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
Nasal implant, absorbable, for treatment of nasal valve collapse is 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 also related Medica coverage policy, Endoscopic Balloon Sinuplasty Ostial Dilation and Steroid-Eluting Sinus Stents for Treatment of Chronic Sinusitis and utilization management policy, Rhinoplasty Procedure with or without Septoplasty (III-SUR.04).

Description
The nasal implant is used to support upper and lower lateral cartilage in the nose, reinforcing the nasal wall like traditional cartilage, to relieve nasal airway obstruction symptoms caused from nasal valve collapse. During the procedure, a small absorbable implant is inserted, with a cannula, and placed in the side wall of the nose to support the lateral nasal cartilage. The implant material is absorbed over a period of about 18 months, during which time, fibrous tissue has formed to provide ongoing support.

The implant procedure can be done under local anesthesia. However, most individuals will have the procedure done under IV sedation or general anesthesia because it is commonly performed in combination with a septoplasty, rhinoplasty or other nasal surgery.

FDA Approval
On April 26, 2016, the Latera nasal implant received 510(k) clearance (K161191) from the FDA.

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

**HCPC Codes:**
- C9749 – Repair of nasal vestibular lateral wall stenosis with implants(s)

Original Effective Date: 1/21/2019

Re-Review Date(s): 2/20/2020 – administrative update; format