



MASSACHUSETTS

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Medical Policy Cryoablation for Chronic Rhinitis

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Policy Number: 843

BCBSA Reference Number: 7.01.168 (For Plan internal use only)
NCD/LCD: N/A

Related Policies

Balloon Ostial Dilation for Treatment of Chronic and Recurrent Acute Rhinosinusitis [#582](#)
Steroid-Eluting Sinus Stents and Implants [#800](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Cryoablation for chronic rhinitis (allergic or nonallergic) is considered [INVESTIGATIONAL](#).

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO Blue SM	This is not a covered service.
Medicare PPO Blue SM	This is not a covered service.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following HCPCS code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

HCPCS Codes

HCPCS codes:	Code Description
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral

Description

Cryosurgical ablation (known as cryosurgery) is proposed as an alternative to medical management for patients with chronic rhinitis symptoms. The procedure involves ablation of tissue in the posterior nasal nerve region, using nitrous oxide to freeze the nasal tissue and cause nerve damage. The procedure is thought to correct the imbalance of autonomic input to the nasal mucosa thereby reducing nasal antigen responses and vascular hyperreactivity.

Medical management is the standard of care for chronic rhinitis. Surgical options such as vidian nerve resection have been investigated for patients with chronic rhinitis refractory to multiple medical therapies, and cryoablation is proposed as a less invasive alternative. Vidian neurectomy has not been widely adopted however, due to the need for general anesthesia, risk of serious adverse events (e.g., dry eyes in up to 25% of patients), and uncertainty about the procedure's long-term benefits.¹

Summary

Cryoablation (also known as cryosurgical ablation, cryosurgery, or cryotherapy) is proposed as an alternative to medical management for patients with chronic rhinitis symptoms. The procedure involves ablation of tissue in the posterior nasal nerve region, using nitrous oxide to freeze the nasal tissue and cause nerve damage. The procedure is thought to correct the imbalance of autonomic input to the nasal mucosa thereby reducing nasal antigen responses and vascular hyperreactivity.

Summary of Evidence

For individuals with chronic rhinitis who receive cryoablation, the evidence includes nonrandomized studies and a systematic review of nonrandomized trials. Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. Three single-arm, open-label studies enrolling a total of 149 patients reported improvements from baseline in patient-reported symptom scores up to 1 year. Sustained improvement for up to 2 years was observed in 1 study, however only 62 of 98 patients enrolled in the longer-term follow-up phase. In the largest study, there were 2 serious procedure-related adverse events (2.0%), and 77.8% of patients who responded to a post-procedure questionnaire reported some degree of pain or discomfort. Study limitations, including lack of a control group and high loss to follow-up, preclude drawing conclusions from this body of evidence. Randomized controlled trials are needed to confirm improvements reported in nonrandomized studies. A systematic review of 15 nonrandomized studies reported improvements with cryoablation; however, only 1 study used an approved device and validated outcome measuring, limiting conclusions from this systematic review. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
11/2021	New medical policy describing ongoing investigational indications. Cryoablation for Chronic Rhinitis was transferred from MP #400 Medical Technology Assessment Investigational (Non-Covered) Services List.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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2. Food & Drug Administration. Clarifix 510(k) Premarket Notification. 2019 (K190356) <https://fda.report/PMN/K190356/19/K190356.pdf>. Accessed August 16, 2021.
3. Kompelli AR, Janz TA, Rowan NR, et al. Cryotherapy for the Treatment of Chronic Rhinitis: A Qualitative Systematic Review. *Am J Rhinol Allergy*. Nov 2018; 32(6): 491-501. PMID 30229670
4. Hwang PH, Lin B, Weiss R, et al. Cryosurgical posterior nasal tissue ablation for the treatment of rhinitis. *Int Forum Allergy Rhinol*. Oct 2017; 7(10): 952-956. PMID 28799727
5. Chang MT, Song S, Hwang PH. Cryosurgical ablation for treatment of rhinitis: A prospective multicenter study. *Laryngoscope*. Aug 2020; 130(8): 1877-1884. PMID 31566744
6. Ow RA, O'Malley EM, Han JK, et al. Cryosurgical Ablation for Treatment of Rhinitis: Two-Year Results of a Prospective Multicenter Study. *Laryngoscope*. Sep 2021; 131(9): 1952-1957. PMID 33616224
7. Gerka Stuyt JA, Luk L, Keschner D, et al. Evaluation of In-Office Cryoablation of Posterior Nasal Nerves for the Treatment of Rhinitis. *Allergy Rhinol (Providence)*. Jan-Dec 2021; 12: 2152656720988565. PMID 33598336
8. Dykewicz MS, Wallace DV, Amrol DJ, et al. Rhinitis 2020: A practice parameter update. *J Allergy Clin Immunol*. Oct 2020; 146(4): 721-767. PMID 32707227