

Ear, Nose, and Throat Procedures

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 [Instructions for Use](#)

Table of Contents	Page
Coverage Guidelines	1
• Septoplasty	1
• Rhinoplasty	2
• Vestibular Stenosis Repair	2
• Balloon Sinus Ostial Dilation	2
• Functional Endoscopic Sinus Surgery	2
• Extensive Nasal Polypectomy	3
• Nasal Septal Swell Body Reduction	3
• Posterior Nasal Nerve Ablation	3
• Repair of Nasal Valve Collapse with Radiofrequency	3
• Turbinectomy	4
• Ethmoidectomy	4
• Rhinophototherapy	4
• Eustachian Tube Dilation	4
• Lithotripsy for Salivary Stones	4
Supporting Information	5
Policy History/Revision Information	5
Instructions for Use	7

Related Policies

None

Coverage Guidelines

Nasal and sinus procedures may be covered when Medicare criteria are met.

Septoplasty (CPT Code 30520)

Medicare does not have a National Coverage Determination for septoplasty. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. Refer to the LCDs for cosmetic and reconstructive surgery. For specific LCDs/LCAs, refer to the table for [Septoplasty](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Procedures, Septoplasty.

Click [here](#) to view the InterQual® criteria.

Note: After checking the [Septoplasty](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.

(Accessed January 4, 2024)

Rhinoplasty (CPT Codes 30120, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, and 30465)

Medicare does not have a National Coverage Determination for rhinoplasty. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Rhinoplasty](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

Note: After checking the [Rhinoplasty](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Vestibular Stenosis Repair (CPT Code 30465)

Medicare does not have a National Coverage Determination for vestibular stenosis repair. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Balloon Sinus Ostial Dilation (also known as Balloon Dilation Sinuplasty) (CPT Codes 31295, 31296, 31297, 31298, and 31299)

Medicare does not have National Coverage Determination (NCD) for balloon sinus ostial dilation. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Balloon Sinus Ostial Dilation](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Functional Endoscopic Sinus Surgery (FESS) (CPT Codes 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, and 31288)

Medicare does not have National Coverage Determination (NCD) for FESS. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Functional Endoscopic Sinus Surgery \(FESS\)](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Intranasal Repair (CPT Codes 30540, 30545, and 30620)

Medicare does not have an NCD for intranasal repair. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Cosmetic and Reconstructive Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Extensive Nasal Polypectomy (CPT Code 30115)

Medicare does not have an NCD for extensive nasal polypectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Polypectomy, Nasal.

Click [here](#) to view the InterQual® criteria.

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed January 4, 2024)

Nasal Septal Swell Body (NSB) Reduction (CPT Code 30117)

Medicare does not have National Coverage Determination (NCD) for nasal septal swell body (NSB) reduction. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Posterior Nasal Nerve Ablation (CPT Codes 31242, 31243, and 30999)

Medicare does not have National Coverage Determination (NCD) for posterior nasal nerve ablation. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Repair of Nasal Valve Collapse with Radiofrequency (CPT Code 30469)

Medicare does not have National Coverage Determination (NCD) for repair of nasal valve collapse with radiofrequency. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Turbinectomy (CPT Codes 30130 and 30140)

Medicare does not have an NCD for turbinectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Turbinectomy, Inferior, Partial.

Click [here](#) to view the InterQual® criteria.

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.

(Accessed January 4, 2024)

Ethmoidectomy (CPT Code 31200)

Medicare does not have an NCD for ethmoidectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Ethmoidectomy.

Click [here](#) to view the InterQual® criteria.

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.

(Accessed January 4, 2024)

Rhinophototherapy (CPT Code 30999)

Medicare does not have National Coverage Determination (NCD) for rhinophototherapy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 4, 2024)

Eustachian Tube Dilation (CPT Codes 69705, 69706, and 69799)

Medicare does not have National Coverage Determination (NCD) for eustachian tube dilation. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 4, 2024)

Lithotripsy for Salivary Stones (CPT Code 42699)

Medicare does not have an NCD for lithotripsy for salivary stones. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Lithotripsy for Salivary Stones](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 4, 2024)

Supporting Information

Septoplasty				
Accessed January 4, 2024				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39506 (A59299)	Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38914 (A58573)	Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35090 (A56587)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE
Back to Guidelines				

Rhinoplasty				
Accessed January 4, 2024				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38914 (A58573)	Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35163 (A57221)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, GU, HI, MP, NV
L37020 (A57222)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35090 (A56587)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE
Back to Guidelines				

Policy History/Revision Information

Date	Summary of Changes
03/12/2024	<ul style="list-style-type: none"> Corrected policy number to reflect current version MCS060.08
01/18/2024	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Nasal and Sinus Procedures</i> <p>Coverage Guidelines</p> <p>Septoplasty (CPT Code 30520)</p> <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading Updated notation to clarify the <i>InterQual® criteria</i> referenced [in the policy] should be used for coverage guidelines if no Local Coverage Determination (LCD)/Local Coverage Articles (LCA) is found after checking the table [in the policy] and searching the Medicare Coverage Database

Date	Summary of Changes
	<p><i>Rhinoplasty (CPT Codes 30120, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, and 30465)</i></p> <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading <p><i>Vestibular Stenosis Repair (CPT Code 30465)</i></p> <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading <p><i>Intranasal Repair (CPT Codes 30540, 30545, and 30620) (new to policy)</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for intranasal repair; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Cosmetic and Reconstructive Procedures</i> <p><i>Extensive Nasal Polypectomy (CPT Code 30115) (new to policy)</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for extensive nasal polypectomy; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Polypectomy, Nasal After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines <p><i>Nasal Septal Swell Body (NSB) Reduction (CPT Code 30117) (new to policy)</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for nasal septal swell body (NSB) reduction; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Rhinoplasty and Other Nasal Procedures</i> <p><i>Posterior Nasal Nerve Ablation (CPT Codes 31242, 31243, and 30999) (new to policy)</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for posterior nasal nerve ablation; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Rhinoplasty and Other Nasal Procedures</i> <p><i>Repair of Nasal Valve Collapse with Radiofrequency (CPT Code 30469) (new to policy)</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for repair of nasal valve collapse with radiofrequency; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Rhinoplasty and Other Nasal Procedures</i> <p><i>Turbinectomy (CPT Codes 30130 and 30140) (new to policy)</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have an NCD for turbinectomy; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Turbinectomy, Inferior, Partial After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines <p><i>Ethmoidectomy (CPT Code 31200) (new to policy)</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for ethmoidectomy; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Ethmoidectomy After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines <p><i>Rhinophototherapy (CPT Code 30999) (new to policy)</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for rhinophototherapy; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i>

Date	Summary of Changes
	<p><i>Eustachian Tube Dilation (CPT Codes 69705, 69706, and 69799)</i> (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for eustachian tube dilation; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> <p><i>Lithotripsy for Salivary Stones (CPT Code 42699)</i> (new to policy)</p> <ul style="list-style-type: none"> Added language [previously included in the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Gastroesophageal and Gastrointestinal (GI) Services and Procedures</i>] to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for lithotripsy for salivary stones; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Lithotripsy for Salivary Stones</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current information Archived previous policy version MCS060.06

Instructions for Use

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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