

# Nasal Implants, Surgical 230

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Effective Date 12/2019

Next Review Date 10/2025

Coverage Policy Surgical 230

<u>Version</u> 4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details \*.

### 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
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)
30999	Unlisted procedure, nose
L8699	Prosthetic implant, not otherwise specified

Considered Not Medically Necessary:

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

### **Document History:**

#### Revised Dates:

- 2024: October Added drug eluting nasal implants to exceptions
- 2024: May expanded criteria references updated
- 2023: October
- 2022: February
- 2020: January

### Reviewed Dates:

2022: October2021: December2020: December

### Effective Date:

December 2019

### **References:**

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.

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### Special Notes: \*

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

# **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 i

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