

# Nasal Swell Body Ablation Reduction in the Treatment of Nasal Obstruction

## Medicare Advantage Medical Policy #MA-215

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*Applies to all products administered or underwritten by the Health Plan, unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.*

*Blue Advantage does not cover investigational or experimental services, including any drug, device, procedure, or service provided under the investigational arm of a clinical trial or study unless mandated by the Centers for Medicare and Medicaid Services. Coverage is limited to routine services for Category A IDE studies and to devices and related services for Category B IDE studies when not supplied by the trial sponsor. Approved IDE studies are posted on [www.cms.gov/medicare/coverage/evidence](http://www.cms.gov/medicare/coverage/evidence).*

*Note: Ablation and Surgical Treatment of Chronic Rhinitis is addressed separately in medical policy MA-196.*

## 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 Health Plan 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

Nasal septal swell body has been described in the literature in various medical languages. These terminologies include nasal septal turbinate, septal turbinate, Kiesselbach's body, septal swell body, nasal septal body, septal body, nasal swell body, NSB, swell body, septal erectile body, septal cavernous body, anterior septum tuberculum, and intumescencia septi nasi anterior.

The nasal septal swell body (NSB) is a distinct structure located in the anterior part of the nasal septum (NS), adjacent to the anterior part of the middle turbinate and superior part of the inferior turbinate (IT). Structurally, NSB contains bone and cartilage components of the NS and swell tissues involving bones and cartilages. Previous studies have suggested that NSB is a part of the nasal cavity and plays an essential role in regulating various physiological functions. The NSB has been a surgical target of interest and hence surgical procedures have also been attempted to reduce its volume in recent years.

To date, there have been no uniform criteria regarding the size of an NSB in healthy individuals and definition of NSB hypertrophy. Recently, Yu et al proposed a definition of NSB hypertrophy based on nasal endoscopic examination: bilateral symmetrical bulging, not ultimately seeing the middle turbinate from limen nasi, and a gap of < 3 mm between the NSB and the lateral nasal wall. However, these criteria have not been verified in a large sample population. Therefore, this definition needs to

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be validated in multicenter studies. In addition, the influence of the bony septum and septal cartilage should be considered while setting standards.

The contribution of nasal swell body (NSB) presence to persistent nasal obstruction, and effects of treatment, are undefined.

Various surgical approaches have been identified for the reduction of enlarged nasal septal swell bodies including radiofrequency ablation (RFA), coblation, and the use of micro-debridement.

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.

### **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, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

Pritikin et al. (2024) published results of prospective, multicenter, long-term, open-label study from nine centers in the US. Patients with severe/extreme nasal airway obstruction (NAO) attributed to septal swell body (SSB) hypertrophy were followed through 12 months. Of the 70 patients who were treated, 65 and 62 completed the 6- and 12-month follow-up. Compared to baseline, there was a 67.5% decrease in adjusted mean NOSE scores at 6 months (mean change -49.6;  $p < 0.001$ ) and a 65.4% decrease at 12 months (mean change -48.1;  $p < 0.001$ ), consistent with 3-month results. No serious adverse events were reported overall, and no new device- or procedure-related adverse events were reported in the interval between 3- and 12-months posttreatment. This was an open-label, single-arm study and all outcomes were self-reported by the patients. Authors noted that future studies could incorporate objective measurements of nasal airflow to quantify actual changes in nasal airflow. As a pragmatic study, medication use was not restricted or dictated for patients in this study. Longer term follow-up will report on the durability of the treatment.

In their prospective, multicenter, open-label, single-arm study, Pritikin et al. (2023) assessed the clinical use of a temperature-controlled radiofrequency (TCRF) device (VivAer) to treat septal swell body (SSB) hypertrophy to improve symptoms in adults with nasal airway obstruction (NAO). The study included 70 patients between 22 and 85 years old (mean age of 47.5 years, 51.4% male, 88.6% white) with severe (61.4%) or extreme (38.6%) NAO related to SBB hypertrophy. All patients received TCRF treatment in the SSB area with an average of 4.8 treatments per nostril (range 2 to

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6). The primary endpoint was improvement in the Nasal Obstruction Symptom Evaluation (NOSE) score from baseline to 3 months post-procedure. One participant was lost to follow-up before the 3-month post-procedure assessment. The authors reported significant improvement in mean NOSE Scale scores from 73.5 at baseline to 27.9 at three months post procedure with 4.3% of patients reporting no further breathing problems and 46.4% reporting mild NAO, 39.1% reporting moderate NAO, 10.1% continued to report severe NAO, and no patients reporting extreme NAO. The responder rate was reported by the authors to be 95.7%. In a subset of participants (n = 37) who underwent CT imaging to evaluate posttreatment changes in SBB size, the authors reported that the CT results at 3 months showed statistically significant reductions in SBB with the greatest reduction in the middle thickness. Limitations of the study include the study design (open-label, single arm), the homogeneity of the study population's race, lack of medication management of the participants, industry sponsorship, lack of a control, and the short-term follow-up (3 months post procedure). According to authors, future research could incorporate a control treatment to minimize potential bias, incorporate TCRF treatment of the SSB in combination with other treatments addressing additional NAO contributors, and have longer-term follow-up to allow for investigation of the durability of the procedure's effects. The authors concluded that the study demonstrated that TCRF treatment of SSB hypertrophy is well tolerated and effective for reducing both SSB size and symptoms of NAO at three months. The authors plan to follow the participants through 36 months post procedure.

Meng et al. (2021) conducted a systematic review of the existing knowledge on recent NSB developments. The review was performed using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. PubMed, Embase, Web of Science, Ovid, Cochrane Library, and Google Scholar were used for the literature search. Of the 345 journal articles that were initially obtained in the literature search, 28 were included in the review. Three articles evaluated NSB treatment outcomes: Yu et al., Kim et al., and Catalano et al. Yu et al. conducted a prospective randomized controlled study that suggested a microdebrider-assisted procedure for inferior turbinate and NSB hypertrophy was superior to turbinoplasty alone. The review notes the limitations of Yu et al. were a small sample size (26 patients) and a short follow-up period. Kim et al. conducted a study on using coblation to treat patients with an abnormally thickened NSB. The review notes Kim et al. demonstrated that coblation is an effective treatment option for NSB hypertrophy. Catalano et al. treated 60 patients with a prominent NSB using radiofrequency ablation (RFA). Nose obstruction symptom evaluation scores and NSB size scores were assessed at 3 and 6 months postoperatively. Patients reported satisfactory results and improved nasal congestion. One patient developed septal perforation which required attention. The authors concluded that it is still unclear if surgical intervention of the NSB for nasal obstruction improves the long-term therapeutic effect. Additional evidence on NSB surgical intervention and physiologic effects of this structure is needed.

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-

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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  $16.4 \pm 2.2$  mm on pre-operative coronal CT scan images. The mean VAS score for nasal obstruction was decreased from pre-operative  $7.63 \pm 0.99$  points to  $3.88 \pm 0.92$  points (post-operative 3 months),  $4.16 \pm 0.78$  points (post-operative 6 months), and  $4.63 \pm 0.69$  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.

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.
4. Pritikin J, Silvers S, Rosenbloom J, et al. Temperature-controlled radiofrequency device treatment of septal swell bodies for nasal airway obstruction: An open-label, single arm multicenter study. *Int Forum Allergy Rhinol*. 2023 Mar 13.
5. Meng X, Zhu G. Nasal septal swell body: a distinctive structure in the nasal cavity. *Ear Nose Throat J*. 2021 Apr 21:1455613211010093.
6. Jordan Pritikin MD et al. *IFAR Allergy and Rhinology*. Twelve-month outcomes following temperature-controlled radiofrequency treatment of the septal swell body for nasal airway

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## **Policy History**

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04/21/2026 Utilization Management Committee review/approval. New policy, Coverage changes, or Coverage eligibility unchanged.

Next Scheduled Review Date: 04/2027

## **Coding**

*The five character codes included in the Health Plan Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2025 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.*

*The responsibility for the content of the Health Plan Medical Policy Coverage Guidelines is with the Health Plan and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in the Health Plan Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of the Health Plan Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.*

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

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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 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.

**\*\*Medically Necessary (or “Medical Necessity”)** - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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

**NOTICE:** If the Patient’s health insurance contract contains language that differs from the Health Plan’s 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 Health Plan recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

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**NOTICE:** Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

**NOTICE:** All codes listed on the Medical Policy require prior authorization. This ensures appropriate utilization and alignment with current clinical guidelines.

**NOTICE:** If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Blue Advantage), Blue Advantage may honor the previous health plan's authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Blue Advantage health plan.

### **Medicare Advantage Members**

Established coverage criteria for Medicare Advantage members can be found in Medicare coverage guidelines in statutes, regulations, National Coverage Determinations (NCD)s, and Local Coverage Determinations (LCD)s. To determine if a National or Local Coverage Determination addresses coverage for a specific service, refer to the Medicare Coverage Database at the following link: <https://www.cms.gov/medicare-coverage-database/search.aspx>. You may wish to review the Guide to the MCD Search here: <https://www.cms.gov/medicare-coverage-database/help/mcd-benehelp.aspx>.

When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, internal coverage criteria may be developed. This policy is to serve as the summary of evidence, a list of resources and an explanation of the rationale that supports the adoption of this internal coverage criteria.

### **InterQual®**

InterQual® is utilized as a source of medical evidence to support medical necessity and level of care decisions. InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider. InterQual® criteria are clinically based on best practice, clinical data, and medical literature. The criteria are updated continually and released annually. InterQual® criteria are a first-level screening tool to assist in determining if the proposed services are clinically indicated and provided in the appropriate level or whether further evaluation is required. The utilization review staff does the first-level screening. If the criteria are met, the case is approved; if the criteria are not met, the case is referred to the medical director.