

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.038.MH  
Last Review Date: 11/12/2015  
Effective Date: 01/01/2016  
Renewal Date: 01/01/2017

### MP.038.MH – Septoplasty-Rhinoplasty

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers Septoplasty-Rhinoplasty medically necessary for the following 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  $\geq$  six 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

#### **Indications for Rhinoplasty include any of the following:**

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

#### **Limitations**

1. Cosmetic purposes that are considered not medically necessary are not a covered benefit.
2. When two surgical procedures (one reconstructive and one cosmetic) are performed on the nose during the same operative session, only the reconstructive portion of the surgery is covered.

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3. 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.

### Background

The American Society of Plastic Surgeons defines rhinoplasty as a procedure that enhances facial harmony and the proportions of an individual's nose. It can correct impaired breathing caused by structural defects in the nose. A deviated septum is one of the most common causes of a breathing impairment.

Septoplasty is a surgery that corrects problems related to the nasal septum, or the wall inside the nose that separates the nostrils. This procedure is often performed to repair a deformed nasal septum and to treat nosebleeds that cannot be controlled.

### Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
<b>CPT codes:</b>	
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
30540	Repair choanal atresia; intranasal
30545	Repair choanal atresia; transpalatine

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30560	Lysis intranasal synechia
30580	Repair fistula; oromaxillary
30600	Repair fistula; oronasal
30620	Septal or other intranasal dermatoplasty
30630	Repair nasal perforations
<b>ICD-9 codes covered if selection criteria are met:</b>	
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
748.0	Choanal atresia
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
<b>ICD-10 codes covered if selection criteria are met:</b>	
J32.0	Chronic maxillary sinusitis
J32.2	Chronic ethmoidal sinusitis
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

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M95.0	Acquired nasal deformity
Q30.0	Choanal atresia
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

### References

1. 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>
2. American Society of Plastic Surgery. Rhinoplasty. 2015. <http://www.plasticsurgery.org/cosmetic-procedures/rhinoplasty.html>
3. Cantrell H. Limited septoplasty for endoscopic sinus surgery. Otolaryngol Head Neck Surg. 1997 Feb; 116(2): 274-277. <http://www.ncbi.nlm.nih.gov/pubmed/?term=Cantrell+h+%5Bau%5D+AND+septoplasty+%5Bti%5D>
4. Kamami YV, Pandraud L, Bougara A. Laser-assisted outpatient septoplasty: Results in 703 patients. Otolaryngol Head Neck Surg. 2000 Mar; 122(3): 445-449. . DOI: 10.1067/mhn.2000.99279. <http://www.ncbi.nlm.nih.gov/pubmed/10699825>
5. O Neal RM, Beil RJ. Surgical anatomy of the nose. Clin Plast Surg. 2010 Apr;37(2):191-211. doi: 10.1016/j.cps.2009.12.011. <http://www.ncbi.nlm.nih.gov/pubmed/20206738>
6. Tardy ME, Dayan S, Hecht D. Preoperative rhinoplasty: evaluation and analysis. Otolaryngol Clin North Am. 2002 Feb; 35(1): 1-27. <http://www.ncbi.nlm.nih.gov/pubmed/11781205>
7. US National Library of Medicine. Septoplasty. Last updated 3/22/2013. <https://www.nlm.nih.gov/medlineplus/ency/article/003012.htm>

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8. Watson D, Meyers AD. Septoplasty Work-up. Updated: Feb 11, 2013. © Medscape.  
<http://emedicine.medscape.com/article/877677-workup>

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