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 3-month 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:
NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A
