

Clinical Review Criteria Related to Rhinoplasty

I. Criteria for Approval

- A. Rhinoplasty is a cosmetic procedure and only considered medically necessary in the following:
1. To correct a nasal deformity secondary to a congenital cleft lip/palate or severe congenital craniofacial deformity when associated with severe functional impairment.
 2. Chronic airway obstruction from vestibular stenosis (collapsed internal/external valves) due to trauma, disease or congenital defect when the following are met: nasal airway obstruction is causing significant symptoms; and obstruction symptoms persist despite conservative management for three months or greater, which includes, where appropriate, nasal steroids or immunotherapy and; photographs demonstrate an external deformity, and there is significant obstruction of one or both nares documented by nasal endoscopy, computed tomography scan or other appropriate imaging modality; and airway obstruction will not respond to septoplasty and turbinectomy alone .
 3. A fracture greater than nine weeks post trauma.
 4. A fracture diagnosed by CT scan or facial X-ray.
 5. Other causes have been eliminated as the cause of the nasal obstruction (e.g., sinusitis, allergic rhinitis, nasal polyposis, adenoid hypertrophy, nasopharyngeal masses).
 6. Benign or malignant neoplasms

II. Required Documentation

- A. Clinical notes documenting
1. Relevant history
 2. Congenital defect or disease
 3. A physical exam confirming moderate-to-severe vestibular obstruction
 4. Documentation of a 3month trial of conservative management such as nasal steroids or immunotherapy
 5. Duration and degree of symptoms related to nasal obstruction

6. CT Scan and facial X-ray report
7. Front- and side-view photos demonstrating nasal deformity
8. Endoscopic evaluation confirming nasal valve compromise or dynamic collapse of the external nasal valve or upper lateral cartilage

III. What is Not Covered

- A. Primary treatment for obstructive sleep apnea
- B. Cosmetic solely for the purpose of changing appearance

ICD 9 Codes ICD 10 Codes

- 470 J34.2 Deviated nasal septum (causing continuous nasal airway obstruction resulting in nasal breathing difficulty not responding to appropriate medical therapy)
- 473-473.9 J32-J32.9 Chronic sinusitis (due to deviated septum not relieved by appropriate medical antibiotic therapy)
- 738.0 M95.0 Acquired deformity of nose that prevents access to other intranasal areas when such access is required to perform medically necessary surgical procedures (not covered for nasal valve collapse)
- 748.1 Q30.1 Other anomalies of nose
- 749.0-749.25 Q37-Q37.9 Cleft palate/lip
- 754.0 Q67.0 Certain congenital musculoskeletal deformities of skull, face, jaw
- 905.0 S02.0 Late effect fracture of skull and face bones

CPT Codes

- 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 amt of nasal tip work)
- 30435 Rhinoplasty, secondary, intermediate revision (bony with osteotomies)
- 30450 Rhinoplasty, secondary, major revision (nasal tip work with 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
- 30465 Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)

REFERENCES:

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 HNE Review Dates: 12/9/03, 10/12/04, 9/13/05, 9/12/06, 9/11/07, 9/9/08, 9/14/10, 9/13/11, 9/11/12, 9/10/13, 9/9/14, 9/8/15, 6/14/16
 MHI Review Date: 01/1/14, 10/23/14, 10/07/15, 6/30/16



NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

American Society of Plastic Surgeons (ASPS), "ASPS Recommended Insurance Coverage Criteria for Third Party Payers: Nasal Surgery," Approved by the Executive Committee of the American Society of Plastic Surgeons, July 2006: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Nasal-Surgery-Insurance-Coverage.pdf>
(Last Accessed 07/27/15 4/6/16)

CMS.gov Local Coverage Determination: Cosmetic and Reconstructive Surgery (L34698)
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34698&ver=15&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Massachusetts&Keyword=cosmetic+surgery&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAAABAAAAAAA%3d%3d&> (Last Accessed 4/6/16)