

Chronic Rhinitis - Cryoablation, Radiofrequency Ablation, and Laser Ablation, Office-Based

Also known as	<div>1. ClariFix</div> <div>2. Cold Therapy</div> <div>3. Nasal cryotherapy</div>						
Description	Nasal cryoablation is a non-invasive treatment intended to halt the symptoms of chronic rhinitis. It uses a handheld device to freeze the posterior nasal nerves within the nasal passages using nitrous oxide. When treated, the nerve signals are interrupted and are purported to no longer signal the nose to swell, drip and/or run.						
Table of Contents	<div>The following topics are included in this document:</div> <div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div>						
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>3.20.24</td><td>Updated document title to match new CP title.</td></tr><tr><td>3.20.24</td><td>Updated to new template.</td></tr></table>	Date	Description	3.20.24	Updated document title to match new CP title.	3.20.24	Updated to new template.
Date	Description						
3.20.24	Updated document title to match new CP title.						
3.20.24	Updated to new template.						

Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation, Office-Based (MP9631)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
Mayo Medical Plan (MMP)	<p>Coverage depends on the provider.</p> <table><tr><th>Provider</th><th>Coverage</th></tr><tr><td>Mayo provider</td><td><ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr><tr><td>Non-Mayo provider</td><td><ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation, Office-Based</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Considered investigative, not covered.</td></tr></table>	Provider	Coverage	Mayo provider	<ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.	Non-Mayo provider	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation, Office-Based</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Considered investigative, not covered.
Provider	Coverage						
Mayo provider	<ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.						
Non-Mayo provider	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation, Office-Based</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Considered investigative, not covered.						
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation, Office-Based</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>3.20.24</td><td>Updated Medica CP title.</td></tr><tr><td>3.20.24</td><td>Updated to new template.</td></tr></table>	Date	Description	3.20.24	Updated Medica CP title.	3.20.24	Updated to new template.
Date	Description						
3.20.24	Updated Medica CP title.						
3.20.24	Updated to new template.						

Government Programs

Introduction	This section applies to all Medicaid and Medicare products.								
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.								
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation, Office-Based</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Medica is the only payer.								
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation, Office-Based</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.								
Med Advantage	<p>Medica’s Coverage Policy, <i>Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation, Office-Based</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medica is the only payer.								
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.								
Medicaid	<p>Medica’s Coverage Policy, <i>Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation, Office-Based</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.								
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>3.20.24</td><td>Updated Medica CP title.</td></tr><tr><td>3.20.24</td><td>Updated to new template.</td></tr><tr><td>3.20.24</td><td>Added <i>Organization Determination</i> note to all except <i>Med Supp</i> and <i>Medicaid</i>.</td></tr></table>	Date	Description	3.20.24	Updated Medica CP title.	3.20.24	Updated to new template.	3.20.24	Added <i>Organization Determination</i> note to all except <i>Med Supp</i> and <i>Medicaid</i> .
Date	Description								
3.20.24	Updated Medica CP title.								
3.20.24	Updated to new template.								
3.20.24	Added <i>Organization Determination</i> note to all except <i>Med Supp</i> and <i>Medicaid</i> .								

Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation, Office-Based (MP9631)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
Medica	<p>Medica’s Coverage Policy, <i>Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation, Office-Based</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>3.20.24</td><td>Updated Medica CP title.</td></tr><tr><td>3.20.24</td><td>Updated to new template.</td></tr></table>	Date	Description	3.20.24	Updated Medica CP title.	3.20.24	Updated to new template.
Date	Description						
3.20.24	Updated Medica CP title.						
3.20.24	Updated to new template.						