**MEDICAL POLICY – 7.01.558**

**Rhinoplasty and Septoplasty Surgery**

**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) or to repair the wall between the nostrils (septoplasty) can be used in some cases to fix the problem that’s restricting airflow. This policy identifies the criteria that need to be met for rhinoplasty and septoplasty. (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 construed 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.

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**Policy Coverage Criteria**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Coverage Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhinoplasty – Alone or with septoplasty</td>
<td>Rhinoplasty (alone or in conjunction with a septoplasty) is considered cosmetic when performed to repair an external</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Procedure</th>
<th>Coverage Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhinoplasty – Deformity</td>
<td>Rhinoplasty may be considered medically necessary to correct a nasal deformity secondary to cleft lip or cleft palate.</td>
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<tr>
<td>Rhinoplasty – Obstruction</td>
<td>Rhinoplasty may be considered medically necessary for nasal obstruction when ALL of the following criteria are met:</td>
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<tr>
<td></td>
<td>• Clinical findings of nasal vestibular stenosis [collapsed internal nasal valve at rest or collapsed external nasal valve (lateral walls)] with inspiration</td>
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<tr>
<td></td>
<td>• Infection, allergy, rhinitis, and polyps have been ruled out as primary cause of nasal obstruction</td>
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<tr>
<td></td>
<td>• Patient is unresponsive to medical management for symptoms, as indicated by ONE or more of the following:</td>
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<tr>
<td></td>
<td>o Elimination of rebound congestion from overuse of nasal decongestant spray</td>
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<tr>
<td></td>
<td>o Nasal lavage</td>
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<td></td>
<td>o Oral steroids or intranasal steroids</td>
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<td></td>
<td>o At least 2 antibiotic courses for rhinosinusitis</td>
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<tr>
<td></td>
<td>o Allergy assessment and treatment</td>
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<td></td>
<td>• Patient has symptoms of nasal obstruction (e.g., snoring, mouth breathing) affecting quality of life.</td>
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<tr>
<td>Rhinoplasty – Prevention</td>
<td>Rhinoplasty may be considered medically necessary to prevent development of nasal valve narrowing after removal of large cutaneous defect (e.g. cutaneous malignancy).</td>
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<tr>
<td>Septoplasty</td>
<td>Septoplasty may be considered medically necessary when ALL of the following criteria are met:</td>
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<td></td>
<td>• Clinical findings of septal deviation or septal spurring</td>
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<tr>
<td></td>
<td>• Patient is unresponsive to medical management for symptoms, as indicated by 1 or more of the following</td>
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</tr>
<tr>
<td></td>
<td>Patient has symptoms of nasal obstruction (e.g., sinusitis, rhinitis, nasal polyps)</td>
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</tbody>
</table>
### Coding

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
</tr>
</thead>
<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>
</tbody>
</table>

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### 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.

**Congenital nasal abnormalities:** Congenital abnormalities that cause nasal obstruction, such as congenital pyriform aperture stenosis, choanal atresia, and deviation of the septum 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 patient’s appearance or self-esteem.
**Nasal obstruction:** Breathing symptom often described as a sensation of insufficient airflow through the nose.

**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.

**Septoplasty:** A surgical procedure that corrects nasal septum defects or deformities by alteration, splinting, or removal of obstructing supporting structures.

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**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 a patient 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, tumors).  

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.

Review of Evidence

A review of articles on rhinoplasty approaches for cleft nasal deformity and nasal hemangiomas published in 2008–2010 found cleft nasal deformity rhinoplasty approaches have undergone further refinements as well as new development in techniques and surgical principles to minimize recurrent cleft nasal deformities. There is a paucity of studies addressing cleft septal deformity although there appears to be a greater emphasis on functional outcome in cleft rhinoplasty. Complications from primary cleft rhinoplasty and presurgical nasoalveolar molding were also reported. Similarly, nasal hemangioma rhinoplasty approaches have undergone further modifications with open rhinoplasty and subunit approaches gaining wider acceptance.

The American Cleft Palate-Craniofacial Association (2009) has published consensus based parameters for evaluation and treatment of patients with cleft lip/palate or other craniofacial anomalies. In addition to primary surgical closure of the lip and palate (usually within the first 12 months of life), many patients will require secondary surgical procedures involving the lip, nose, palate, and jaws that usually are staged from infancy through adulthood. These procedures are usually staged over a period of several years.

- Although rhinoplasty and nasal septal surgery are usually advocated only after completion of nasal growth, earlier intervention for reasons of airway problems or nasal tip deformity may be indicated.
- Repair of the cleft lip nasal deformity can be accomplished with limited external incisions on the nose.
- The timing of nasal surgery should be discussed with the patient and parents so that the goals are understood and expectations are realistic.
- The patency of the nasal airway should be considered when planning either nasal reconstructive procedures or secondary velopharyngeal operations such as a pharyngeal flap or other type of pharyngoplasty.
Nasal fracture is the most common bone injury of the adult face and frequently results from motor vehicle accidents, sport-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. 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 the studies reported an objective improvement in nasal patency after septal surgery.

The Nasal Obstruction Septoplasty Effectiveness (NOSE) study (Stewart et al 2004) assessed disease-specific quality of life outcomes after nasal septoplasty in adults with nasal obstruction. It was a prospective observational outcome multicenter study. Patients had septal deviation and symptomatic nasal obstruction for at least 3 months, and had failed medical management. They concluded, in patients with septal deformity, nasal septoplasty results in significant improvement in disease-specific quality of life, high patient satisfaction, and decreased medication use.

References


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Email AppealsDepartmentInquiries@Premera.com

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Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

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