

Nasal Implants, Surgical 230

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Effective Date	12/2019
Next Review Date	1/2026
Coverage Policy	Surgical 230
Version	5

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 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.

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 Implants are indicated for with **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

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)

Document History:

Revised Dates:

- 2025: 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

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

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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Policy Approach and Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
 - For Sinuva (J7402) coverage use pharmacy prior authorization form for criteria.
- 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.

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).

(2024). Retrieved Dec 30, 2024, from Hayes - a symplr company:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522nasal%2520septal%2520perforation%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522>

(2024, Mar 14). Retrieved Dec 30, 2024, from MCG 28th Edition:

<https://careweb.careguidelines.com/ed28/index.html>

Approach to Correction of Septal Perforation. (2019, Nov). Retrieved Dec 30, 2024, from PubMed:

<https://pubmed.ncbi.nlm.nih.gov/31587764/>

Clinical Consensus Statement - Septoplasty with or without Inferior Turbinate Reduction. (2015, Nov). Retrieved Dec 30, 2024, from American Academy of Otolaryngology-Head and Neck Surgery: <https://aao-hnsfjournals.onlinelibrary.wiley.com/doi/10.1177/0194599815606435>

LCD: Cosmetic and Reconstructive Surgery (L33428). (2021, Jul 29). Retrieved Dec 30, 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33428&ver=53>

Provider Manuals Library. (2024). Retrieved Dec 30, 2024, from Virginia Department of Medical Assistance Services: <https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=30630&gsc.sort=>

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