

# Rhinoplasty and Other Nasal Surgeries

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[Instructions for Use](#)

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## Application

This Coverage Determination Guideline does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Indiana	<a href="#">Rhinoplasty and Other Nasal Surgeries (for Indiana Only)</a>
Kentucky	<a href="#">Rhinoplasty and Other Nasal Surgeries (for Kentucky Only)</a>
Louisiana	<a href="#">Rhinoplasty and Other Nasal Surgeries (for Louisiana Only)</a>
Nebraska	<a href="#">Rhinoplasty and Other Nasal Surgeries (for Nebraska Only)</a>
New Jersey	<a href="#">Rhinoplasty and Other Nasal Surgeries (for New Jersey Only)</a>
North Carolina	<a href="#">Rhinoplasty and Other Nasal Surgeries (for North Carolina Only)</a>
Pennsylvania	<a href="#">Rhinoplasty and Other Nasal Surgeries (for Pennsylvania Only)</a>
Tennessee	<a href="#">Rhinoplasty and Other Nasal Surgeries (for Tennessee Only)</a>

## Coverage Rationale

### Indications for Coverage

Some states require coverage for services that UnitedHealthcare considers Cosmetic Procedures, such as repair of external Congenital Anomalies in the absence of a Functional Impairment. Check the federal, state or contractual requirements for benefit coverage.

Lysis intranasal Synechia (CPT code 30560) is considered reconstructive when:

- There is a documented Functional Impairment (e.g., obstruction, pain or bleeding) due to intranasal Synechia (adhesions/scar bands); and
- The Functional Impairment will be eliminated by lysis of the Synechia

Repair of nasal vestibular stenosis or alar collapse (CPT code 30465) is considered reconstructive and medically necessary when all of the following criteria are present:

- Prolonged, persistent obstructed nasal breathing due to internal and/or External Nasal Valve compromise (refer to the [Definitions](#) section below); and
- Internal valve compromise due to collapse of the upper lateral cartilage and/or External Nasal Valve compromise due to collapse of the alar (lower lateral) cartilage resulting in an anatomic Mechanical Nasal Airway Obstruction that is a primary contributing factor for obstructed nasal breathing; and
- Photos clearly document internal and/or external valve collapse as the primary cause of an anatomic Mechanical Nasal Airway Obstruction and are consistent with the clinical exam; and
- Other causes have been ruled out as the primary cause of nasal obstruction (e.g., sinusitis, allergic rhinitis, vasomotor rhinitis, nasal polyposis, adenoid hypertrophy, nasopharyngeal masses, nasal septal deviation, turbinate hypertrophy and choanal atresia)

Note: For placement of absorbable nasal implants (e.g., Latera), refer to the Medical Policy titled [Omnibus Codes](#).

Rhinophyma Excision (CPT code 30120) is considered reconstructive and medically necessary when all of the following criteria are present:

- One of the following:
  - Prolonged, persistent obstructed nasal breathing due to rhinophyma; or
  - Chronic infection or bleeding unresponsive to medical management due to rhinophyma; and
- Photos clearly document rhinophyma as the primary cause of an anatomic Mechanical Nasal Airway Obstruction or chronic infection and are consistent with the clinical exam; and
- The proposed procedure is designed to correct the anatomic Mechanical Nasal Airway Obstruction and relieve the nasal airway obstruction by correcting the deformity or the proposed procedure is designed to address the chronic infection

Rhinoplasty for Congenital Anomalies (CPT codes 30460 and 30462) is considered reconstructive and medically necessary when the following are present:

- Rhinoplasty is considered reconstructive when performed for a nasal deformity associated with congenital craniofacial anomalies including, but not limited to Pierre Robin, Apert Syndrome, Fraser Syndrome, Binder Syndrome, Goldenhar Syndrome, Nasal dermoids, Tessier Nasal Cleft (most commonly #1) or associated with a cleft lip or cleft palate

Rhinoplasty-primary (CPT codes 30410 and 30420) is considered reconstructive and medically necessary when all of the following criteria are present:

- Prolonged, persistent obstructed nasal breathing due to nasal bone and septal deviation that are the primary causes of an anatomic Mechanical Nasal Airway Obstruction; and
- The nasal airway obstruction cannot be corrected by septoplasty alone as documented in the medical record; and
- Photos clearly document the nasal bone/septal deviation as the primary cause of an anatomic Mechanical Nasal Airway Obstruction and are consistent with the clinical exam; and
- The proposed procedure is designed to correct the anatomic Mechanical Nasal Airway Obstruction and relieve the nasal airway obstruction by centralizing the nasal bony pyramid (30410) and also straightening the septum (30420); and
- One of the following is present:
  - Nasal fracture with nasal bone displacement severe enough to cause nasal airway obstruction; or
  - Residual large cutaneous defect following resection of a malignancy or nasal trauma; and
- Nasal airway obstruction is causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing); and
- Obstructive symptoms persist despite conservative management for 4 weeks or greater, which includes, where appropriate, nasal steroids or immunotherapy

Rhinoplasty-secondary (CPT codes 30430, 30435, and 30450) is primarily cosmetic. However, it is considered reconstructive and medically necessary when all of the following criteria are present:

- Required as treatment of a complication/residual deformity from primary surgery performed to address a Functional Impairment when a documented Functional Impairment persists due to the complication/deformity (these codes are usually cosmetic); and
- Photos clearly document the secondary deformity/complication as the primary cause of an anatomic Mechanical Nasal Airway Obstruction and are consistent with the clinical exam; and

- The proposed procedure is designed to correct the anatomic Mechanical Nasal Airway Obstruction and relieve the nasal airway obstruction by correcting the deformity or treating the complication (these codes are usually cosmetic); and
- Nasal airway obstruction is causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing); and
- Obstructive symptoms persist despite conservative management for 4 weeks or greater, which includes, where appropriate, nasal steroids or immunotherapy

Rhinoplasty-tip (CPT code 30400) is primarily cosmetic. However, it is considered reconstructive and medically necessary when all of the following criteria are present:

- Prolonged, persistent obstructed nasal breathing due to tip drop that is the primary cause of an anatomic Mechanical Nasal Airway Obstruction (this code is usually cosmetic); and
- Photos clearly document tip drop as the primary cause of an anatomic Mechanical Nasal Airway Obstruction and are consistent with the clinical exam (acute columellar-labial angle); and
- The proposed procedure is designed to correct the anatomic Mechanical Nasal Airway Obstruction and relieve the nasal airway obstruction by lifting the nasal tip; and
- Nasal airway obstruction is causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing); and
- Obstructive symptoms persist despite conservative management for 4 weeks or greater, which includes, where appropriate, nasal steroids or immunotherapy

Septal Dermatoplasty (CPT code 30620) is considered reconstructive when:

- There is a documented Functional Impairment (e.g., obstruction, pain or bleeding) due to diseased nasal mucosa; and
- The Functional Impairment will be eliminated by a skin graft

Nasal Polypectomy (CPT code 31237) is considered reconstructive and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Polypectomy, Nasal.

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

### ***Documentation Requirements***

Medical notes documenting the following, when applicable:

- Diagnosis
- Detailed history of nasal symptoms including evaluation and management notes for the date of service and the note for the day the decision to perform surgery was made
- Evidence of chronic sinusitis with treatment, response, and duration
- History of treatments tried, failed, or contraindicated
- Specific diagnostic image(s) that shows the abnormality for which surgery is being requested; consultation with requesting surgeon may be of benefit to select the optimal image(s)
  - Note: Diagnostic images must be labeled with the:
    - Date taken
    - Applicable case number obtained at time of notification, or the member's name and ID number on the image(s)
  - Submission of diagnostic image(s) is required via the external portal at [www.uhcprovider.com/paan](http://www.uhcprovider.com/paan); faxes will not be accepted
- Diagnostic image(s) report(s)
- Details of functional impairment, if applicable
- Physician's plan of care
- High-quality color image(s) (full face photos in cases of post-traumatic nasal deformity)
  - Note: All images must be labeled with the:
    - Date taken
    - Applicable case number obtained at time of notification, and the member's name and ID number on the image(s)
  - Submission of color image(s) is required via the external portal at [www.uhcprovider.com/paan](http://www.uhcprovider.com/paan); faxes will not be accepted
- In addition to the above, additional documentation requirements may apply for CPT code 30560; refer to the Coverage Determination Guideline titled [Cosmetic and Reconstructive Procedures](#)

## Coverage Limitations and Exclusions

UnitedHealthcare excludes Cosmetic Procedures from coverage including but not limited to the following:

- Procedures that correct an anatomical Congenital Anomaly without improving or restoring Physiological Function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a Reconstructive Procedure.
- Rhinoplasty, unless rhinoplasty criteria above are met
- Any procedure that does not meet the reconstructive criteria
- Rhinoplasty procedures performed to improve appearance (check member specific benefit plan document)

## Definitions

Check the federal, state, or contractual guidelines that supersede the definitions below.

**Congenital Anomaly:** A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth.

**Cosmetic Procedures:** Procedures or services that change or improve appearance without significantly improving Physiological Function.

**External Nasal Valve:** The caudal septum, along with lower lateral cartilage, alar rim, and nostril sill contribute to the external nasal valve.

**Functional or Physical or Physiological Impairment:** A Functional or Physical or Physiological Impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.

**Mechanical Nasal Airway Obstruction:** Trouble breathing through the nose (not snoring) due to a bony or cartilaginous deformity.

**Prolonged, Persistent Nasal Airway Obstruction:** Trouble breathing through the nose (not snoring) that has not responded to six weeks of medical management such as nasal steroids, antihistamines, and decongestants. Elimination of rhinitis medicamentosa as a cause for airway obstruction.

**Reconstructive Procedures:** Reconstructive Procedures when the primary purpose of the procedure is either of the following:

- Treatment of a medical condition
- Improvement or restoration of physiologic function

Reconstructive Procedures include surgery or other procedures which are related to an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance.

Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that you may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a reconstructive procedure.

**Rhinitis Medicamentosa (RM):** A condition of rebound nasal congestion brought on by extended use of topical decongestants (e.g., oxymetazoline, phenylephrine, xylometazoline, and naphazoline nasal sprays) and certain oral medications (e.g., sympathomimetic amines and various 2-imidazolines) that constrict blood vessels in the lining of the nose.

**Septal Dermatoplasty:** The physician removes diseased intranasal mucosa and replaces it with a separately reportable split thickness graft. The surgery is performed on one nasal side. A lateral rhinotomy is made to expose the intranasal mucosa. The diseased mucosal tissue is excised from the septum, nasal floor, and anterior aspect of the inferior turbinate. A split thickness

graft is sutured to the recipient bed, covering the exposed cartilage and submucosal surfaces. Gauze packing and splints are placed in the grafted nasal cavity.

**Synechia:** An adhesion of parts, typically the nasal side wall to the septum.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

### Notes:

- All nasal surgical claims may be subject to coding review. The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive.
- Utilize CPT/HCPCS codes 30999 and L8699 to report absorbable nasal implants and the associated procedure rather than CPT code 30465. Refer to the Medical Policy titled [Omnibus Codes](#) for absorbable nasal implants.

CPT Code	Description
<b>Rhinoplasty</b>	
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)
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
<b>Repair of Vestibular Stenosis</b>	
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
<b>Lysis Intranasal Synechia</b>	
30560	Lysis intranasal synechia
<b>Septal Dermatoplasty</b>	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
<b>Rhinophyma</b>	
30120	Excision or surgical planing of skin of nose for rhinophyma
<b>Nasal Polypectomy</b>	
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)

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## Guideline History/Revision Information

Date	Summary of Changes
06/01/2022	<p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"><li>Removed reference to specific InterQual® release date; refer to the most current InterQual® criteria</li></ul> <p><b>Application</b></p> <p><i>Mississippi</i></p> <ul style="list-style-type: none"><li>Updated language to indicate this Coverage Determination Guideline applies to the state of Mississippi (retired state-specific policy version)</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Archived previous policy version CS107.X</li></ul>

## Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.