# Clinical Policy

## Rhinoplasty, Septoplasty and Repair of Vestibular Stenosis

**Policy Number:** ENT 005.13 T2  
**Effective Date:** July 1, 2013

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**Related Policies:**
- Cosmetic and Reconstructive Procedures
- Orthognathic/Jaw Surgery
- Plagiocephaly and Craniosynostosis Treatment

### Conditions of Coverage

The services described in Oxford policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage enrollees. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded Members and certain insured products. Refer to the Member's plan of benefits or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the Member's plan of benefits or Certificate of Coverage, the plan of benefits or Certificate of Coverage will govern.

### Applicable Lines of Business/ Products

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>General benefits package</th>
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<table>
<thead>
<tr>
<th>Referral Required (Does not apply to non-gatekeeper products)</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Authorization Required (Precertification always required for inpatient admission)</td>
<td>Yes</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Precertification with Medical Director Review Required</th>
<th>Yes†</th>
</tr>
</thead>
</table>

| Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required) | Outpatient, Office |

| Special Considerations | Precertification with review by a Medical Director or their designee may be required. |

Rhinoplasty, Septoplasty and Repair of Vestibular Stenosis: Clinical Policy (Effective 07/01/2013)

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I. Required Documentation:

The decision regarding whether the requested procedure will be covered as reconstructive and medically necessary or excluded from coverage as cosmetic will require review of the following required clinical information/documentation and such other documentation as may be reasonably requested.

NOTE: Additional Documentation Requirements, where applicable, are listed in Section II Criteria.

DOCUMENTATION FOR SEPTOPLASTY AND RHINOPLASTY:

A. **Physician office notes** with the history of the medical condition(s) requiring treatment or surgical intervention. This documentation must include ALL of the following:

   1. Chief complaint in addition to the progression or recurrence of symptoms to include any failed surgical interventions or procedures; and
   2. History of nasal symptoms requiring treatment or surgical intervention; and
   3. Documentation of maximum medical therapy such as steroids, antibiotics, and nasal lavage, along with any specialty consultations; and
   4. Results of an external nasal and intranasal evaluation.

B. **Clinical studies/tests** addressing the physical and/or physiologic abnormality that confirm its presence and the degree to which it is causing impairment:

   1. Formal, signed computed tomography (CT) report of maxillo-facial/nasal sinus area documenting the degree of the septal deviation if available; or
   2. Any other tests that document the septal deviation and/or external post traumatic nasal (bone) deformity including but not limited to, radiologic evaluation using MRI, nasal endoscopy or photographs.

C. **Treating physician's plan of care for the proposed procedure(s)**, which must include the expected improvement of the functional impairment.

**ADDITIONAL INFORMATION:** All required documentation must be submitted and approved through the standard review process.

II. Criteria for a Coverage Determination that Surgery is Reconstructive

ALL OF THE FOLLOWING MUST BE DOCUMENTED IN PHYSICIAN OFFICE NOTES (A summary letter of medical necessity is not a substitute for physician office notes):

SEPTOPLASTY FOR NASAL OBSTRUCTION:

**Documentation:** See section I, Documentation for Septoplasty and Rhinoplasty.

**Criteria:** Septoplasty is considered reconstructive and medically necessary when ALL of the following criteria are present (A through C):

A. **One of the following is required:**

   1. Obstructive sleep apnea as confirmed by a polysomnogram showing an apnea hypopnea index (AHI) of 5 or greater and intolerance to CPAP or APAP due to nasal obstruction caused by nasal septal deviation. When an AHI result is not
available or reported, a respiratory disturbance index (RDI) of 5 or greater would also be acceptable; or
2. Recurrent epistaxis secondary to the septal deformity; or
3. Chronic sinusitis (see definition below). The chronic sinusitis must have a history of >6 months in duration, OR, that the member has had recurrent acute sinusitis; or
4. Consistent prolonged subjective difficulty breathing through the nose resulting in chronic mouth breathing and xerostomia.

and

B. **Anatomic mechanical nasal airway obstruction with nasal septal deviation that is documented by an internal examination of the nose** documenting septal deviation is causing an anatomic mechanical nasal airway obstruction and is the primary contributing factor of obstructed nasal breathing; and

C. **Maximum medical therapy has failed**, such as steroids, antibiotics, and nasal lavage, along with any specialty consultations.

**SEPTOPLASTY FOR SEPTAL DEFORMITY THAT LIMITS ACCESS FOR ENDOSCOPIC SINUS SURGERY:**

**Documentation:** See section I, Documentation for Septoplasty and Rhinoplasty.

**Criteria:** Repair of a septal deformity that limits access for endoscopic sinus surgery is considered reconstructive and medically necessary.

**SEPTOPLASTY FOR NASAL/SEPTAL FRACTURE:**

**Documentation:**

A. See section I, Documentation for Septoplasty and Rhinoplasty; and
B. Endoscopic evaluation or photograph; or
C. High quality photograph(s) clearly demonstrating the degree of the post traumatic nasal septal deformity due to a nasal septal fracture. The service reference / identification number along with the patient’s name and date of service must be included on the photograph.

**Criteria:** Repair of septal deviation due to a nasal/septal fracture that is causing an anatomic mechanical nasal airway obstruction and is the primary contributing factor for obstructed nasal breathing, is considered reconstructive and medically necessary.

**RHINOPLASTY FOR NASAL VESTIBULAR STENOSIS OR ALAR COLLAPSE:**

**Documentation:**

A. See section I, Documentation for Septoplasty and Rhinoplasty; and
B. Endoscopic evaluation and photographs confirming nasal valve compromise or dynamic collapse of the external nasal valve or upper lateral cartilage.

**Criteria:** Repair of nasal vestibular stenosis or alar collapse is considered reconstructive when **ALL** of the following criteria are present:

A. Prolonged, persistent obstructed nasal breathing due to internal and/or external nasal valve compromise (see definition below)
B. Internal and/or external nasal valve compromise causes an anatomic mechanical nasal airway obstruction and is a primary contributing factor for obstructed nasal breathing. (e.g. large cutaneous defect, malignancy or trauma)

C. Other causes have been eliminated as the primary cause of nasal obstruction (e.g. sinusitis, allergic rhinitis, vasomotor rhinitis, nasal polyposis, adenoid hypertrophy, nasopharyngeal masses)

RHINOPLASTY FOR CONGENITAL ANOMALIES:

Documentation: See section I, Documentation for Septoplasty and Rhinoplasty

Criteria: The below are considered reconstructive and medically necessary when the following criteria are present:

Rhinoplasty for repair of Congenital Anomalies, when a functional impairment exists, may be considered reconstructive. Rhinoplasty is considered reconstructive when performed in conjunction with a covered correction of congenital craniofacial anomalies including, but not limited to, correction of cleft lip, or cleft palate.

DEFINITIONS

Chronic Sinusitis:
Chronic rhinosinusitis (CRS) Twelve (12) weeks or longer of two or more of the following signs and symptoms:

- Mucopurulent drainage (anterior, posterior, or both)
- Nasal obstruction (congestion),
- Facial pain-pressure-fullness, or
- Decreased sense of smell and inflammation is documented by one or more of the following findings:
  o Purulent (not clear) mucus or edema in the middle meatus or ethmoid region,
  o Polyps in nasal cavity or the middle meatus, and/or
  o Radiographic imaging showing inflammation of the paranasal sinuses

Functional/Physical Impairment: A physical/functional 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

High Quality Photograph: Ideally, a high-quality print should be in color have at least 200 pixels per inch. It must be detailed enough to show the patient's anatomy that is described in the physician's office notes If submitted as a hard copy, the image must be on photographic paper.

Nasal Endoscopy: commonly referred to as, nasopharyngoscopy, rhinolaryngoscopy, rhinopharyngoscopy or rhinoscopy, is the use of a flexible fiberoptic endoscope to evaluate upper airways (nasal passages, nasopharynx, oropharynx, and larynx).

Nasal Valve: External and internal components, is described anatomically as the cross- sectional area of the nasal cavity with the greatest overall resistance to airflow, thus acting as a dominant determinant for nasal inspiration. External valve is defined as the area in the vestibule, under the nasal ala, bounded by the caudal septum, medial crura of the alar cartilages, alar rim and nasal sill. The internal valve is located approximately 1.3cm from the nares and corresponds to the region under the upper lateral cartilages, bound medially by the septum, inferiorly by the head of the inferior turbinate and laterally by the upper lateral cartilage.
**Nasal Vestibular Stenosis**: is defined as a narrowing of the nasal inlet resulting in airway obstruction. Causes include nasal trauma, infection, and iatrogenic insults.

**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.

**Recurrent Acute Sinusitis**: Sinusitis with symptom duration lasting longer than ten days that requires antibiotic treatment and four or more episodes over a recent 12-month period.

**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) that work by constricting blood vessels in the lining of the nose.

**Rhinoplasty**: a surgical procedure that is performed to change the shape and/or size of the nose or to correct a broad range of nasal defects.

**Septoplasty**: a surgical procedure that is performed to correct nasal septum defects or deformities by alteration, splinting, or removal of obstructing supporting structures.

**Sinus Surgery (endoscopy)**: a surgical procedure performed with an an endoscope to correct sinus defect or deformities; examples include may not be all inclusive (codes 31239, 31267, 31240, 31255, 31256, 31276, 31287, 31288, 31290, 31291, 31292, 31293, 31294)

**BACKGROUND**

Nasal surgery is defined as any procedure performed on the external or internal structures of the nose, septum or turbinates. It generally involves rearrangement or excision of the supporting bony and cartilaginous structures, and incision or excision of the overlying skin of the nose.

Rhinoplasty is a surgical procedure to change the appearance of the nose, alter the width of the nostrils and/or change the angle between the nose and the upper lip. It is performed alone or in combination with other procedures, such as septoplasty and turbinoplasty, to correct deformities that result from nasal trauma, either acquired or iatrogenic, airway obstruction related to septal and bony deviations, turbinate hypertrophy or congenital defects. All of the Rhinoplasty procedures are intended solely to alter appearance and are unlikely to be approved as reconstructive.

Septoplasty is a surgical procedure to correct a deformity of the partition between the two sides of the nose. The usual purpose is to improve breathing, but it may also be required to permit adequate examination of the inside of the nose for treatment of polyps, inflammation, tumors, or bleeding.

Turbinate Resection is a surgical procedure often performed along with a septoplasty to correct the turbinate which is a structure that projects from the lateral wall of the nose into the nasal cavity. Since this these treatments may be potentially cosmetic, clinical criteria must be met before they can be considered for coverage; therefore, precertification and medical director review is required in order to determine whether the procedure is reconstructive, and medically necessary.

**APPLICABLE CODES**

The codes listed in this policy are for reference purposes only. Listing of a service or device code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the Member’s plan of benefits or Certificate of Coverage. This list of codes may not be all inclusive.
Codes 21310 through 21337 are typically associated with the treatment of acute nasal fractures.

**Rhinoplasty Repair:**

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>30400</td>
<td>Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip</td>
</tr>
<tr>
<td>30410</td>
<td>Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip</td>
</tr>
<tr>
<td>30420</td>
<td>Rhinoplasty, primary; including major septal repair</td>
</tr>
<tr>
<td>30430</td>
<td>Rhinoplasty, secondary; minor revision (small amount of nasal tip work)</td>
</tr>
<tr>
<td>30435</td>
<td>Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)</td>
</tr>
<tr>
<td>30450</td>
<td>Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)</td>
</tr>
<tr>
<td>30460</td>
<td>Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columnar lengthening; tip only</td>
</tr>
<tr>
<td>30462</td>
<td>Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columnar lengthening; tip, septum, osteotomies</td>
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</tbody>
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**Surgical Repair of Vestibular Stenosis:**

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>30465</td>
<td>Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)</td>
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**Septoplasty:**

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>30520</td>
<td>Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft</td>
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CPT® is a registered trademark of the American Medical Association.

**Miscellaneous Codes:**

<table>
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<tr>
<th>CPT® Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>30120</td>
<td>Excision or surgical planing of skin of nose for rhinophyma</td>
</tr>
<tr>
<td>30540</td>
<td>Repair choanal atresia; intranasal</td>
</tr>
<tr>
<td>30545</td>
<td>Repair choanal atresia; transpalatine</td>
</tr>
<tr>
<td>30560</td>
<td>Lysis intranasal synechia</td>
</tr>
<tr>
<td>30620</td>
<td>Septal or other intranasal dermatoplasty (does not include obtaining graft)</td>
</tr>
</tbody>
</table>

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**REFERENCES**

The foregoing Oxford policy has been adapted from a UnitedHealthcare Coverage Determination Guideline that was researched, developed and approved by the UnitedHealthcare Coverage Determination Committee (CR-A-005, effective 5/1/2013).

11. Targeting Skull Base Disorders, multidisciplinary program tackles challenging conditions in a complex region. University Hospitals, Case Medical Center, Case Western Reserve University Winter 2013

**POLICY HISTORY/REVISION INFORMATION**

| Date       | Action/Description                                                                 
|------------|-------------------------------------------------------------------------------------
| 07/01/2013 | Revised coverage rationale: Documentation for Septoplasty and Rhinoplasty          
|            | Clarified requirements for documentation of chief complaint; added progression or recurrence of the symptoms to include any failed surgical interventions or procedures 
|            | Added requirement for results of an external nasal and intranasal evaluation      
|            | Expanded clinical studies/test requirement; added “any other tests that document the septal deviation and/or external post traumatic nasal (bone) deformity including but not limited to, radiologic evaluation using MRI, nasal endoscopy or |
photographs. 
- Removed language indicating cases where the member or physician has declined a CT scan of the maxillofacial and nasal region to document septal deviation

**Criteria for a Coverage Determination that Surgery is Reconstructive**
- Revised clinical criteria for septoplasty for nasal obstruction; added criterion for recurrent epistaxis secondary to the septal deformity
- Revised documentation requirement for septoplasty for nasal/septal fracture; added criterion for endoscopic evaluation and photographs
- Removed criterion for septal spurs
- Added documentation requirements and clinical criteria for:
  - Rhinoplasty for nasal vestibular stenosis or alar collapse
  - Rhinoplasty for congenital anomalies

- Revised definitions:
  - Updated definition of nasal endoscopy
  - Added definition of reconstructive surgery
  - Removed definition of sickness
- Archived previous policy version ENT 005.12 T2