

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.038.MH
Last Review Date: 02/21/2019
Effective Date: 04/01/2019

MP.038.MH – Septoplasty-Rhinoplasty

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

According to the American Society of Plastic Surgeons:

- Septoplasty is a surgical procedure that corrects nasal septum defects or deformities by alteration, splinting, or removal of obstructing supporting structures.
- Rhinoplasty is a surgical procedure that is performed to change the shape and/or size of the nose or to correct a broad range of nasal defects. Cosmetic rhinoplasty can transform normal nasal structures to a more satisfactory appearance. Reconstructive rhinoplasty transforms nasal abnormalities or damaged nasal structures to a more normal state.

MedStar Health considers **Septoplasty-Rhinoplasty** medically necessary for the following indications:

Indications for Septoplasty include any one of the following:

1. Septal deviation causing nasal airway obstruction when the space between inferior turbinates and septum is:
 - Decreased by > 75%, OR
 - Decreased by 50% to 75% and obstruction continues after prescription medication, including intranasal corticosteroid spray use for \geq six weeks.
2. Documented recurrent sinusitis due to a deviated septum that does not resolve after appropriate medical and antibiotic therapy;
3. Recurrent epistaxis related to a septal deformity
4. Asymptomatic septal deformity that prevents access to other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g., ethmoidectomy)
5. When done in association with cleft lip/palate repair
6. To repair nasal septum trauma (e.g. a significant tear or dislocation of the septum)
7. Obstructed nasal breathing due to septal deformity or deviation that has proved unresponsive to medical management and is interfering with the effective use of

MP.038.MH – Septoplasty-Rhinoplasty

Policy Number: MP.038.MH
Last Review Date: 02/21/2019
Effective Date: 04/01/2019

medically necessary Continuous Positive Airway Pressure (CPAP) for the treatment of an obstructive sleep apnea disorder

Indications for Rhinoplasty include any of the following:

1. To correct functional breathing impairment of the nose caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease; OR
2. To correct significant deformities that result from specifically documented nasal trauma, either acquired or iatrogenic (e.g., nasal deformity following an accidental injury or following cancer surgery); OR
3. To correct congenital defects of the nose, including the nasal deformities associated cleft lip and/or cleft palate

Limitations

1. Cosmetic procedures that are not considered medically necessary are not a covered benefit.
2. When two surgical procedures (one reconstructive and one cosmetic) are performed on the nose during the same operative session, only the reconstructive portion of the surgery is covered.
3. Laser-assisted septoplasty is considered investigative and therefore not medically necessary due to a lack of controlled studies and long-term follow-up observation of the technique.

Background

The American Society of Plastic Surgeons defines rhinoplasty as a procedure that enhances facial harmony and the proportions of an individual's nose. It can correct impaired breathing caused by structural defects in the nose. A deviated septum is one of the most common causes of a breathing impairment.

Septoplasty is a surgery that corrects problems related to the nasal septum, or the wall inside the nose that separates the nostrils. This procedure is often performed to repair a deformed nasal septum and to treat nosebleeds that cannot be controlled.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT codes:	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip

MP.038.MH – Septoplasty-Rhinoplasty

Policy Number: MP.038.MH
 Last Review Date: 02/21/2019
 Effective Date: 04/01/2019

30410	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip; 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
30465	Repair of nasal vestibular stenosis (eg, spreader grafting lateral nasal wall reconstruction)
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)

ICD-10 codes covered if selection criteria are met:

J32.0	Chronic maxillary sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.4	Chronic pansinusitis
J32.8	Other chronic sinusitis
J32.9	Chronic sinusitis, unspecified
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.2	Deviated nasal septum
J34.3	Hypertrophy of nasal turbinates
J34.89	Other disease of the nose and nasal sinuses
M95.0	Acquired nasal deformity
Q30.0	Choanal atresia
Q30.1	Agenesis and underdevelopment of nose
Q30.2	Fissured, notched and cleft nose
Q30.8	Other congenital malformations of nose

MP.038.MH – Septoplasty-Rhinoplasty

Policy Number: MP.038.MH
Last Review Date: 02/21/2019
Effective Date: 04/01/2019

Q35.1-Q35.9	Cleft palate
Q37.0-Q37.9	Cleft palate with cleft lip
Q67.0-Q67.4	Congenital musculoskeletal deformities of head and face
Q67.4	Other congenital deformities of skull, face and jaw
R04.0	Epistaxis
S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture
S02.8XXS	Fractures of other specified skull and facial bones, sequela
S02.92XS	Unspecified fracture of facial bones

References

1. American Society of Plastic Surgeons. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Nasal Surgery. Approved by the ASPS Executive Committee. July 2006. <http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html>
2. American Society of Plastic Surgery. Rhinoplasty. 2019. <http://www.plasticsurgery.org/cosmetic-procedures/rhinoplasty.html>
3. Cantrell H. Limited septoplasty for endoscopic sinus surgery. Otolaryngol Head Neck Surg. 1997 Feb; 116(2): 274-277. <http://www.ncbi.nlm.nih.gov/pubmed/?term=Cantrell+h+%5Bau%5D+AND+septoplasty+%5Bti%5D>
4. Kamami YV, Pandraud L, Bougara A. Laser-assisted outpatient septoplasty: Results in 703 patients. Otolaryngol Head Neck Surg. 2000 Mar; 122(3): 445-449. . DOI: 10.1067/mhn.2000.99279. <http://www.ncbi.nlm.nih.gov/pubmed/10699825>
5. Oneal RM, Beil RJ. Surgical anatomy of the nose. Clin Plast Surg. 2010 Apr;37(2):191-211. doi: 10.1016/j.cps.2009.12.011. <http://www.ncbi.nlm.nih.gov/pubmed/20206738>
6. Tardy ME, Dayan S, Hecht D. Preoperative rhinoplasty: evaluation and analysis. Otolaryngol Clin North Am. 2002 Feb; 35(1): 1-27. <http://www.ncbi.nlm.nih.gov/pubmed/11781205>
7. US National Library of Medicine. Septoplasty. Last updated 02/23/2017. <https://www.nlm.nih.gov/medlineplus/ency/article/003012.htm>
8. Watson D, Meyers AD. Septoplasty Work-up. Updated: May 15, 2017. © Medscape. <http://emedicine.medscape.com/article/877677-workup>

Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of

MP.038.MH – Septoplasty-Rhinoplasty

Policy Number: MP.038.MH

Last Review Date: 02/21/2019

Effective Date: 04/01/2019

medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.