Coverage Summary

Nasal and Sinus Procedures

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 03/17/2020

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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 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 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 A).
   - For states with no LCDs/LCAs, refer to the MCG™ Care Guidelines, 24th edition, 2020, Septoplasty ACG: A-0182 (AC) for information regarding medical necessity review. Click here to view the MCG™ Care Guidelines. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is
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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. For state-specific LCDs/LCAs, refer to the LCD/LCA 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/LCA 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 17, 2020
   • Accessed April 20, 2020

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 17, 2020
   • Accessed February 25, 2020

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/LCA is found, then use the above referenced policy.)
   • Committee approval date: March 17, 2020
   • Accessed April 20, 2020

II. DEFINITIONS

None

III. REFERENCES

See above

IV. REVISION HISTORY

03/17/2020  Guideline 1 (Septoplasty)
   • Updated default guidelines for states with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs); replaced reference to “MCG™ Care Guidelines, 23rd edition, 2019” with “MCG™ Care Guidelines, 24th edition, 2020”
### Attachment A – LCD/LCA Availability Grid

**Septoplasty**

CMS website accessed April 20, 2020

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<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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</thead>
<tbody>
<tr>
<td>L33428 (A56658)</td>
<td>Cosmetic and Reconstructive Surgery</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td>L35090 (A56587)</td>
<td>Cosmetic and Reconstructive Surgery</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, LA, MS, NM, OK, TX</td>
</tr>
</tbody>
</table>

End of Attachment A

### Attachment B – LCD/LCA Availability Grid

**Rhinoplasty**

CMS website accessed April 20, 2020

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
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<td>L34698 (A57475)</td>
<td>Cosmetic and Reconstructive Surgery</td>
<td>MAC-Part A and B</td>
<td>Wisconsin Physicians Service</td>
<td>IN, IA, KS, MI, MO, NE</td>
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<td>MAC-Part A</td>
<td>Wisconsin Physicians Service</td>
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</tr>
<tr>
<td>L33428 (A56658)</td>
<td>Cosmetic and Reconstructive Surgery</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td>L35090 (A56587)</td>
<td>Cosmetic and Reconstructive Surgery</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, LA, MS, NM, OK, TX</td>
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<tr>
<td>L35163 (A57221)</td>
<td>Plastic Surgery</td>
<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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<td>L37020 (A57222)</td>
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<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY</td>
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</tbody>
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