



Manual: IU Health Plans
Department: Utilization Management
Policy # MP111
Effective Date: 09/01/2025
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Health Plans

Medicare Advantage

X Commercial

Minimally Invasive Treatment of the Posterior Nasal Nerve

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Minimally Invasive Treatment of the Posterior Nasal Nerve

II. Scope

This policy applies to all Utilization Management staff having decision-making responsibilities where authorization is required for Fully insured a plans.

III. Exceptions

IV. Definitions

ClariFix device (Stryker) A cryotherapy tool applying focal, controlled freezing to target tissue under direct visualization used for posterior nasal nerve ablation.

RhinAer Stylus (Aerin Medical)- low temperature radiofrequency energy used for ablation of posterior nasal nerve.

V. Policy Statements

IU Health Plans Considers minimally invasive Treatment of the Posterior Nasal Nerve such as Cryotherapy or Radiofrequency therapy to decrease the symptoms of rhinitis (allergic or non-allergic) investigational and not medically necessary in all cases.

Codes:

HCPCS Codes	
Code	Description
30117	Exclusion or destruction (eg laser), intranasal lesion, internal approach, by cryotherapy, radiofrequency therapy or laser
30999	Unlisted procedure, nose [when specified as minimally invasive treatment of the posterior nasal nerve using laser
31242	Nasal/Sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
31243	Nasal/Sinus Endoscopy, surgical; with destruction by cryoablation,

VI. Procedures

None

VII. References/Citations

1. American Academy of Otolaryngology-Head and Neck Surgery. January 17, 2023. Position Statement: PNN Ablation for the Treatment of Chronic Rhinitis. [Position Statement: PNN Ablation for the Treatment of Chronic Rhinitis - American Academy of Otolaryngology-Head and Neck Surgery \(AAO-HNS\) \(entnet.org\)](#)
2. American Rhinologic Society. January 2022. ARS Position Statement: Posterior Nasal Nerve Ablation. [Posterior Nasal Nerve Ablation \(american-rhinologic.org\)](#)
3. Ehmer, D., McDuffie, C. M., Scurry, W. C., Jr, McIntyre, J. B., Mehendale, N. H., Willis, J. H., Shealy, R. B., Watkins, J. P., & Kakarlapudi, V. V. (2022). Temperature-Controlled Radiofrequency Neurolysis for the Treatment of Rhinitis. *American journal of rhinology & allergy*, 36(1), 149–156. <https://doi.org/10.1177/19458924211033400>
4. Hayes. Knowledge Center. March 15, 2024. ClariFix for Treatment of Chronic Rhinitis.
5. Hayes. Knowledge Center. March 19, 2024. RhinAer Procedure (Aerin Medical) for Treatment of Chronic Rhinitis
6. Kim, D. H., Kim, S. W., Kim, S. W., Stybayeva, G., & Hwang, S. H. (2024). An indirect comparative analysis of two posterior nasal nerve ablation techniques for treating chronic rhinitis: A systemic review and meta-analysis. *American journal of otolaryngology*, 45(2), 104130. <https://doi.org/10.1016/j.amjoto.2023.104130>

VII. Forms/Appendices

None

IX. Responsibility

Medical Director

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