

Nasal and Sinus Procedures

Policy Number: MCS060.02
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[Instructions for Use](#)

Table of Contents	Page
Coverage Guidelines	1
• Septoplasty	1
• Rhinoplasty	1
• Vestibular Stenosis Repair	2
• Balloon Sinus Ostial Dilation	2
• Functional Endoscopic Sinus Surgery	2
Supporting Information	2
Policy History/Revision Information	4
Instructions for Use	4

Related Policies
None

Coverage Guidelines

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

Septoplasty

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® 2021, Apr. 2021 Release, 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 policy referenced above for coverage guidelines.

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. 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 Coverage Determination Guideline (CDG) titled [Rhinoplasty and Other Nasal Surgeries](#).

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.

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.

For coverage guidelines, refer to the UnitedHealthcare Commercial Coverage Determination Guideline (CDG) titled [Rhinoplasty and Other Nasal Surgeries](#).

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

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

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.

Functional Endoscopic Sinus Surgery (FESS) (CPT codes 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288 and 31299)

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.

Supporting Information

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

Septoplasty				
Accessed November 2, 2021				
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
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 MAC	Wisconsin Physicians Service Insurance Corporation	AK, AL*, AR*, AZ, CA, CO*, CT, DE*, FL*, GA*, HI, IA, ID, IL, IN, KS, KY, LA*, MA, MD*, ME, MI, MO, MS*, MT, NC*, ND, NE, NH, NJ*, NM*, NV, OH, OK*, OR, PA*, RI, SC*, SD, TN*, TX*, UT, VA*, VT, WA, WI, WV*, WY

Septoplasty

Accessed November 2, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
				Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE
Back to Guidelines				

Rhinoplasty

Accessed November 2, 2021

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, CA-Northern, CA-Southern, 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 MAC	Wisconsin Physicians Service Insurance Corporation	AK*, AL*, AR*, AZ*, CA*, CO*, CT, DE*, FL*, GA*, HI*, IA, ID*, IL, IN, KS, KY, LA*, MA, MD*, ME, MI, MO, MS*, MT*, NC*, ND*, NE, NH, NJ*, NM*, NV*, OH, OK*, OR*, PA*, RI, SC*, SD*, TN*, TX*, UT*, VA*, VT, WA*, WI, WV*, WY* Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE
Back to Guidelines				

Policy History/Revision Information

Date	Summary of Changes
07/01/2021	<p>Coverage Guidelines</p> <p><i>Septoplasty</i></p> <ul style="list-style-type: none"> Replaced reference to “InterQual® 2020” with “InterQual® 2021” <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version MCS060.01
04/20/2021	<p>Template Update</p> <ul style="list-style-type: none"> Reformatted policy; transferred content to new template <p>Coverage Guidelines</p> <p><i>Septoplasty</i></p> <ul style="list-style-type: none"> Revised default guidelines for states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs): <ul style="list-style-type: none"> Replaced reference to “MCG™ Care Guidelines, 24th edition, 2020, Septoplasty ACG: A-0182 (AC)” with “InterQual® 2020, Apr. 2020 Release, CP: Procedures, Septoplasty” <p><i>Functional Endoscopic Sinus Surgery (FESS) (CPT codes 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288 and 31299)</i></p> <ul style="list-style-type: none"> Updated list of applicable CPT codes; added 31299

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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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