Coverage Summary

Nasal and Sinus Procedures

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>N-006</td>
<td>UnitedHealthcare Medicare Advantage Plans</td>
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Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee

Last Review Date: 03/19/2019

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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 is 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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I. COVERAGE

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

Guidelines/Notes:

1. Septoplasty
   - *Medicare does not have a National Coverage Determination for septoplasty.*
   - *Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these LCDs is required where applicable. See the LCDs for Cosmetic and Reconstructive Surgery. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment A).*
   - *For states with no LCDs/LCAs, refer to the MCG™ Care Guidelines, 23rd edition, 2019,*
Septoplasty ACG: A-0182 (AC) for information regarding medical necessity review. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

- Committee approval date: March 19, 2019
- Accessed March 11, 2019

2. Rhinoplasty

- 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. See the LCDs for Cosmetic and Reconstructive Surgery. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment B).
- For states with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Coverage Determination Guideline (CDG) for Rhinoplasty and Other Nasal Surgeries for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD or Article is found, then use the above referenced policy.)
- Committee approval date: March 19, 2019
- Accessed March 11, 2019

3. Vestibular Stenosis Repair

- Medicare does not have a National Coverage Determination for vestibular stenosis repair.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
- For coverage guideline, refer to the UnitedHealthcare Commercial Coverage Determination Guideline (CDG) for Rhinoplasty and Other Nasal Surgeries. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: March 19, 2019
- Accessed March 11, 2019

4. Balloon Sinuplasty

- Medicare does not have National Coverage Determination (NCD) for balloon sinuplasty.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
- For coverage guideline, refer to the UnitedHealthcare Commercial Medical Policy for Balloon Sinus Ostial Dilation. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
- Committee approval date: March 19, 2019
- Accessed March 11, 2019

II. DEFINITIONS

III. REFERENCES
IV. REVISION HISTORY

04/01/2019  • Updated policy introduction; added language to clarify:
  o There are instances where [the Coverage Summary] may direct readers to a
    UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy,
    and/or Coverage Determination Guideline (CDG)
  o 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)
  • Retitled reference links that direct users to UnitedHealthcare Commercial policies

03/19/2019  Annual review with the following update:
Guideline 1 (Septoplasty) - Updated MCG™ reference from 22nd edition, 2018 to 23rd edition, 2019; no change in MCG™ guideline.

09/18/2018  Updated Local Coverage Determination (LCD) Availability Grids; removed instruction to “use the applicable LCD based on member’s residence/place and type of service” (this note only applies when selecting the appropriate DME LCD Policy)

04/17/2018  Annual review with no updates.

03/20/2018  Re-review with the following update:
Guideline 1 (Septoplasty) - Updated reference from MCG 21st 2017 edition to the 22nd 2018 edition.

01/16/2018  Re-review with the following with updates:
Guideline 1 (Septoplasty) – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 2 (Rhinoplasty) – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

04/18/2017  Annual review; no updates.

03/21/2017  Re-review with the following update:
Guideline 1 (Septoplasty) - Updated reference from MCG 20th to the 21st edition 2017.

03/15/2016  Annual review with the following updates:
Guideline 1 (Septoplasty) - Updated reference from MCG 19th to the 20th edition.
Updated reference link(s) of the applicable LCDs in the Availability Grids to reflect the condensed link.

03/24/2015  Separated guidelines for septoplasty, rhinoplasty and vestibular stenosis repair.
Guideline 1 (Septoplasty) - Changed default policy for states with no LCDs from UnitedHealthcare Coverage Determination for Rhinoplasty and Repair of Vestibular
Definitions - Removed the following definitions (not addressed in the coverage summary): Chronic Sinunitis, Cosmetic Surgery, High Quality Photographs, Nasal Valve, Nasal Vestibular Stenosis, Recurrent Acute Sinusitis, Reconstructive Surgery, Rhinoplasty, Rhinitis, Septoplasty, and Sinus Surgery (endoscopy)

12/16/2014 Changed title from Septoplasty, Rhinoplasty and Vestibular Stenosis Repair to Nasal and Sinus Procedures

Guideline 2 (Balloon Sinuplasty) - added guideline; new to the policy

03/18/2014 Annual review; no updates.

04/29/2013 Annual review; Default guidelines for states with no LCDs replaced with the direct link to the May 1, 2013 UnitedHealthcare Coverage Determination Guidelines for Rhinoplasty, Septoplasty, and Repair of Vestibular Stenosis.

08/20/2012 Annual review; Coverage Summary guidelines updated based on the revisions to the default guidelines for states with no LCDs, i.e., the UnitedHealthcare Coverage Determination Guidelines for Rhinoplasty, Septoplasty, and Repair of Vestibular Stenosis (effective 9/1/2012).

10/31/2011 LCD Availability Grid for Cosmetic and Reconstructive Surgery (Septoplasty and Rhinoplasty) (Attachment A) updated, i.e., superseded links for L30733 replaced.

V. ATTACHMENT(S)

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<thead>
<tr>
<th>Attachment A - LCD Availability Grid</th>
<th>Septoplasty</th>
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<tr>
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End of Attachment A

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<tr>
<th>Attachment B - LCD Availability Grid</th>
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## Rhinoplasty

CMS website accessed March 11, 2019

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<td><strong>Cosmetic and Reconstructive Surgery</strong></td>
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<td>AR, CO, LA, MS, NM, OK, TX</td>
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<tr>
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<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA-Northern, CA- Southern, GU, HI, MP, NV</td>
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End of Attachment B