

# RHINOPLASTY AND OTHER NASAL SURGERIES

Policy Number: ENT 005.23 T2

Effective Date: August 1, 2018

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Related Policies
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## INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care 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.

## CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	Yes
Precertification with Medical Director Review Required	Yes <sup>1</sup>
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Outpatient, Office <sup>2</sup>
Special Considerations	<p><sup>1</sup>Precertification with review by a Medical Director or their designee may be required.</p> <p><sup>2</sup>Precertification is required for services covered under the Member's General Benefits package when performed in the office of a participating provider. For Commercial plans, precertification is not required, but is encouraged for out-of-network services performed in the office that are covered under the Member's General Benefits package. If precertification is not obtained, Oxford may</p>

## BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

### **Essential Health Benefits for Individual and Small Group**

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

## COVERAGE RATIONALE

### **Indications for Coverage**

Some states require benefit coverage for services that Oxford considers cosmetic procedures, such as repair of external Congenital Anomalies in the absence of a Functional Impairment. Please refer to member specific benefit plan document.

#### ***Rhinoplasty-Primary (CPT 30410, 30420)***

**Rhinoplasty-primary 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-Tip (CPT 30400)***

**Rhinoplasty-tip 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.

#### ***Rhinoplasty-Secondary (CPT 30430, 30435, 30450)***

**Rhinoplasty-secondary 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 for Congenital Anomalies (CPT 30460, 30462)***

**The following are 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.

### ***Repair of Nasal Vestibular Stenosis or Alar Collapse (CPT 30465)***

**Repair of nasal vestibular stenosis or alar collapse 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 (see [Definitions](#) 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).

### ***Septal Dermatoplasty (CPT 30620)***

**Septal Dermatoplasty 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.

### ***Lysis Intranasal Synechia (CPT 30560)***

**Lysis Intranasal Synechia 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.

### ***Rhinophyma (CPT Code 30120)***

**Rhinophyma 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.

### **Documentation Requirements**

Rhinoplasty or other nasal surgery documentation should include the evaluation and management note for the date of service and the note for the day the decision to perform surgery was made. The member's medical record must contain, and be available for review on request, the following information:

- Physician office notes
- Radiologic imaging if done
- Photographs that document the nasal deformity

## **Coverage Limitations and Exclusions**

Cosmetic Procedures are excluded from coverage, including but not limited to:

- Procedures that correct an anatomical Congenital Anomaly without improving or restoring Physiologic 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**

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

**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.

**External Nasal Valve:** The cartilaginous vestibule bounded by nares and lateral alar sidewalls. It is caudal to the internal 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 function.

**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 Surgery:** Defined by the American Society of Plastic Surgeons, 'is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

**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 the member specific benefit plan document 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 may apply.

**IMPORTANT:** All nasal surgical claims may be subject to coding review.

CPT Code	Description
<b>Rhinoplasty</b>	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columnar lengthening; tip, septum, osteotomies
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 columnar lengthening; tip only
<b>Repair of Vestibular Stenosis</b>	
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
<b>Rhinophyma</b>	
30120	Excision or surgical planing of skin of nose for rhinophyma
<b>Lysis Intranasal Synechia</b>	
30560	Lysis intranasal synechia
<b>Septal Dermatoplasty</b>	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)

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## REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare Coverage Determination Guideline (CDG) that was researched, developed and approved by the UnitedHealthcare Coverage Determination Committee. [CDG.019.10]

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**POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
08/01/2018	<ul style="list-style-type: none"> <li>• Updated coverage rationale; replaced language indicating “repair of nasal vestibular stenosis or alar collapse is considered reconstructive and medically necessary when other causes have been <i>eliminated</i> as the primary cause of nasal obstruction” with “repair of nasal vestibular stenosis or alar collapse is considered reconstructive and medically necessary when other causes have been <i>ruled out</i> as the primary cause of nasal obstruction”</li> <li>• Updated definition of:               <ul style="list-style-type: none"> <li>○ External Nasal Valve</li> <li>○ Functional or Physical or Physiological Impairment</li> </ul> </li> <li>• Updated supporting information to reflect the most current references</li> <li>• Archived previous policy version ENT 005.22 T2</li> </ul>