



Medica Central Coverage Policy

Policy Name: Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation Office-Based MP9631

Effective Date: 07/01/2025

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central 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 Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central 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.

Radiofrequency ablation for chronic rhinitis (e.g., RhinAer™ stylus) 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 efficacy or effects on health care outcomes.

Laser ablation for chronic rhinitis 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 efficacy or effects on health care outcomes.

Description

Chronic rhinitis is usually defined as rhinorrhea with or without nasal congestion symptoms despite medical therapy lasting longer than 3 months. Allergic rhinitis is defined as an IgE-mediated inflammatory response of the nasal mucous membranes after exposure to inhaled allergens. Symptoms include rhinorrhea (anterior or postnasal drip), nasal congestion, nasal itching, and sneezing. Allergic rhinitis can be seasonal or perennial, with symptoms being intermittent or persistent.

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

Recently, outpatient, off-based ablation procedures have been proposed as alternatives to medical management for patients with chronic rhinitis symptoms. Ablation therapy includes cryoablation



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(also known as cryosurgical ablation, cryosurgery, or cryotherapy), radiofrequency ablation, and laser ablation. Ablation therapy is thought to correct the imbalance of autonomic input to the nasal mucosa thereby reducing nasal antigen responses and vascular hyperreactivity.

Cryoablation for Chronic Rhinitis: 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.

Radiofrequency Ablation for Chronic Rhinitis: Radiofrequency neurolysis involves destruction of tissue in the posterior nasal nerve region. The RhinAerStylus is an example of a handheld device designed for use under local anesthesia. The device delivers radiofrequency energy at a temperature of 60 degrees Celsius to the posterior nasal nerve region.

Laser Ablation for Chronic Rhinitis: Laser ablation for chronic rhinitis also involves destruction of tissue in the posterior nasal nerve region. The procedure is thought to correct the imbalance of autonomic input to the nasal mucosa, reducing nasal antigen responses and vascular hyperreactivity.

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.
- RhinAer™ stylus was cleared by the FDA through the 510(k) in June 2022, as a tool to treat chronic rhinitis (K221907).
- The Neuromark™ System received 510(k) clearance (K212666) in October 2021 for creation of radiofrequency lesions to disrupt posterior nasal nerves in patients with chronic rhinitis.

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)
- **31299** – Unlisted procedure, accessory sinuses



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