Medica Coverage Policy

Policy Name:	**VivAer Nasal Airway Remodeling for Airway Obstruction**
Effective Date:	**12/18/2023**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other 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, Medicaid, and other government programs, this policy will apply unless these 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 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.

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VivAer nasal airway remodeling for airway obstruction 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 efficacy or effects on health care outcomes.

Note: See related Medica Utilization Management policy, *Rhinoplasty Procedure With or Without Septoplasty (III-SUR.38)*

Note: See also related Medica coverage policy; *Radiofrequency Volumetric Tissue Reduction (RFVTR) for Obstructive Sleep Apnea.*

Description

The VivAer Nasal Airway Remodeling device (Aerin Medical, Inc.) is suggested for the treatment of nasal valve collapse (NVC), and is intended for reshaping nasal tissue to improve air flow. The system uses low-temperature/low-dose radiofrequency to modify nasal tissue to improve airflow due to NVC. As healing proceeds, tissue retracts and stiffens, which is purported to lessen the amount of obstruction and improve ease of airflow and inhalation. VivAer is intended for treatment of snoring and impaired sleep.

VivAer is performed as an outpatient treatment, usually in the physician's office. Treatments consist of 18 second heating cycles alternating with 12 second cooling cycles. Continuous upward pressure from the bipolar electrodes at the tip of the stylus are intended to expand and curve the nasal valve area. The cycles may be repeated to treat all involved tissue. Local anesthesia may or may not be employed.

FDA Approval

The VivAer device first received 510(k) Premarket Notification FDA clearance (K162810) for the VivAer ARC stylus in January 2017 as a Class II device. Subsequent clearances were received in December 2017 (K172529) and April 2020 (K200300) as substantially equivalent in function, design, and intended use as the predicate device.

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

- **30999 –** Unlisted procedure, nose

Original Effective Date: 12/21/2020

Re-Review Date(s): 10/18/2023