Nasal Swell Body Ablation Reduction in the Treatment of Nasal Obstruction

Policy # 00724
Original Effective Date: 05/01/2021
Current Effective Date: 05/01/2021

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc.(collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Note: Cryotherapy for the Treatment of Chronic Rhinitis is addressed separately in medical policy 00723.

Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers nasal septal swell body destruction, ablation, or coblation for the treatment of sinonasal disease, including but not limited to nasal obstruction, to be **investigational.***

Background/Overview

The nasal vestibular body is a recently reported dynamic swell body present in the inferolateral internal nasal valve. The swell body is a region of the septum located anterior to the middle turbinate approximately 2.5 cm above the nasal floor. The high proportion of venous sinusoids within the swell body suggests the capacity to alter nasal airflow. It has been noted that additional study is required before these findings are used in clinical setting. (Costa and associates, 2010). The contribution of nasal swell body (NSB) presence to persistent nasal obstruction, and effects of treatment, are undefined.

Coblation is a method of non-thermal volumetric tissue removal through molecular dissociation, similar to that of excimer lasers. Coblation uses the electrically conductive fluid employed in surgeries in the gap between the electrode and tissue. When electrical current is applied to this fluid, it turns into a charged layer of particles, called a plasma layer. Charged particles accelerate through the plasma and gain sufficient energy to break the molecular bonds within cells. This causes the cells to disintegrate molecule by molecule, so that tissue is volumetrically removed.

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Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, Blue Cross and Blue Shield Association technology assessment program (TEC) and other non-affiliated technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

Ibrahim and associates (2020) retrospectively reviewed 25 patients (48 sides) with radiofrequency ablation (RFA) of NSB and 10 patients with untreated NSB. A subset of the NSB-treated patients (18 of 25) were compared with 10 control patients with pre- and post-treatment outcomes using 22-item Sino-Nasal Outcome Test (SNOT-22). NSB were successfully reduced with RFA in all 48 sides at 2 time points (early < 1 month and late with mean 7.3 months). Local crusting (22 of 23 patients, 95.6%) and bone exposure (4 of 23 patients, 17.3%) were transient and resolved by the late time-point. Significant reductions in SNOT-22 scores (-24, p= 0.001) and individual subdomain (-2, p=0.002) were seen in the RFA group compared to the smaller reduction seen in controls (-8 and -1, respectively).

In a retrospective, case-series study, Kim and associates (2016) presented the results of Coblation nasal septal swell body (NSB) reduction for the treatment of nasal obstruction in patients with abnormally thickened NSB. The study was conducted at a single tertiary medical center; 8 patients underwent Coblation NSB reduction. Pre-operative and post-operative nasal functions were evaluated by acoustic rhinometry and subjective symptom scales. These researchers also analyzed pre-operative CT scan images and nasal endoscopic findings. The mean maximal NSB width was 16.4 ± 2.2 mm on pre-operative coronal CT scan images. The mean VAS score for nasal obstruction was decreased from pre-operative 7.63 ± 0.99 points to 3.88 ± 0.92 points (post-operative 3 months), 4.16 ± 0.78 points (post-operative 6 months), and 4.63 ± 0.69 points (post-operative 1 year); 6 of the 8 patients were satisfied with the clinical outcome at 1 year after the procedure. The authors stated that, to the best of their knowledge, Coblation NSB reduction has not yet been reported in the medical literature; these findings showed that it can be an effective treatment modality for nasal valve narrowing in patients with abnormally thickened NSB.

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These preliminary findings need to be validated by well-designed studies. The evidence is insufficient to determine that the technology results in a meaningful improvement in the net health outcomes.

References

1. Dary J. Costa M.D. et al. Radiographic and Anatomic Characterization of the Nasal Septal Swell Body. Jama Otolaryngology Head and Neck Surgery.2010;136(11):1107-1110. doi:10.1001/archoto.2010.201 November 15, 2010.
2. Ibrahim N, Tyler MA, Borchard NA, Rathor A, Nayak JV. Nasal vestibular body treatment for recalcitrant nasal obstruction. Int Forum Allergy Rhinol. 2020 Mar;10(3):388-394. doi: 10.1002/alr.22463. Epub 2020 Feb 3.
3. Kim SJ, Kim HT, Park YH, Kim JY, Bae JH.Coblation nasal septal swell body reduction for treatment of nasal obstruction: a preliminary report. Eur Arch Otorhinolaryngol. 2016 Sep;273(9):2575-8. doi: 10.1007/s00405-016-3946-0. Epub 2016 Feb 24.

Policy History

Original Effective Date: 05/01/2021
Current Effective Date: 05/01/2021
02/04/2021 Medical Policy Committee review
02/10/2021 Medical Policy Implementation Committee approval. New policy.
Next Scheduled Review Date: 02/2022

Coding

The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2020 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

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CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	30117, 30999, 31299
HCPCS	No codes
ICD-10 Diagnosis	All related diagnoses

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:

1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
3. Reference to federal regulations.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.