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 (K172529) for the VivAer ARC stylus in December 2017 as a Class II device. A second clearance (K200300) was issued in April 2020, 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):