

Medical Policy

Subject: Nasal Valve Suspension
Document #: SURG.00079
Status: Reviewed

Publish Date: 12/29/2021
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Description/Scope

This document addresses nasal valve suspension for nasal valve collapse. Nasal valve suspension refers to a surgical approach for nasal valve repair that involves suspension of the valve to the orbital rim or the use of lateral suture(s) suspension.

Note: For information pertaining to the Latera™ Absorbable Nasal Implant, see CG-SURG-87 Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring

Position Statement

Investigational and Not Medically Necessary:

Nasal valve suspension as a surgical technique for the repair of nasal valve collapse is considered **investigational and not medically necessary**.

Rationale

The first report on nasal valve suspension as a simplified technique for nasal valve repair was published by Paniello (1996). This report, based on the experience with 12 individuals, concluded that nasal valve suspension was effective at providing symptomatic relief of airway obstruction. A more in depth report (Friedman, 2003) discusses the experience of the procedure (with slight modifications) in over 100 individuals. The results indicate that the vast majority of individuals undergoing nasal valve suspension surgery had a self-reported improvement in airway symptoms. The study did, however, have several limitations. First, the follow-up for most individuals in the study was less than 1 year; long-term results are not available. Second, the basis for the improvement as reported by individuals is purely subjective and no objective measures were used to demonstrate effectiveness. Lastly, the authors indicated that the precise indicators for this procedure are unclear and require further study.

Friedman (2004) reported on 52 individuals thought to have nasal valve obstruction that were treated with a modified nasal valve suspension technique and had a mean follow-up of 12.6 months. Eighty-four percent showed improvement in a quality of life (QOL) outcome measure (Sino-Nasal Outcome Test) and 94.2% had postoperative increases in cross sectional area as measured by acoustic rhinometry. However, the QOL tool used did not include either nasal stuffiness or nasal obstruction as one of the questions but instead asked about such sensations as alertness, energy levels and general well-being. The authors acknowledge that many alternative surgical techniques are available to correct nasal valve obstruction, and that the long-term effectiveness of this suspension procedure remains to be evaluated. They conclude: "Long term studies are needed to assess the performance of this corrective

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technique” and “Follow up periods beyond 30 months will help determine the natural course of the suspended valve and the possibility of its release.” To date, no well-designed additional studies comparing nasal valve suspension with other surgical alternatives have been published.

Background/Overview

Nasal valve collapse is a common cause of nasal airway obstruction. Nasal valve suspension refers to a surgical approach for nasal valve repair that involves suspension of the valve to the orbital rim. During the procedure, an anchored suture is first attached to the orbital rim and then a suture is passed through the collapsed valve. The suspension suture is then returned to the anchor site at the orbital rim and tied, resulting in a repaired nasal valve that presumably allows for less obstructed airflow. Modifications to this procedure or other types of suspensions, such as those using sutures tunneled within the facial soft tissue to an infraorbital incision on each side of the nose, have also been reported.

Definitions

Acoustic rhinometry: A technique that measures nasal patency; for example, the degree of openness of the nose.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

When services are Investigational and Not Medically Necessary:

When the code describes a procedure indicated in the Position Statement section as investigational and not medically necessary.

CPT

30999 Unlisted procedure, nose [when specified as nasal valve suspension by any method]

ICD-10 Diagnosis

All diagnoses

References

Peer Reviewed Publications:

1. Capone RB, Sykes JM. The effect of rhytidectomy on the nasal valve. Arch Facial Plast Surg. 2005; 7(1):45-50.
2. Fischer J, Gubisch W. Nasal valves-importance and surgical procedures. Facial Plast Surg. 2006; 22(4):266-280.

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3. Friedman M, Ibrahim H, Lee G, Joseph NJ. A simplified technique for airway correction of the nasal valve area. *Otolaryngol Head Neck Surg.* 2004; 131(4):519-524.
4. Friedman M, Ibrahim H, Syed Z. Nasal valve suspension: an improved, simplified technique for nasal valve collapse. *Laryngoscope.* 2003; 113(2):381-385.
5. Kalan A, Kenyon GS, Seemungal TA. Treatment of external nasal valve (alar rim) collapse with an alar strut. *J Laryngol Otol.* 2001; 115(10):788-791.
6. Lee DS, Glasgold AI. Correction of nasal valve stenosis with lateral suture suspension. *Arch Facial Plast Surg.* 2001; 3(4):237-240.
7. Paniello RC. Nasal valve suspension. An effective treatment for nasal valve collapse. *Arch Otolaryngol Head Neck Surg.* 1996; 122(12):1342-1346.
8. Rhee JS, Poetker DM, Smith TL, et al. Nasal valve surgery improves disease-specific quality of life. *Laryngoscope.* 2005; 115(3):437-440.

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Document History

Status	Date	Action
Reviewed	11/11/2021	Medical Policy & Technology Assessment Committee (MPTAC) review. Updated review date and history sections.
Reviewed	11/05/2020	MPTAC review. Updated review date and history sections.
Reviewed	11/07/2019	MPTAC review. Updated review date and history sections.
Reviewed	01/24/2019	MPTAC review. Updated review date and History sections, Added note to the Description/Scope and History section referring the user to CG-SURG-87 Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring for information on the Latera nasal implant.
Reviewed	03/22/2018	MPTAC review. The document header wording updated from “Current Effective Date” to “Publish Date.” Updated review date, Definitions and History sections.
Reviewed	05/04/2017	MPTAC review. Updated review date and History section.
Reviewed	05/05/2016	MPTAC review. Updated review date, Definitions and History sections. Removed ICD-9 codes from Coding section.
Reviewed	05/07/2015	MPTAC review. Updated review date and History sections.
Reviewed	05/15/2014	MPTAC review. Updated review date, References and History sections.
Reviewed	05/09/2013	MPTAC review. Updated review date, References and History sections.
Reviewed	05/10/2012	MPTAC review. Updated review date, References and History sections.
Reviewed	05/19/2011	MPTAC review. Updated review date, References and History sections.
Reviewed	05/13/2010	MPTAC review. Updated review date, References and History sections.
Reviewed	05/21/2009	MPTAC review. No change to position statement.

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Reviewed	05/15/2008 02/21/2008	MPTAC review. No change to position statement. References were updated. The phrase "investigational/not medically necessary" was clarified to read "investigational and not medically necessary." This change was approved at the November 29, 2007 MPTAC meeting.
Reviewed	05/17/2007	MPTAC review. References updated.
Reviewed	06/08/2006	MPTAC review. Updated Description, Background and References.
Revised	09/22/2005	MPTAC review. Revision based on Pre-merger Anthem and Pre-merger WellPoint Harmonization.

Pre-Merger Organizations	Last Review Date	Document Number	Title
Anthem, Inc.			No document
WellPoint Health Networks, Inc.	09/23/2004	3.03.25	Nasal Valve Suspension

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