



## Rhinoplasty-Septorhinoplasty

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P&P # C.5.09

### Policy

The Medical Management Department reviews referral requests for authorization of Rhinoplasty and Septorhinoplasty surgical procedures.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

### Procedure

**A. Required documentation:** To facilitate the authorization process, referral requests must include **ALL** the following:

1. History of accidental or surgical trauma, congenital anomaly, or disease; **AND**
2. The frequency, duration and degree of symptoms related to nasal obstruction; **AND**
3. Photos which demonstrate external nasal deformity; **AND**
4. The duration and response to trials of conservative medical treatment.

**B. Criteria for Medical Necessary for Specific Surgical Procedures:**

1. **Rhinoplasty** is considered medically necessary for **EITHER** of the following conditions:
  - a. Nasal airway obstruction causing significant symptoms as evidenced by **ALL** of the following:
    - i. Photos demonstrate external nasal deformity; **AND**
    - ii. Significant obstruction of the nares documented by physical exam; **AND**
    - iii. Obstructive symptoms for > 2 years that persist despite conservative treatment; **AND**
    - iv. The procedure can be reasonably expected to improve the physical functional impairment; **OR**
  - b. Correction of nasal deformity caused by trauma, disease or congenital defect (e.g. cleft lip) as evidenced by **ALL** the following:
    - i. Photos demonstrate external nasal deformity; **AND**
    - ii. Documentation of nasal deformity on physical exam; **AND**
    - iii. The procedure can be reasonably expected to improve the physical functional impairment.
2. **Septorhinoplasty** (rhinoplasty combined with septoplasty and possibly surgical repair of vestibular stenosis) is considered medically necessary when documentation supports **ONE** of the following conditions:
  - a. Chronic sinusitis > 6 months in duration or recurrent severe acute sinusitis which is refractory to trials of conservative treatment which may include **ONE** of the following (*not all-inclusive*):
    - i. nasal steroids; **OR**
    - ii. antihistamines; **OR**

- iii. leukotriene inhibitor; **OR**
  - iv. mucolytics; **OR**
  - v. oral decongestants; **OR**
  - vi. topical decongestants; **OR**
  - vii. nasal saline; **OR**
- b. Recurrent epistaxis secondary to the septal deformity which is refractory to trials of conservative treatment; **OR**
  - c. Nasal airway obstruction when **BOTH** following are met:
    - i. Septal deviation is the primary contributing factor of obstructed nasal breathing; **AND**
    - ii. Symptoms are refractory to conservative medical treatment measures such as steroids, antibiotics, and nasal lavage; **OR**
  - d. A septal deformity which limits access for endoscopic sinus surgery.

**C. Indications Considered Investigational or Not Medically Necessary** (*not all-inclusive*):

1. Rhinoplasty is considered investigational or not medically necessary for **EITHER** of the following:
  - a. For the purpose of correcting a nasal deformity due to a previous cosmetic surgery; **OR**
  - b. As a primary treatment for obstructive sleep disorder (OSD) or as part of other routine/incidental treatment of OSD, e.g. uvulopalatopharyngoplasty (UPPP) or palatopharyngoplasty (PPP).
2. Septorhinoplasty is considered investigational or not medically necessary to treat snoring.

**CPT/HCPCS 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)

**References**

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Tsang CLN, Nguyen T, Sivesind T, Cervin A. Long-term patient related outcome measures of septoplasty: a systematic review. Eur Arch Otorhinolaryngol 2018 May; 275(5): 1039-1048. Accessed March 11, 2019.

Ishii L, Tollefson T, Basura G. et al., Clinical Practice Guideline: Improving Nasal Form and Function after Rhinoplasty. Otolaryngology-Head and Neck Surgery. Guidelines and Quality Improvement. Volume 156 issue 2pages: S1-S30. Published February 1, 2017. Accessed March 11, 2019.