy Statements

A. IU Health Plans considers office-based Laryngeal Injections for Vocal Cord Augmentation medically necessary for **all of the following** indications:

1. Coverage of Radiesse Voice, Radiesse Voice Gel, Cymetra, steroids or autologous fat injection augmentation for glottal/vocal cord insufficiency includes **all of the following**:
 - a. Vocal fold paralysis resulting from but not limited to **one or more of the following**:
 1. Prior neck or chest surgery that damaged the vagus or recurrent laryngeal nerve
 2. Lung or thyroid cancer
 3. Complications from endotracheal intubation
 4. Tumors of the skull base, neck, or chest
 5. Blunt trauma to the neck or chest
 6. Infections (ie Lyme disease)
 7. Stroke
 8. Neurological conditions (ie Multiple Sclerosis, Parkinson's Disease)
 - b. Vocal cord paresis;
 - c. Vocal fold scarring;
 - d. Presbylaryngitis (age-related loosening of the vocal cords aka vocal cord atrophy); or
 - e. Parkinson's disease
2. Indications for office setting augmentation include all of the following:
 - a. Cooperative patients with a strong gag reflex;
 - b. Avoidance of general anesthesia in patients with significant comorbidities;
 - c. Symptoms that do not merit the risk of general anesthetic;
 - d. Treatment trials in situations of uncertain benefit and when the diagnosis is uncertain

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT codes	
31513	Laryngoscopy, indirect; with vocal cord injection
31570	Laryngoscopy, direct, with injection into vocal cords(s), therapeutic
31571	Laryngoscopy, direct with injection into vocal cords(s) therapeutic with operating microscope or telescope
31591	Laryngoplasty, medialization, unilateral
31599	Unlisted Procedure of larynx
64999	Injection of botulinum into laryngeal muscles
C9742	Laryngoscopy, flexible fiberoptic, with injection into vocal cord(s), therapeutic, including diagnostic laryngoscopy, if performed
J0585	Injection, OnabotulinumtoxinA, 1 unit
J0586	Injection AbobotulinumtoxinA, 5 units
J0587	Injection RimabotulinumtoxinB, 100 units
J0588	Injection Incobotulinumtoxin A, 1 unit

ICD-10 codes covered if selection criteria are met:	
J38.01	Paralysis of vocal cords and larynx, unilateral
J38.02	Paralysis of vocal cords and larynx, bilateral
J38.5	Laryngeal spasm
R47.02	Dysphasia
R47.1	Dysphagia and anarthria
R47.81	Slurred speech
R47.89	Other speech disturbances
R49.0	Dysphonia
R49.1	Aphonia
R49.21	Hypernasality
R49.22	Hyponasality
R49.8	Other voice and resonance disorders

VI. Procedures

None

VII. References/Citations

1. Centers for Medicare and Medicaid Services (CMS.gov). Local Coverage Article. Billing and Coding: Botulinum Toxin Type A and Type B. A57474. Revision Effective Date 10/01/2023. [Article - Billing and Coding: Botulinum Toxin Type A & Type B \(A57474\)\(cms.gov\)](#)
2. National Institute on Deafness and Other Communication Disorders (NIDCD). Vocal Fold Paralysis. Updated March 6, 2017. <http://www.nidcd.nih.gov/health/voice/pages/vocalparal.aspx>
3. Verma, S.P. & Dalley, S. H. (Updated July 10, 2023). Transcutaneous Injection Laryngoplasty. *Medscape*. [Transcutaneous Injection Laryngoplasty: Overview, Indications, Contraindications \(medscape.com\)](#)
4. Wan-Chiew, N., Baki, M. M., Fauzi, M. B., Lokanathan, Y., & Azman, M. (2021). In Vitro Evaluation of Biomaterials for Vocal Fold Injection: A Systematic Review. *Polymers*, 13(16), 2619. <https://doi.org/10.3390/polym13162619>

VIII. Forms/Appendices

None

IX. Responsibility

Medical Director

This Policy is proprietary and confidential. No part of this Policy may be disclosed in any manner to a third party without the prior written consent of IU Health Plans, Inc.