

# MedStar Health, Inc. POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.038.MH  
REVISION DATE: 07/15  
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SUBJECT: Septoplasty-Rhinoplasty  
INDEX TITLE: Medical Management  
ORIGINAL DATE: January 2013

**This policy applies to the following lines of business: (Check those that apply.)**

<b>COMMERCIAL</b>	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Individual Product	<input type="checkbox"/> Marketplace (Exchange)	<input checked="" type="checkbox"/> All
<b>GOVERNMENT PROGRAMS</b>	<input type="checkbox"/> MA HMO	<input type="checkbox"/> MA PPO	<input type="checkbox"/> MA C-SNP	<input type="checkbox"/> MA D-SNP	<input checked="" type="checkbox"/> MA All	
<b>OTHER</b>	<input checked="" type="checkbox"/> Self-funded/ASO					

## I. POLICY

It is the policy of MedStar Health, Inc. to cover septoplasty-rhinoplasty when it is medically necessary and covered under the member's specific benefit plan.

MedStar Health, Inc. recognizes septoplasty and/or rhinoplasty as appropriate and consistent with good medical practice when performed as reconstructive surgery and not for cosmetic purposes.

## II. DEFINITIONS

**Deviation of the septum** occurs when the septum, which divides the two sides of the nasal cavity, is displaced from a straight vertical alignment into an abnormal configuration, causing blockage of airflow through one or both sides of the nose.

**Reconstructive Rhinoplasty** is a surgical procedure that transforms nasal abnormalities or damaged nasal structures to a more normal state and is the surgical treatment of choice in a broad range of nasal defects resulting from trauma, tumors, infections and congenital deformities.

**Reconstructive Surgery** is generally performed to improve function or alleviate clinical symptoms, but may also be done to approximate normal appearance.

**Septoplasty** is the surgical procedure that corrects nasal septum defects or deformities, by alteration, splinting, or partial removal of obstructing supporting structures. This procedure is done inside the nose and does not change appearance, therefore is not done for cosmetic purposes.



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### III. PURPOSE

The purpose of this policy is to define the indications for coverage for septoplasty/rhinoplasty when it's performed as reconstructive surgery.

### IV. SCOPE

This policy applies to various MedStar Health Departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to delegated Medical Management, Benefit Configuration and Claims Departments.

### V. PROCEDURE

#### A. Medical Description

Nasal surgery is considered reconstructive surgery to improve nasal respiratory function, treat anatomic abnormalities caused by birth defects or disease, and revise structural deformities resulting from trauma. These procedures are usually performed in the outpatient setting.

When nasal surgery is performed solely to improve the member's appearance in the absence of any signs and/or symptoms of functional abnormalities, the procedure will be considered cosmetic in nature. (Refer to Pay .079 Cosmetic and Reconstructive Services Policy).

#### B. Specific Indications

Indications for Septoplasty include any one of the following:

1. Septal deviation causing nasal airway obstruction when the space between inferior turbinates and septum is:
  - Decreased by > 75%,  
OR
  - Decreased by 50% to 75% and the following:
    - Obstruction continues after prescription medication, including intranasal corticosteroid spray use for ≥6 weeks.
2. Documented recurrent sinusitis due to a deviated septum
3. Recurrent epistaxis related to a septal deformity
4. Asymptomatic septal deformity that prevents access to other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g., ethmoidectomy)
5. When done in association with cleft lip/palate repair
6. Trauma resulting in tearing and dislocation of the septum



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Indications for Rhinoplasty include ANY of the following:

- Functional breathing impairment of the nose caused by trauma, surgical, or congenital deformity; OR
- Post-traumatic (i.e. accident) nasal deformity exists

### **C. Limitations**

1. Not medically necessary:
  - Rhinoplasty when performed solely for cosmetic purposes is considered not medically necessary and therefore, is not a covered benefit.
2. Contraindications:  
Medical problems that present a contraindication include the following:
  - Cocaine abuse,
  - Large septal perforation
  - Malignant lymphomas or monoclonal T- or B cell proliferations,
  - Wegener's granulomatosis is a contraindication to septoplasty, but not to rhinoplasty.
3. When two (2) surgical procedures (one reconstructive and one cosmetic) are performed on the nose during the same operative session, MedStar Health will only pay for the reconstructive portion of the surgery.
4. Laser-assisted septoplasty is considered investigative and therefore not medically necessary due to a lack of controlled studies and long-term follow-up observation of the technique.

### **D. Information Required for Review**

N/A

### **E. Variations**

N/A

### **F. Coding**

*The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member*

### **CPT Codes**      **Description**



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30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip; 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
30435	Rhinoplasty secondary; intermediate revision
30450	Rhinoplasty, secondary; major revision (nasal tip and osteotomies)
30460	Rhinoplasty: for nasal deformity secondary to congenital cleft lip/palate; tip only
30462	Rhinoplasty: for nasal deformity secondary to congenital cleft lip/palate; tip, septum, osteotomies
30465	Repair of nasal vestibular stenosis
30520	Septoplasty or submucous resection
30620	Septal or other intranasal dermatoplasty

**ICD 9 Coding:**

470	Deviated nasal septum (acquired)
473.0	Chronic maxillary sinusitis
473.2	Chronic ethmoidal sinusitis
473.8	Other chronic sinusitis
473.9	Unspecified chronic sinusitis
478.0	Hypertrophy of nasal turbinates
478.1	Nasal airway obstruction
478.19	Other diseases of nasal cavity and sinuses
738.0	Acquired nasal deformity
748.1	Congenital nasal deformity
749.00-749.04	Cleft palate
749.20-749.25	Cleft palate with cleft lip
754.0	Congenital nasal/septal deformity
784.7	Epistaxis related to septal deformity
802.0	Fracture of nasal bones
905.0	Late effects of fracture of skull or facial bones

**ICD 10 Coding:**

J32.0	Chronic maxillary sinusitis
J32.2	Chronic ethmoidal sinusitis



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J32.8	Other chronic sinusitis
J32.9	Chronic sinusitis, unspecified
J34.2	Deviated nasal septum
J34.3	Hypertrophy of nasal turbinates
J34.89	Other disease of the nose and nasal sinuses
M95.0	Acquired nasal deformity
Q30.1	Agenesis and underdevelopment of nose
Q30.2	Fissured, notched and cleft nose
Q30.8	Other congenital malformations of nose
Q35	Cleft palate
Q37	Cleft palate with cleft lip
Q67.1	Congenital compression facies
Q67.4	Other congenital deformities of skull, face and jaw
R04.0	Epistaxis related to septal deformity
S02.2XXA	Fracture of nasal bones
S02.92XS	Unspecified fracture of facial bones

### **G. Quality Audit**

Quality Audit monitors policy compliance and/or billing accuracy at the request of the MedStar Health, Inc.'s Technology Assessment Committee or the Benefits Reimbursement Committee.

### **H. Records Retention**

Records Retention for documents, regardless of medium, are provided within MedStar Health, Inc. Policy and Procedure CORP.028.MH for Records Retention.

Unless otherwise mandated by Federal or State law, or unless required to be maintained for litigation purposes, any communications recorded pursuant to this Policy are maintained for a minimum of ten (10) years from the date of recording

### **I. References**

#### **Medical Literature/Clinical Information:**

1. Watson D, Meyers AD. Septoplasty Work-up. Updated: Feb 11, 2013. © Medscape. <http://emedicine.medscape.com/article/877677-workup>
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3. American Society of Plastic Surgeons. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Nasal Surgery. Approved by the ASPS Executive Committee. July 2006. <http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html>
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**Disclaimer:**

MedStar Health, Inc. medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health, Inc. and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health, Inc. reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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