

<b>Policy Name:</b>	<b>Cryoablation for Chronic Rhinitis (e.g., ClariFix), Office-Based</b>
<b>Effective Date:</b>	<b>6/20/2022</b>

## Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

## Coverage Policy

Cryoablation for chronic rhinitis (e.g., ClariFix) is considered investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

## Description

Endoscopic posterior nasal nerve (PNN) resection has been used as a surgical treatment of allergic and nonallergic rhinitis, but the need for surgery under general anesthesia has limited its acceptance.

Recently, an outpatient, off-based cryoablation procedure has been introduced. Nasal cryotherapy (aka, nasal cryoablation; cold therapy) is a noninvasive treatment to halt the symptoms of chronic rhinitis. It uses an endoscope and cryotherapy device to freeze nerves in the nasal passages. When treated, the affected nerve signals are interrupted and no longer signal the nose to swell, drip and/or run. The procedure is normally performed in the outpatient setting.

ClariFix is an example of a handheld, single patient-use, disposable cryosurgical device used for destruction of tissue using nitrous oxide. The device consists of a handle attached to a cannula with a cryoprobe at the distal end. The cryoprobe is placed into contact with the target tissue via direct visualization and rotated to ensure proper positioning. Nitrous oxide is fully contained within the cryoprobe and does not contact the tissue.

## FDA Approval

Cryotherapy is a procedure and not subject to FDA approval

Devices used in these procedures do require FDA approval. ClariFix (Arrinex Inc.) was initially granted 510(k) clearance (K160669) in 2016, and two subsequent clearances have been granted.

## Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

## **Coding Considerations**

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

### **CPT Codes**

- 30117 – Excision or destruction (e.g., laser), intranasal lesion; internal approach (Clarifix)

Original Effective Date: 6/20/2022

Re-Review Date(s):

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