

Rhinoplasty and Septoplasty

Policy Number: PG0009
Last Review: 08/23/2022

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional
☒ Facility

DESCRIPTION:

Nasal surgery is defined as any procedure performed on the external or internal structures of the nose, septum, or turbinate. This surgery may be performed to improve abnormal function, reconstruct congenital or acquired deformities, or to enhance appearance. It generally involves rearrangement or excision of the supporting bony and cartilaginous structures and incision or excision of the overlying skin of the nose.

Nasal surgery, including rhinoplasty, may be reconstructive or cosmetic in nature. Current CPT codes do not allow distinction of cosmetic or reconstructive procedures by specific codes; therefore, categorization of each procedure is to be distinguished by the presence or absence of specific signs and/or symptoms.

Cosmetic Nasal Surgery

When nasal surgery is performed solely to improve the patient's appearance in the absence of any signs and/or symptoms of functional abnormalities, the procedure should be considered cosmetic in nature.

Reconstructive Nasal Surgery

When nasal surgery, including rhinoplasty, is performed to improve nasal respiratory function, correct anatomic abnormalities caused by birth defects or disease, or revise structural deformities produced by trauma, the procedure should be considered reconstructive.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450) requires prior authorization.

Rhinoplasty for congenital anomalies (30460, 30462) does not require prior authorization.

Vestibular stenosis repair (30465) does not require prior authorization.

Septoplasty (30520) does not require prior authorization.

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Coverage for rhinoplasty is dependent on benefit plan language, may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit and may be governed by state and/or federal mandates. Under many benefit plans, rhinoplasty is not covered when performed solely for the purpose of altering appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance. In addition, rhinoplasty is specifically excluded under some benefit plans. Please refer to the applicable benefit plan language to determine the terms and conditions of coverage.

Paramount considers rhinoplasty a cosmetic surgical procedure.

Rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462) may be considered medically necessary only in the following limited circumstances:

- When it is being performed to correct a nasal deformity secondary to congenital cleft lip and/or palate
- When rhinoplasty for nasal airway obstruction is performed as an integral part of a medically necessary septoplasty and there is documentation of gross nasal obstruction on the same side as the septal deviation
- Upon individual case review, to correct chronic non-septal nasal airway obstruction from vestibular stenosis (collapsed internal valves) due to trauma, disease, or congenital defect, when all the following criteria are met:
 - Prolonged, persistent obstructed nasal breathing
 - Physical examination confirming moderate to severe vestibular obstruction
 - Airway obstruction will not respond to septoplasty and turbinectomy alone
 - Nasal airway obstruction is causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing)
 - Obstructive symptoms persist despite conservative management for 4 weeks or greater, which includes, where appropriate, nasal steroids or immunotherapy
 - Photographs demonstrate an external nasal deformity
 - There is significant obstruction of one or both nares), documented by nasal endoscopy, computed tomography (CT) scan or other appropriate imaging modality

Documentation of these criteria should include:

- Documentation of duration and degree of symptoms related to nasal obstruction, such as chronic rhino sinusitis, mouth breathing, etc.
- Documentation of results of conservative management of symptoms
- If there is an external nasal deformity, preoperative photographs showing the standard 4-way view: anterior-posterior, right and left lateral views, and base of nose (also known as worm's eye view confirming vestibular stenosis; this view is from the bottom of nasal septum pointing upwards)
- 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)
- Results of nasal endoscopy, CT, or other appropriate imaging modality documenting degree of nasal obstruction

Paramount considers rhinoplasty cosmetic for all other indications.

Vestibular stenosis repair (30465) is considered medically necessary when there is chronic nasal obstruction due to vestibular stenosis (i.e., collapsed internal valves) and there is demonstration of improvement of the airway by EITHER of the following methods:

- positive Cottle maneuver
- lateralization of the upper lateral cartilage from inside the nose with an object (e.g., cotton swab or nasal speculum)

Septoplasty (30520) is considered medically necessary when performed for ANY of the following indications:

- septal deviation causing nasal airway obstruction resulting in prolonged or chronic nasal breathing difficulty or mouth breathing that has proved poorly responsive to a recent trial of conservative medical management (e.g., topical/nasal corticosteroids, antihistamines) lasting at least six weeks
- rhino sinusitis secondary to a deviated septum that does not resolve after appropriate medical and antibiotic therapy and EITHER of the following indications are present:
 - recurrent acute rhino sinusitis: four or more acute episodes per year
 - chronic rhino sinusitis: duration more than 12 weeks
- recurrent epistaxis related to a septal deformity
- performed in association with a covered cleft lip or cleft palate repair
- obstructed nasal breathing due to septal deformity or deviation that has proved poorly responsive to medical management lasting at least six weeks and is interfering with the effective use of medically necessary continuous positive airway pressure (CPAP) for the treatment of an obstructive sleep disorder (i.e., obstructive sleep apnea with an apnea/hypopnea index (AHI) ≥ 15 as documented by polysomnography or home/portable sleep study)

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
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
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 08/11/2015

Date	Explanation & Changes
08/11/2015	<ul style="list-style-type: none"> Policy created to reflect the most current clinical evidence per Medical Policy Steering Committee
03/13/2018	<ul style="list-style-type: none"> Policy reviewed and updated to reflect the most current clinical evidence per Medical Policy Steering Committee
12/14/2020	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format
08/23/2022	<ul style="list-style-type: none"> Corrected the medical policy title
02/01/2023	<ul style="list-style-type: none"> Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
02/01/2024	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

PG0009-02/01/2024

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review