

Bulking Agents for Vocal Cord Insufficiency

Table of Content

- [Purpose](#)
- [Description & Definitions](#)
- [Criteria](#)
- [Coding](#)
- [Document History](#)
- [References](#)
- [Special Notes](#)
- [Keywords](#)

<u>Effective Date</u>	1/2011
<u>Next Review Date</u>	9/2024
<u>Coverage Policy</u>	Medical 153
<u>Version</u>	6

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details ^{*}.

Purpose:

This policy addresses the medical necessity of Bulking Agents for Vocal Cord Insufficiency

Description & Definitions:

Bulking agents are substances in the form of a gel like product used to fill in gaps for indications of vocal cord paralysis, weak vocal cords or other vocal insufficiencies.

Bulking agents for Vocal cord insufficiency include the harvesting and injection of autologous fat.

Bulking agents for Unilateral vocal cord paralysis (UVCP) include the use of FDA approve vocal cord implants.

Types of bulking agents may include, but are not limited to:

- Calcium hydroxylapatite (e.g., Radiesse™ Voice, Prolaryn™ Plus)
- Collagen
- Cymetra (micronized AlloDerm tissue)
- Restylane (cross-linked hyaluronic acid)
- Prolaryn and Prolaryn Plus (formerly the Radiesse Laryngeal Implant).

Criteria:

Bulking Agents for Vocal Cord Insufficiency are considered medically necessary for individuals with **1 or more** of the following:

- Vocal cord insufficiency
- Glottis insufficiency resulting from **1 or more** of the following:
 - Unilateral vocal cord paralysis (UVCP)
 - Vocal fold paralysis
 - Vocal fold paresis
 - Vocal fold atrophy
 - Vocal fold scar
 - Vocal fold sulcus vocalis

- Vocal fold bowing
- Presbylaryngis
- Abductor muscle spasmodic dysphonia
- Parkinson's disease

Bulking Agents for Vocal Cord Insufficiency is considered not medically necessary for any use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
31513	Laryngoscopy, indirect; with vocal cord injection
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies
Q2026	Injection, Radiesse, 0.1 ml
Q4112	Cymetra, injectable, 1 cc

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2021: December
- 2019: November
- 2016: March
- 2014: February, July
- 2013: July
- 2011: September

Reviewed Dates:

- 2023: September
- 2022: September
- 2020: December
- 2019: December
- 2018: June

- 2016: July
- 2015: July
- 2012: August

Effective Date:

- January 2011

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Aug 16, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved Aug 16, 2023, from CMS: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=bulking+agent+for+vocal+cord&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

(2023). Retrieved Aug 16, 2023, from American Academy of Otolaryngology—Head and Neck Surgery AAO-HNS: <https://www.entnet.org/?s=glottic+insufficiency&site=>

Code of Federal Regulations Title 21 CFR 874.3620 Ear, nose, and throat synthetic polymer material. (2023, Jun 7). Retrieved Aug 16, 2023, from FDA:

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?fr=874.3620&SearchTerm=874%2E3620>

Injectable soft tissue fillers: Overview of clinical use. (2022, May 10). Retrieved Aug 16, 2023, from UpToDate:

https://www.uptodate.com/contents/injectable-soft-tissue-fillers-overview-of-clinical-use?search=dermal%20fillers&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

Procedure Fee Files & CPT Codes. (2023). Retrieved Aug 16, 2023, from Department of Medical Assistance Services: <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/> & <https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/>

Radiesse Voice Injectable Implant (Merz Aesthetics Inc.) For Treatment of Glottic Insufficiency Including Vocal Cord Paralysis. (n.d.). Retrieved Aug 16, 2023, from Hayes:

<https://evidence.hayesinc.com/report/htb.radiesse1294>

SILK VOICE. (2023). Retrieved Aug 16, 2023, from SOFREGEN: <https://www.sofregen.com/silk-voice>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

SHP Bulking Agents for Vocal Cord Insufficiency, Radiesse voice gel injection, shp medical 153, vocal cord, Glottis insufficiency, vocal cord fold, vocal fold injection, VFI, VFI bulking agents, Injection laryngoplasty, Voice Injectable Implant, vocal cord augmentation, Injection Augmentation