

Medical Coverage Policy | Cryoablation, Radiofrequency Ablation, and Laser Ablation for Treatment of Chronic Rhinitis



EFFECTIVE DATE: 11 | 01 | 2022

POLICY LAST UPDATED: 07 | 20 | 2022

OVERVIEW

Ablation therapy is proposed as an alternative to medical management for patients with chronic rhinitis symptoms. Ablation therapy includes cryoablation (also known as cryosurgical ablation, cryosurgery, or cryotherapy), radiofrequency ablation, and laser ablation. Ablation therapy is thought to correct the imbalance of autonomic input to the nasal mucosa thereby reducing nasal antigen responses and vascular hyperreactivity.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans

Cryoablation, radiofrequency ablation and laser ablation for chronic rhinitis (allergic or nonallergic) is not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

Cryoablation, radiofrequency ablation and laser ablation for chronic rhinitis (allergic or nonallergic) is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable not covered/not medically necessary benefits/coverage.

BACKGROUND

Ablation therapy is proposed as an alternative to medical management for patients with chronic rhinitis symptoms. Ablation therapy includes cryoablation (also known as cryosurgical ablation, cryosurgery, or cryotherapy), radiofrequency ablation, and laser ablation. Ablation therapy is thought to correct the imbalance of autonomic input to the nasal mucosa thereby reducing nasal antigen responses and vascular hyperreactivity.

Medical management is the standard of care for chronic rhinitis. Surgical options such as vidian nerve resection have been investigated for patients with chronic rhinitis refractory to multiple medical therapies, and cryoablation is proposed as a less invasive alternative. Vidian neurectomy has not been widely adopted however, due to the need for general anesthesia, risk of serious adverse events (e.g., dry eyes in up to 25% of patients), and uncertainty about the procedure's long-term benefits.¹

To quantify the severity of chronic rhinitis and to assess treatment response, various outcome measures can be used, including radiologic scores, endoscopic grading, and patient-reported quality of life measures. The primary outcome measures relevant for the treatment of chronic rhinitis are patient-reported symptoms and quality of life. Examiner evaluation of the nasal and sinus appearance and polyp size may provide some information about treatment outcomes, but these evaluations are limited by the lack of universally accepted standards.

Regulatory Status

In February 2019, the Clarifix™ device (Stryker) was cleared for use in adults with chronic rhinitis through the 510(k) process (K190356).² Clearance was based on substantial equivalence to the predicate device, ClariFix (K162608). The only modification to the subject device was an update to the indications for use to include adults with chronic rhinitis.

In December 2019, the RhinAer™ stylus (Aerin Medical) was cleared by the FDA through the 510(k) process as a tool to treat chronic rhinitis (K192471).³ Clearance was based on equivalence in design and intended use of a predicate device, the InSeca ARC Stylus (K162810). The RhinAer stylus includes modification of the InSecaARC stylus shaft components and flexibility.

There are currently no laser ablation devices with FDA clearance for treatment of chronic rhinitis.

CODING

The following code is not covered for Medicare Advantage Plans and not medically necessary for Commercial Products when filed with the ICD-10-CM codes, below:

C9771 Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral

ICD-10-CM

J30.0 Vasomotor rhinitis
J30.1 Allergic rhinitis due to pollen
J30.2 Other seasonal allergic rhinitis
J30.5 Allergic rhinitis due to food
J30.81 Allergic rhinitis due to animal (cat) (dog) hair and dander
J30.89 Other allergic rhinitis
J30.9 Allergic rhinitis, unspecified
J31.0 Chronic rhinitis

HCPCS/CPT codes have not been assigned to all of the services addressed in this policy. Therefore, the following procedure code(s) should be used:

30999 Unlisted procedure, nose

31299 Unlisted procedure, accessory sinuses

RELATED POLICIES

Not applicable

PUBLISHED

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REFERENCES

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12. Krespi YP, Wilson KA, Kizhner V. Laser ablation of posterior nasal nerves for rhinitis. *Am J Otolaryngol*. May 2020; 41(3): 102396. PMID 3194869513.
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DRAFT

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