

Nasal Repair, Surgical 230

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Nasal repair can be achieved with implants or surgery.

Nasal and sinus Implants are dissolvable, absorbable implantable devices that support the lateral cartilage in your nose or ethmoid sinuses to help maintain patency and open airways of the nose.

The correction of a septal perforation is a hole in the nasal septum, the wall that separates the nasal cavities. Can be repaired with or without implant or graft.

Criteria:

Nasal Repair are considered medically necessary for 1 or more of the following:

- Nasal obstruction/nasal valve collapse with **1 or more** of the following:
 - Clinical findings of collapsed internal nasal valve at rest or collapsed external nasal valve (lateral walls) with inspiration.
 - Nasal reconstruction to prevent development of nasal valve narrowing after removal of large cutaneous defect (eg, cutaneous malignancy)
- Nasal perforation repair with or without implant for **1 or more** of the following
 - Failed all other treatment options

Nasal Repair is considered **not medically necessary** for any use other than those indicated in clinical criteria including but not limited to:

- Clarifix for sinuses/rhinitis (cryoablation)
- Repair of nasal valve collapse with low energy, temperature-controlled (i.e., radiofrequency) subcutaneous/submucosal remodeling) (also known as VivAer)

Document History:

Revised Dates:
Surgical 230

- 2026: January – Implementation date of May 1, 2026. Add Clarifix for sinuses/rhinitis (cryoablation) to not medically necessary section from Surgical 82 – Cryoablation with accompanying codes 30999 and 31299.
- 2025: October – Implementation date of January 1, 2025. New format. Change name “Nasal repair”. Remove codes linked to Propel and Sinuva. Continue current medically necessary criteria. Add 30469 - Repair of nasal valve collapse with low energy, temperature-controlled (i.e., radiofrequency) subcutaneous/submucosal remodeling) to NMN section
- 2025: January - New tech review – added 30630 to covered section with criteria.
- 2024: October - Added drug eluting nasal implants to exceptions
- 2024: May - expanded criteria references updated
- 2023: October
- 2022: February
- 2020: January

Reviewed Dates:

- 2022: October
- 2021: December
- 2020: December

Origination Date: December 2019

Coding:

Medically necessary with criteria:

Coding	Description
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implants(s)
30630	Repair nasal septal perforations
30999	Unlisted procedure, nose
L8699	Prosthetic implant, not otherwise specified

Considered Not Medically Necessary:

Coding	Description
30469	Repair of nasal valve collapse with low energy, temperature-controlled (i.e., radiofrequency) subcutaneous/submucosal remodeling)
30999	Unlisted procedure, nose (Surgery or other procedure for the nose)
31299	Unlisted procedure, accessory sinuses

The preceding codes for treatments and procedures applicable to this policy are included above for informational purposes only. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy.

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 Virginia Medicaid products.
- Authorization requirements:
 - Pre-certification by the Plan is required.

- Special Notes:
 - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - 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.
 - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
 - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

References used include but are not limited to the following: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

SHP Nasal Implants, SHP Surgical 230, Latera, Absorbable nasal implants, nasal valve collapse, Bioreabsorbable Steroid-Releasing Sinus Implant, SINUVA Sinus Implant, Sinuva, Propel, drug-eluting sinus implant, SPIROX