

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

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

MP9631

Covered Service: No

Prior Authorization Required: No

Additional Information: None

Prevea360 Health Plan Medical Policy:

- 1.0 Cryoablation for chronic rhinitis (e.g., ClariFix) is considered experimental and investigational, and therefore not medically necessary.
- 2.0 Radiofrequency ablation for chronic rhinitis (e.g. RhinAer™ stylus) is considered experimental and investigational, and therefore not medically necessary.
- 3.0 Laser ablation for chronic rhinitis is considered experimental and investigational, and therefore not medically necessary.

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	February 15, 2023
Revised:	Medical Policy Committee/Health Services Division	February 21, 2024
Reviewed:	Medical Policy Committee/Health Services Division	February 21, 2024

Published: 03/01/2024

Effective: 03/01/2024