This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

SHP Bulking Agents for Vocal Cord Insufficiency

AUTH: SHP Medical 153 v5 (AC)

MCG Health Ambulatory Care 25th Edition

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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• Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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- 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).

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of bulking agents for vocal cord insufficiency for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- 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

Document History

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- Revised Dates:
 - 2022: September
 - · 2021: December
 - 2019: November
 - · 2016: March
 - 2014: February, July
 - 2013: July
 - 2011: September
- · Reviewed Dates:
 - 2020: December
 - · 2019: December
 - 2018: June
 - 2016: July
 - 2015: July
 - 2012: August
- Effective Date: January 2011

Coding Information

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- · CPT/HCPCS codes covered if policy criteria is met:
 - · CPT 31513 Laryngoscopy, indirect; with vocal cord injection
 - · CPT 31570 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic
 - · CPT 31571 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operatingmicroscope or telescope
 - · CPT 31574 Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous,transoral), unilateral
 - HCPCS L8607- Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies
 - HCPCS Q2026 Injection, Radiesse, 0.1 ml
 - · HCPCS Q4112 Cymetra, injectable, 1 cc
- · CPT/HCPCS codes considered not medically necessary per this Policy:
 - NONE

References

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References used include but are not limited to the following:

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Guidance for Industry and FDA Staff: Vocal Fold Medialization Devices - Premarket Notification [510(k)] Submissions. (2004, Feb). Retrieved Aug 29, 2022, from Food and Drug Administration (FDA): https://www.fda.gov/regulatory-information/search-fda-guidance-documents/guidance-industry-and-fda-staff-vocal-fold-medialization-devices-premarket-notification-510k

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Procedure Fee Files & CPT Codes. (2022). Retrieved Aug 29, 2022, from Department of Medical Assistance Services: https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/

Radiesse Voice Injectable Implant (Merz Aesthetics Inc.) For Treatment of Glottic Insufficiency Including Vocal Cord Paralysis - ARCHIVED Jan 3, 2017. (n.d.). Retrieved Aug 29, 2022, from Hayes: https://evidence.hayesinc.com/report/htb.radiesse1294

Codes

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CPT® : 31513, 31570, 31571, 31574 HCPCS: L8607, Q2026, Q4112

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