

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

Provider Update, September 2022

REFERENCES

1. Lieberman P.L.. Chronic nonallergic rhinitis. In: UpToDate, Corren J (Ed), UpToDate, Waltham, MA. <https://www.uptodate.com/contents/chronic-nonallergic-rhinitis>. Accessed January 25, 2022.2.
2. Food & Drug Administration. Clarifix 510(k) Premarket Notification. 2019 (K190356) <https://fda.report/PMN/K190356/19/K190356.pdf>. Accessed January 25,2022.3.
3. Food & Drug Administration. RhinAer (RHIN1 Stylus) 510(k) Premarket Notification. 2019 (K192471). Accessed January 3, 2022.4.
4. Kompelli AR, Janz TA, Rowan NR, et al. Cryotherapy for the Treatment of Chronic Rhinitis: A Qualitative Systematic Review. Am J Rhinol Allergy. Nov 2018;32(6): 491-501. PMID 302296705.
5. Hwang PH, Lin B, Weiss R, et al. Cryosurgical posterior nasal tissue ablation for the treatment of rhinitis. Int Forum Allergy Rhinol. Oct 2017; 7(10): 952-956.PMID 287997276.
6. Del Signore AG, Greene JB, Russell JL, et al. Cryotherapy for treatment of chronic rhinitis: 3-month outcomes of a randomized, sham-controlled trial. Int ForumAllergy Rhinol. Jan 2022; 12(1): 51-61. PMID 343558727.
7. Chang MT, Song S, Hwang PH. Cryosurgical ablation for treatment of rhinitis: A prospective multicenter study. Laryngoscope. Aug 2020; 130(8): 1877-1884.PMID 315667448.

8. Ow RA, O'Malley EM, Han JK, et al. Cryosurgical Ablation for Treatment of Rhinitis: Two-Year Results of a Prospective Multicenter Study. *Laryngoscope*. Sep 2021; 131(9): 1952-1957. PMID 336162249.
9. Gerka Stuyt JA, Luk L, Keschner D, et al. Evaluation of In-Office Cryoablation of Posterior Nasal Nerves for the Treatment of Rhinitis. *Allergy Rhinol(Providence)*. Jan-Dec 2021; 12: 2152656720988565. PMID 3359833610.
10. Stolovitzky JP, Ow RA, Silvers SL, et al. Effect of Radiofrequency Neurolysis on the Symptoms of Chronic Rhinitis: A Randomized Controlled Trial. *OTO Open*. Jul-Sep 2021; 5(3): 2473974X211041124. PMID 3452785211.
11. Ehmer D, McDuffie CM, Scurry WC, et al. Temperature-Controlled Radiofrequency Neurolysis for the Treatment of Rhinitis. *Am J Rhinol Allergy*. Jan 2022;36(1): 149-156. PMID 3438244412.
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.
13. Dykewicz MS, Wallace DV, Amrol DJ, et al. Rhinitis 2020: A practice parameter update. *J Allergy Clin Immunol*. Oct 2020; 146(4): 721-767. PMID 32707227



[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

