

# **Nasal Implants, Surgical 230**

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Effective Date

12/2019

Next Review Date

10/2025

**Coverage Policy** 

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Version

4

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 by 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.\*.

## Purpose:

This policy addresses the medical necessity of Nasal Implants.

## Description & Definitions:

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.

#### Criteria:

Nasal Implants are indicated for 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)

There is insufficient scientific evidence to support the medical necessity of for uses other than those listed in the clinical indications for procedure section, to include, but not limited to:

Drug-eluting nasal implants (IE: Propel)

### Coding:

Medically necessary with criteria:

Coding	Description
Coding	Description
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)

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30999	Unlisted procedure, nose
L8699	Prosthetic implant, not otherwise specified

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Considered Not Medically Necessary:

Coding	Description
S1091	Stent, non-coronary, temporary, with delivery system (Propel)

U.S. Food and Drug Administration (FDA) - approved only products only.

## **Document History:**

#### **Revised Dates:**

- 2024: October Added drug eluting nasal implants to exceptions
- 2024: May expanded criteria references updated
- 2023: October2022: February
- 2020: January

#### **Reviewed Dates:**

2022: October2021: December2020: December

#### Effective Date:

December 2019

## References:

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

Code of Federal Regulations. 21 CFR Appendix B to Subpart B of Part 26 - Scope of Product Coverage . Title 21 - Food and Drugs, Chapter I - FOOD AND DRUG ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES, Subchapter A – GENERAL Part 26 - MUTUAL RECOGNITION OF PHARMACEUTICAL GOOD MANUFACTURING PRACTICE REPORTS, MEDICAL DEVICE QUALITY SYSTEM AUDIT REPORTS, AND CERTAIN MEDICAL DEVICE PRODUCT EVALUATION REPORTS: UNITED STATES AND THE EUROPEAN COMMUNITY, Subpart B - Specific Sector Provisions for Medical Devices, Appendix B to Subpart B of Part 26 - Scope of Product Coverage. Retrieved 9.20.24. <a href="https://www.govinfo.gov/app/details/CFR-2024-title21-vol1/CFR-2024-title21-vol1-part26-subpartB-appB">https://www.govinfo.gov/app/details/CFR-2024-title21-vol1/CFR-2024-title21-vol1-part26-subpartB-appB</a>

TITLE 21--FOOD AND DRUGS, CHAPTER I--FOOD AND DRUG ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES, SUBCHAPTER H - MEDICAL DEVICES, PART 874 -- EAR, NOSE, AND THROAT DEVICES, Subpart D - Prosthetic Devices, Sec. 874.3620 Ear, nose, and throat synthetic polymer material. 3.22.2024. Retrieved 9.20.24.

https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?FR=874.3620

Hayes. A symplr Company. Evolving Evidence Review, Annual Review: Mar 13, 2024, Absorbable Nasal Implant (Latera, Stryker) for the Treatment of Nasal Valve Collapse. Retrieved 9.20.24. <a href="https://evidence.hayesinc.com/report/eer.latera4372">https://evidence.hayesinc.com/report/eer.latera4372</a>

Hayes. A symplr Company. Health Technology Assessment, Mar 24, 2023. Sinuva (Intersect ENT Inc.) Steroid-Releasing Sinus Implant for the Treatment of Nasal Polyps After Ethmoid Sinus Surgery. Retrieved 9.20.24 <a href="https://evidence.hayesinc.com/report/htb.sinuva4647">https://evidence.hayesinc.com/report/htb.sinuva4647</a>

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Hayes. A symplr Company. Evidence Analysis Research Brief. Nov 27, 2023. Endoscopic Sinus Surgery With Propel and Propel Mini Bioabsorbable Steroid-Releasing Sinus Implants (Medtronic) in Adults With Chronic Rhinosinusitis. Retrieved 9.20.24. https://evidence.hayesinc.com/report/earb.propelmini4077

MCG :Informed Care Strategies. 28<sup>th</sup> Edition. Rhinoplasty. ACG: A-0184 (AC). Retrieved 9.20.24. <a href="https://careweb.careguidelines.com/ed28/index.html">https://careweb.careguidelines.com/ed28/index.html</a>

Centers for Medicare and Medicaid Services. CMS.gov. Local Coverage Determination (LCD). Cosmetic and Reconstructive Surgery . L33428. 7.29.2021. Retrieved 9.20.2024. <a href="https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdld=33428&ver=53">https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdld=33428&ver=53</a>

Commonwealth of Virginia. Department of Medical Assistance Services. DMAS.gov. Provider Manual search. Retrieved 9.20.2024. <a href="https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-11/Hospital%20Chapter%20IV%20%28updated%2010.24.22%29">https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-11/Hospital%20Chapter%20IV%20%28updated%2010.24.22%29</a> Final.pdf

Commonwealth of Virginia. Department of Medical Assistance Services. DMAS.gov. Procedure Fee Files & CPT Codes. Retrieved 9.20.2024. <a href="https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/#searchCPT">https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/#searchCPT</a>

National Comprehensive Cancer Network. Retrieved 9.20.2024. <a href="https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=nasal%20implant">https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=nasal%20implant</a>

Carelon Clinical Guidelines. Retrieved 9.20.2024. <a href="https://guidelines.carelonmedicalbenefitsmanagement.com/?s=nasal+implant&et\_pb\_searchform\_submit=et\_sear-ch\_proccess&et\_pb\_search\_cat=11%2C1%2C96%2C87&et\_pb\_include\_posts=yes\_attractions.">https://guidelines.carelonmedicalbenefitsmanagement.com/?s=nasal+implant&et\_pb\_searchform\_submit=et\_sear-ch\_proccess&et\_pb\_search\_cat=11%2C1%2C96%2C87&et\_pb\_include\_posts=yes\_attractions.

Pub Med. National Library of Medicine. Liu, S. W., & Lyford-Pike, S. (2023). Management of Lateral Wall Insufficiency. Facial plastic surgery: FPS, 39(6), 616–620. Retrieved 9.20.2024. <a href="https://doi.org/10.1055/s-0043-1773767">https://doi.org/10.1055/s-0043-1773767</a>

American Rhinologic Society. ARS Position Statement. ARS Position Statement: Bioabsorbable Nasal Implants. 2022. Retrieved 9.20.2024. <a href="https://www.american-rhinologic.org/index.php?option=com\_content&view=article&id=477:bioabsorbable-nasal-implants&catid=26:position-statements&ltemid=197">https://www.american-rhinologic.org/index.php?option=com\_content&view=article&id=477:bioabsorbable-nasal-implants&catid=26:position-statements&ltemid=197</a>

## 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,

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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 by 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.

# 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

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