

# Injectable Fillers & Bulking Agents, Medical

## 153

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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details <sup>\*</sup>.**

### Description & Definitions:

**Bulking agents** are substances in the form of a gel-like product used to fill in gaps, add volume or mass.

**Injectable fillers** (also known as Dermal or Soft Tissue Fillers) are injections of a substance into various parts of the body to smooth skin and wrinkles in addition to treatment of other medical conditions.

**Types** of Bulking Agents & Injectable Fillers:

- Autologous fat (Fat harvested from the patient's body)
- Calcium hydroxylapatite (naturally occurring mineral found in bones and teeth - e.g., Radiesse Voice, Prolaryn and Prolaryn Plus (formerly the Radiesse Laryngeal Implant))
- Collagen (protein found in connective tissue)
- Cymetra (micronized AlloDerm, tissue processed human tissue)
- Hyaluronic acid (naturally occurring substance in the body that attracts and holds water, e.g. Restylane, Juvederm, Revanesse)

**Other names:** injection medialization, Glottic Insufficiency, Vocal fold medialization

### Criteria:

Bulking Agents & Injectable Fillers (a product prescribed is used according to U.S. Food and Drug Administration (FDA) labeled indications, contraindications, warnings, and precautions) are considered medically necessary with the treatment of **1 or more** of the following:

- Bulking Agents is considered medically necessary for the treatment of **1 or more** of the following medical conditions:
  - Glottis insufficiency resulting from **1 or more** of the following :
    - Abductor muscle spasmodic dysphonia
    - Parkinson's disease
    - Presbylaryngis
    - Unilateral vocal cord paralysis
    - Vocal fold atrophy
    - Vocal fold bowing
    - Vocal fold scar

- Vocal fold sulcus vocalis
  - Velopharyngeal/velopalatal; insufficiency;
  - Vocal cord insufficiency
- Injectable Fillers is considered medically necessary for the treatment of **All** of the following:
  - Individual has a diagnosis of human immunodeficiency virus (HIV)
  - Individual has facial lipodystrophy caused by antiretroviral medications which contributes significantly to depression
  - Individual is over the age of 21
  - The dermal filler to be used is approved by the Food and Drug Administration

Bulking Agents & Injectable Fillers are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Cosmetic indications
- Belotero Balance
- Captique
- Elevee
- Esthélic
- Hylaform
- Juvederm Ultra 2, 3 or 4
- Kybella
- Perlane
- Prevelle
- Puragen
- Revanesse Versa
- Stylage

## Document History:

### Revised Dates:

- 2025: September – Implementation date of January 1, 2026. Housekeeping, new formatting
- 2024: September – added criteria for dermal fillers and appropriate coding.
- 2022: September
- 2021: December
- 2019: November
- 2016: March
- 2014: February, July
- 2013: July
- 2011: September

### Reviewed Dates:

- 2023: September
- 2020: December
- 2019: December
- 2018: June
- 2016: July
- 2015: July
- 2012: August

Origination Date: January 2011

## Coding:

Medically necessary with criteria:

Coding	Description
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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
C1878	Material for vocal cord medialization, synthetic (implantable) [e.g., RenuVoice, RenuGel]
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies
L8699	Prosthetic implant, not otherwise specified [when specified as a hyaluronic acid gel agent such as Juvederm or Restylane]
Q2026	Injection, Radiesse, 0.1 ml
Q2028	Injection, Sculptra, 0.5 mg
Q4112	Cymetra, injectable, 1 cc

Considered Not Medically Necessary:

Coding	Description
NONE	Mics (Injection of drug/substance under skin or into muscle)

*The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

## Policy Approach and Special Notes: \*

- Coverage
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements
  - Pre-certification by the Plan is required.
- 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.

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## 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