

SEPTOPLASTY / RHINOPLASTY

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2/18, 2/19

Date Of Origin: May 11, 2005

Status: Current

I. POLICY/CRITERIA

Septoplasty/Rhinoplasty may be covered if the medical necessity criteria listed below are met. Prior authorization is required for rhinoplasty with or without septoplasty.

1. **Septoplasty** is considered medically necessary when *any* of the following clinical criteria is met:
 - a. Septal deviation causing continuous nasal airway obstruction resulting in nasal breathing difficulty not responding to appropriate medical therapy; *or*
 - b. Documented recurrent sinusitis felt to be due to a deviated septum not relieved by appropriate medical and antibiotic therapy; *or*
 - c. Recurrent epistaxis related to a septal deformity; *or*
 - d. Asymptomatic septal deformity that prevents access to other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g., ethmoidectomy); *or*
 - e. When done in association with cleft palate repair.
2. **Rhinoplasty** is generally considered a cosmetic surgical procedure and is not a covered benefit. However, rhinoplasty may be considered medically necessary and a covered benefit *when* the Primary Care Physician and/or the consulting specialty physician documents that **ALL** of the following exist:
 - a. To correct a nasal deformity secondary to congenital cleft lip and/or palate under age 18; *or*
 - b. To correct chronic nasal airway obstruction due to trauma, disease, congenital defect, when *all* of the following criteria are met:
 - Nasal airway obstruction is causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing), *and*
 - Photos demonstrate an external nasal deformity, *and*
 - Obstructive symptoms persist despite conservative management for three months or greater, which includes, where appropriate, nasal steroids or immunotherapy; *and*
 - Airway obstruction will not respond to septoplasty and turbinectomy alone, *and*

- There is documentation of gross nasal obstruction on the same side as the septal deviation; **and** the rhinoplasty is an integral part of a coordinated surgical procedure, with a medically necessary septoplasty, to restore function.

For cases of trauma, treatment for the correction of an accidental injury must occur within a 24-month time frame from the date of injury. Exceptions to the 24-month time frame must be prior approved by the Medical Director, and may be approved by the Medical Director if documentation establishes sufficient medical justification for the delay(s).

Documentation of these criteria should include:

- a. If there is an external nasal deformity, preoperative photographs showing the standard 4-way view - base of nose, anterior posterior (AP), and right and left lateral views; **and**
- b. Relevant history of accidental or surgical trauma, congenital defect, or disease (e.g., Wegener's granulomatosis, choanal atresia, nasal malignancy, abscess, septal infection with saddle deformity, or congenital deformity); **and**
- c. Documentation of duration and degree of symptoms related to nasal obstruction, such as chronic rhinosinusitis, mouth breathing, etc.; **and**
- d. Documentation of results of conservative management of symptoms.

The following procedures (not inclusive) are normally not covered. Coverage may be provided on an individual consideration basis by the Medical Director. This requires that documentation be provided substantiating that one or more of these procedures is required to correct a functional nasal airway obstruction:

- Alar tip cartilage repair
- Dorsal hump removal
- Shortening of the nasal septum
- Narrowing of the bony pyramid
- Nasal tip reconstruction
- Saddle nose deformity

II. MEDICAL NECESSITY REVIEW

- Required (for rhinoplasty with or without septoplasty)
- Not Required
- Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Nasal obstruction is one of the most common problems bringing a patient into a physician's office, and septal deviation is a frequent structural etiology. As a result, surgical correction of septal deviation is the third most common head and neck procedure in the United States and it generally is performed to improve quality of life. Presently, a variety of additional indications exists for septoplasty, from intractable epistaxis to harvesting cartilage for use in rhinoplasty

Rhinoplasty alters the aesthetic appearance and functional properties of the nose with surgical manipulation of the skin, underlying cartilage, and bone. A rhinoplasty is a surgical operation on the nose, which may be reconstructive, restorative or cosmetic in nature. It can reduce or increase the size of the nose, change the shape of the tip or the bridge, narrow or widen the span of the nostrils, or change the angle between the nose and the upper lip. It may also correct a birth defect or injury, or assist in relieving some breathing problems caused by obstruction.

V. CODING INFORMATION

ICD-10 Codes that may apply:

C30.0	Malignant neoplasm of nasal cavity
C41.0	Malignant neoplasm of bones of skull and face
C44.300 – C44.399	Other and unspecified malignant neoplasm of skin of other and unspecified parts of face
C76.0	Malignant neoplasm of head, face and neck
D03.30	Melanoma in situ of unspecified part of face
D04.39	Carcinoma in situ of skin of other parts of face
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D16.4	Benign neoplasm of bones of skull and face
D22.30 – D22.39	Melanocytic nevi of other part of face
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D49.1	Neoplasm of unspecified behavior of respiratory system
J31.0	Chronic rhinitis
J32.0 – J32.9	Chronic sinusitis
J34.0 – J34.9	Other and unspecified disorders of nose and nasal sinuses
M95.0	Acquired deformity of nose
Q30.0 - Q30.9	Congenital malformations of nose
Q35.1 – Q35.9	Cleft palate
Q37.0 – 37.9	Cleft palate with cleft lip
Q67.0	Congenital facial asymmetry
Q67.1	Congenital compression facies
Q67.4	Other congenital deformities of skull, face and jaw
R04.0	Epistaxis
R06.00	Dyspnea, unspecified
R06.09	Other forms of dyspnea
R06.89	Other abnormalities of breathing
R09.81	Nasal congestion
S01.20xS	Unspecified open wound of nose, sequela
S01.21xS	Laceration without foreign body of nose, sequela
S01.22xS	Laceration with foreign body of nose, sequela
S01.23xS	Puncture wound without foreign body of nose, sequela
S01.24xS	Puncture wound with foreign body of nose, sequela
S01.25xS	Open bite of nose, sequela
S02.2xxG	Fracture of nasal bones, subsequent encounter for fracture with delayed healing
S02.2xxK	Fracture of nasal bones, subsequent encounter for fracture with nonunion
S02.2xxS	Fracture of nasal bones, sequela
S08.811D	Complete traumatic amputation of nose, subsequent encounter
S08.811S	Complete traumatic amputation of nose, sequela
S08.812S	Partial traumatic amputation of nose, sequela

T33.02xS	Superficial frostbite of nose, sequela
T34.02xS	Frostbite with tissue necrosis of nose, sequela
T20.04xS	Burn of unspecified degree of nose (septum), sequela
T20.44xS	Corrosion of unspecified degree of nose (septum), sequela

CPT/HCPCS Codes

30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
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Prior Authorization required:

[Codes 30400-30410, 30430-30462 not covered for individual plans]

30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies

Not Covered

C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)
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VI. REFERENCES

1. Aetna. Clinical Policy Bulletin, Septoplasty and Rhinoplasty, April 2006. http://www.aetna.com/cpb/medical/data/1_99/0005.html (Retrieved January 8, 2019)
2. Cigna. Healthcare Coverage Position, Rhinoplasty/Septoplasty https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0119_coveragepositioncriteria_rhinoseptoplasty.pdf (Originally retrieved January 18, 2007 & December 22, 2016; website address updated and retrieved January 8, 2019)
3. eMedicine Clinical Knowledge Base
4. Wisconsin Physicians Service Insurance Corporation (WPS). Cosmetic and Reconstructive Surgery. Local Coverage Determination (LCD) L34698. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34698&ver=25&CoverageSelection=Both&ArticleType=All>

[&PolicyType=Final&s=Michigan&KeyWord=cosmetic&KeyWordLookUp=Title
&KeyWordSearchType=And&list_type=ncd&bc=gAAAACAAAAAA&](#)

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