

Nasal Repair, Surgical 230

Table of Content

- [Description & Definitions](#)
- [Criteria](#)
- [Document History](#)
- [Coding](#)
- [Special Notes](#)
- [References](#)
- [Keywords](#)

<u>Effective Date</u>	5/1/2026
<u>Next Review Date</u>	1/2027
<u>Coverage Policy</u>	Surgical 230
<u>Version</u>	8

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

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:

- 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. 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.
- Application to products
 - Policy is applicable to Sentara Health Plan Commercial products.

- Authorization requirements
 - Pre-certification by the Plan is required.
 - For Sinuva (J7402) and Propel (S1091) coverage use pharmacy prior authorization form for criteria.
- 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.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2025). Retrieved 6 2025, from MCG: <https://careweb.careguidelines.com/ed29/index.html>

(2025). Retrieved 8 2025, from Hayes:

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

ARS Position Statement: Bioabsorbable Nasal Implants. (2022, 1). Retrieved 8 2025, from American Rhinologic Society: https://www.american-rhinologic.org/index.php?option=com_content&view=article&id=477:bioabsorbable-nasal-implants&catid=26:position-statements&Itemid=197

CPT for ENT: Placement of Absorbable Nasal Implant to Treat Nasal Valve Collapse. (2023, 10). Retrieved 8 2025, from American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS):

<https://www.entnet.org/resource/cpt-for-ent-placement-of-absorbable-nasal-implant-to-treat-nasal-valve-collapse-2/>

Indications for absorbable steroid-eluting sinus implants: Viewpoint via the Delphi method. (2022, 6). Retrieved 8 2025, from International Forum of Allergy & Rhinology:

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10108565/pdf/ALR-12-1225.pdf>

LCD: Cosmetic and Reconstructive Surgery L33428. (2021, 7). Retrieved 8 2025, from CMS:

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33428&ver=53>

Nasal Implant. (2025). Retrieved 8 2025, from UpToDate:

https://www.uptodate.com/contents/search?search=Nasal%20Implant&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&autoComplete=false

Provider Manual. (2025). Retrieved 8 2025, from DMAS: <https://www.dmas.virginia.gov/for-providers/>

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