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MEDICAL POLICY – 7.01.558

Rhinoplasty

Effective Date:	May 1, 2025
Last Revised:	Apr. 7, 2025
Replaces:	N/A

RELATED MEDICAL POLICIES:

- 7.01.168 Cryoablation, Radiofrequency Ablation, and Laser Ablation for Treatment of Chronic Rhinitis
- 7.01.559 Sinus Surgery
- 10.01.514 Cosmetic and Reconstructive Services
- 11.01.524 Site of Service: Select Surgical Procedures

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POLICY CRITERIA | DOCUMENTATION REQUIREMENTS | CODING
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

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Introduction

Problems with the nose or sinuses are one of the most common reasons people go to the doctor. The usual complaint is that it's difficult to breathe through the nose. The problems may be caused by sicknesses such as sinus inflammation or allergies, deformities, or diseases or conditions that cause growths inside the nose. Surgery to reshape the nose (rhinoplasty) may be necessary when there is extensive disease that restricts airflow. This policy identifies the criteria needed for a rhinoplasty to be covered as medically necessary. (Surgery to reshape the nose for appearance only is cosmetic and not covered.)

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

We will review for medical necessity this elective surgical procedure (rhinoplasty).

We also will review the site of service for medical necessity. Site of service is defined as the location where the surgical procedure is performed, such as an off campus-outpatient hospital or medical center, an on campus-outpatient hospital or medical center, an ambulatory surgical center, or an inpatient hospital or medical center.

Site of Service for Elective Surgical Procedures	Medical Necessity
Medically necessary sites of service: • **Off campus-outpatient hospital/medical center** • **On campus-outpatient hospital/medical center** • **Ambulatory Surgical Center**	**Certain elective surgical procedures will be covered in the most appropriate, safe, and cost-effective site. These are the preferred medically necessary sites of service for certain elective surgical procedures**

Inpatient hospital/medical center	**Certain elective surgical procedures will be covered in the most appropriate, safe, and cost-effective site. This site is considered medically necessary only when the individual has a clinical condition which puts him or her at increased risk for complications including any of the following (this list may not be all inclusive):**
	• Anesthesia Risk
	  ○ ASA classification III or higher (see **definition**)
	  ○ Personal history of complication of anesthesia
	  ○ Documentation of alcohol dependence or history of cocaine use
	  ○ Prolonged surgery (>3 hours)
	• Cardiovascular Risk
	  ○ Uncompensated chronic heart failure (**NYHA class** III or IV)
	  ○ Recent history of myocardial infarction (MI) (<3 months)
	  ○ Poorly controlled, resistant hypertension*
	  ○ Recent history of cerebrovascular accident (< 3 months)
	  ○ Increased risk for cardiac ischemia (drug eluting stent placed < 1 year or angioplasty <90 days)
	  ○ Symptomatic cardiac arrhythmia despite medication
	  ○ Significant valvular heart disease
	• Liver Risk

Site of Service for Elective Surgical Procedures	Medical Necessity
	○ Advanced liver disease (MELD Score > 8)** • Pulmonary Risk ○ Chronic obstructive pulmonary disease (COPD) (FEV1 <50%) ○ Poorly controlled asthma (FEV1 <80% despite treatment) ○ Moderate to severe obstructive sleep apnea (OSA)*** • Renal Risk ○ End stage renal disease (on dialysis) • Other ○ Morbid obesity (BMI ≥ 50) ○ Pregnancy ○ Bleeding disorder (requiring replacement factor, blood products, or special infusion product [DDAVP**** does not meet this criterion]) ○ Anticipated need for transfusion(s) * 3 or more drugs to control blood pressure ** **https://reference.medscape.com/calculator/meld-score-end-stage-liver-disease** *** Moderate-AHI≥15 and ≤ 30, Severe-AHI ≥30 ****DDAVP-Deamino-Delta-D-Arginine Vasopressin (Desmopressin)
Inpatient hospital/medical center	**This site of service is considered NOT medically necessary for certain elective surgical procedures when the site of service criteria listed above are not met.**

Procedure	Medical Necessity
Rhinoplasty – Deformity	**Rhinoplasty may be considered medically necessary:** • To correct a nasal deformity secondary to cleft lip or cleft palate or other congenital craniofacial deformity
Rhinoplasty – Obstruction	**Rhinoplasty may be considered medically necessary for nasal obstruction when the following criteria are met:** • Clinical findings of collapsed internal nasal valve at rest or collapsed external nasal valve (lateral walls) with inspiration (nasal vestibular stenosis)

Procedure	Medical Necessity

	OR
	• To correct a nasal deformity secondary to trauma that is causing a significant functional impairment (e.g., nasal bone fracture causing nasal airway obstruction)
	AND
	• Individual has symptoms of nasal obstruction (difficulty breathing or chronic rhinosinusitis [inflammation/swelling of the nasal passages and/or sinus cavities]) affecting quality of life
	AND
	• Infection, allergy, rhinitis, and polyps have been ruled out as the primary cause of nasal obstruction as evidenced by:
	  ○ Obstructive symptoms persist despite conservative management for 8 weeks or greater with one of the following:
	  ▪ Decongestants or antihistamines
	  ▪ Nasal lavage
	  ▪ Oral or intranasal steroids
	  ▪ A course of antibiotics for rhinosinusitis
	  ▪ Allergy assessment and treatment

Rhinoplasty – Prevention	**Rhinoplasty may be considered medically necessary to prevent development of nasal obstruction after removal of large cutaneous defect (e.g., cutaneous malignancy)**
Rhinoplasty – Cosmetic	**Rhinoplasty for the sole purpose of changing the appearance of the nose is considered cosmetic**

Documentation Requirements

The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met.

For rhinoplasty for deformity, the records should include:

- Clinical documentation of the presence of nasal deformity secondary to cleft lip, or cleft palate, or other congenital craniofacial deformity

Documentation Requirements

For rhinoplasty for obstruction, the records should include:

- Clinical findings confirming collapsed internal nasal valve at rest or collapsed external nasal valve (lateral walls) when breathing in (nasal vestibular stenosis)

OR

- Nasal deformity secondary to trauma that is causing a significant functional impairment (e.g., nasal bone fracture causing nasal airway obstruction)

AND

- Individual's difficulty breathing through the nose is causing symptoms severe enough to affect individual's quality of life. For example, it is causing chronic rhinosinusitis (inflammation/swelling of the nasal passages and/or sinus cavities)

AND

- Infection, allergy, rhinitis, and polyps have been ruled out as the primary cause of nasal obstruction as evidenced by:
    - Symptoms persist despite conservative management for 8 weeks or greater with one of the following:
        - Decongestants or antihistamines
        - Nasal lavage
        - Oral steroids or intranasal steroids
        - A course of antibiotics for rhinosinusitis
        - Allergy assessment and treatment

Coding

Code	Description
CPT	
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 amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)

Code	Description
30999	Unlisted procedure, nose

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Definition of Terms

Acquired nasal abnormalities: Acquired abnormalities include enlarged adenoids, foreign bodies, disorders of the nasal septum, and abnormalities of the nasal valve, tumors, and nasal polyps.

American Society of Anesthesiologists (ASA) Score:

ASA 1 A normal healthy patient.
ASA 2 A patient with mild systemic disease.
ASA 3 A patient with severe systemic disease.
ASA 4 A patient with severe systemic disease that is a constant threat to life.
ASA 5 A moribund patient who is not expected to survive.

Congenital nasal abnormalities: Congenital abnormalities that cause nasal obstruction, such as congenital pyriform aperture stenosis, choanal atresia, and deviation of the septum that may present emergently after birth.

Cosmetic: In this policy, cosmetic services are those which are primarily intended to preserve or improve appearance. Cosmetic surgery is performed to reshape normal structures of the body in order to improve the individual's appearance or self-esteem.

Nasal obstruction: Breathing symptom often described as a sensation of insufficient airflow through the nose.

New York Heart Association (NYHA) Classification:

Class I No symptoms and no limitation in ordinary physical activity, e.g., shortness of breath when walking, climbing stairs etc.
Class II Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.
Class III Marked limitation in activity due to symptoms, even during less-than-ordinary

activity, e.g., walking short distances (20–100 m). Comfortable only at rest.
Class IV Severe limitations. Experiences symptoms even while at rest. Mostly bedbound individuals.

Physical functional impairment: In this policy, physical functional impairment means a limitation from normal (or baseline) level of physical functioning that may include, but is not limited to, problems with ambulation, mobilization, communication, respiration, eating, swallowing, vision, facial expression, skin integrity, distortion of nearby body part(s) or obstruction of an orifice. The physical functional impairment can be due to structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional, and psychological impairments or potential impairments.

Reconstructive surgery: In this policy, reconstructive surgery refers to surgeries 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.

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. Cosmetic rhinoplasty can transform normal nasal structures to a more satisfactory appearance. Reconstructive rhinoplasty transforms nasal abnormalities or damaged nasal structures to a more normal state.

Evidence Review

Description

Nasal and sinus complaints are among the most common reasons for visits to primary care clinicians, otolaryngologists, and allergists. Although some clinicians consider nasal obstruction to imply a blockage within the nasal cavity, nasal obstruction is most commonly defined as an individual symptom manifested as a sensation of insufficient airflow through the nose. Nasal obstruction may be the cardinal presenting symptom of many common disease processes, such as rhinitis, sinusitis, septal deviation, adenoid hypertrophy, and nasal trauma.[4]

Underlying causes of nasal obstruction include both mucosal disorders (medication-induced, infectious, and inflammatory conditions) and structural abnormalities (congenital deformities, acquired disease, trauma, tumors).[4]

The surgical repair of nasal trauma and congenital defects often involves complex, staged procedures. Because of the disordered growth potential of nasal birth defects and childhood trauma, secondary surgery may be required after the child reaches adulthood to compensate for growth of the surrounding normal tissues. Deformities may be associated with other skeletal alterations which contribute to facial asymmetry. Graft and/or flaps are often used to correct deficiencies.[5]

Summary of Evidence

Nasal fracture is the most common bone injury of the adult face and frequently results from motor vehicle accidents, sports-related injuries, and altercations. Although often initially considered minor, nasal fracture may eventually result in significant cosmetic or functional defects. Optimal management of nasal trauma in the acute setting is critical in minimizing secondary nasal deformities. In recent years, numerous guidelines have been described to refine and optimize acute nasal trauma management. However, restoration of pretraumatic form and function remains a challenge. Commonly the product of a poorly addressed underlying structural injury, posttraumatic nasal deformity requiring subsequent rhinoplasty or septorhinoplasty remains in as many as 50 percent of cases.[9]

Moore and Eccles (2011) performed a systematic review to identify if there are functional benefits of septal surgery and evidence of a change in patency of the nasal airway as assessed by objective methods such as rhinomanometry, acoustic rhinometry and peak nasal inspiratory flow. They reviewed seven studies involving rhinomanometry, six studies with acoustic rhinometry and one study using nasal peak inspiratory flow. All of the studies reported an objective improvement in nasal patency after septal surgery.

References

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History

Date	Comments
12/08/14	New policy. Add to Surgery section. Considered medically necessary when criteria are met.
01/05/15	Update Related Policies. Add 7.01.105.
05/27/15	Annual Review. Added the words nasal vestibular stenosis to policy statement for clarity. No new references added.
02/09/16	Annual Review. Minor edit. No changes in policy statements. No references added.
08/01/16	Updated Related Policies. Remove 7.01.105 as this policy was deleted and content moved to 7.01.559. Corrected link for reference 5.
10/11/16	Policy moved into new format; no change to policy statements.
02/01/17	Annual Review, approved January 10, 2017. Changed title of policy from Rhinoplasty and Septoplasty Surgery to Rhinoplasty. Removed all language referring to Septoplasty.
11/01/17	Interim Review, approved October 10, 2017. Added trauma and other congenital craniofacial deformity to medical necessity statement. Clarified list of conservative care of obstructive symptoms. No new references added.
03/01/18	Interim Review, approved February 27, 2018. Note added that this policy has been revised. Added Surgery Site of Service criteria, which becomes effective June 1, 2018.
06/01/18	Minor update; removed note and link to updated policy. Surgery Site of Service criteria becomes effective.
12/01/18	Annual Review, approved November 6, 2018. Added statement for when rhinoplasty is considered cosmetic and minor edits for clarity.
05/01/19	Annual Review, approved April 2, 2019. References updated. Added references 13-19. Policy statements unchanged.
04/01/20	Delete policy, approved March 10, 2020. This policy will be deleted effective July 2, 2020, and replaced with InterQual criteria for dates of service on or after July 2, 2020.
07/02/20	Delete policy.
11/01/20	Policy reinstated effective February 5, 2021, approved October 13, 2020. Policy statements unchanged.
10/01/21	Annual Review, approved September 14, 2021. Policy reviewed. References added. One reference removed. Added policy statement that radiofrequency to the nasal valve for the treatment of airway obstruction is considered investigational.
05/01/22	Coding update. Added CPT code 30117. Clarification only, ablation added to radiofrequency section as it was inadvertently left out previously.
05/04/22	Minor update, added related policy 7.01.168 Cryoablation, Radiofrequency Ablation, and Laser Ablation for Treatment of Chronic Rhinitis.

Date	Comments
10/01/22	Annual Review, approved September 26, 2022. Title changed from Rhinoplasty to Rhinoplasty and Other Nasal Procedures. Policy reviewed. References added. Policy statements unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization.
01/01/23	Coding update. Added term date to CPT code 30117. Added new CPT code 30469.
03/01/23	Coding update. Removed CPT code 30117 as criteria is best supported with another code.
08/01/23	Annual Review, approved July 24, 2023. Policy reviewed. References added. Policy statement unchanged.
10/01/23	Interim Review, approved September 12, 2023. Added policy statement that nasal swell body reduction by any method is considered investigational for the treatment of nasal obstruction or other sinonasal disease. References added. CPT code 30117 added to policy for nasal swell body reduction procedure.
06/01/24	Interim Review, approved May 24, 2024. Minor editorial refinements made for clarity only, policy intent unchanged.
11/01/24	Annual Review, approved October 21, 2024. Policy reviewed. Reference added. Policy statements unchanged.
05/01/25	Annual Review, approved April 7, 2025. Policy reviewed. Retitled from “Rhinoplasty and Other Nasal Procedures” to “Rhinoplasty”. Removed content on radiofrequency ablation to the nasal valve for the treatment of airway obstruction and nasal swell body reduction by radiofrequency ablation or coblation as it has moved to policy 7.01.597 Radiofrequency Volumetric Tissue Reduction for Nasal Obstruction. References updated. References removed. Remaining policy statements unchanged. Removed HCPCS 30117, 30469.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.