MEDICAL POLICY – 7.01.558

Rhinoplasty

Effective Date: Nov. 1, 2017*
Last Revised: March 1, 2018
Replaces: N/A

*This policy has been revised. Click here to view the upcoming changes.

RELATIVE MEDICAL POLICIES:
7.01.559  Sinus Surgery
10.01.514  Cosmetic and Reconstructive Services
11.01.524  Site of Service - Select Surgical Procedures

Select a hyperlink below to be directed to that section.

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

∞  Clicking this icon returns you to the hyperlinks menu above.

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
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhinoplasty – Deformity</td>
<td><strong>Rhinoplasty may be considered medically necessary:</strong></td>
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<tr>
<td></td>
<td>• To correct a nasal deformity secondary to cleft lip or cleft palate or other</td>
</tr>
<tr>
<td></td>
<td>congenital craniofacial deformity</td>
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<tr>
<td>Rhinoplasty – Obstruction</td>
<td>**Rhinoplasty may be considered medically necessary for nasal obstruction when</td>
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<tr>
<td></td>
<td>the following criteria are met:**</td>
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<td></td>
<td>• Clinical findings of collapsed internal nasal valve at rest or collapsed</td>
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<tr>
<td></td>
<td>external nasal valve (lateral walls) with inspiration (nasal vestibular</td>
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<tr>
<td></td>
<td>stenosis)</td>
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<td></td>
<td><strong>OR</strong></td>
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<tr>
<td></td>
<td>• To correct a nasal deformity secondary to trauma that is causing nasal airway</td>
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<tr>
<td></td>
<td>obstruction</td>
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<td></td>
<td><strong>AND</strong></td>
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<tr>
<td></td>
<td>• Patient has symptoms of nasal obstruction (difficulty breathing or chronic</td>
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<tr>
<td></td>
<td>rhinosinusitis [inflammation/swelling of the nasal passages and/or sinus</td>
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<tr>
<td></td>
<td>cavities]) affecting quality of life</td>
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<td></td>
<td><strong>AND</strong></td>
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<td></td>
<td>• Infection, allergy, rhinitis, and polyps have been ruled out as the primary</td>
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<tr>
<td></td>
<td>cause of nasal obstruction as evidenced by:</td>
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<td>o Obstructive symptoms persist despite conservative management for 8 weeks or</td>
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<td>greater of one of the following:</td>
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<tr>
<td></td>
<td>▪ Decongestants or antihistamines</td>
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<td></td>
<td>▪ Nasal lavage</td>
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<td></td>
<td>▪ Oral steroids or intranasal steroids</td>
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<td></td>
<td>▪ At least one 10 day course of antibiotics for rhinosinusitis</td>
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<tr>
<td></td>
<td>▪ Allergy assessment and treatment</td>
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<tr>
<td>Rhinoplasty – Prevention</td>
<td>**Rhinoplasty may be considered medically necessary to prevent development of</td>
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<td></td>
<td>nasal obstruction after removal of large cutaneous defect (eg, cutaneous</td>
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<td></td>
<td>malignancy).</td>
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**Coding**
<table>
<thead>
<tr>
<th>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>
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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 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 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.

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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, 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, 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 septrhinoplasty 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


## History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
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<tbody>
<tr>
<td>12/08/14</td>
<td>New policy. Add to Surgery section. Considered medically necessary when criteria are met.</td>
</tr>
<tr>
<td>01/05/15</td>
<td>Update Related Policies. Add 7.01.105.</td>
</tr>
<tr>
<td>05/27/15</td>
<td>Annual Review. Added the words nasal vestibular stenosis to policy statement for clarity. No new references added.</td>
</tr>
<tr>
<td>02/09/16</td>
<td>Annual Review. Minor edit. No changes in policy statements. No references added.</td>
</tr>
<tr>
<td>08/01/16</td>
<td>Updated Related Policies. Remove 7.01.105 as this policy was deleted and content moved to 7.01.559. Corrected link for reference 5.</td>
</tr>
<tr>
<td>10/11/16</td>
<td>Policy moved into new format; no change to policy statements.</td>
</tr>
<tr>
<td>02/01/17</td>
<td>Annual Review, approved January 10, 2017. Changed title of policy from Rhinoplasty and Septoplasty Surgery to Rhinoplasty. Removed all language referring to Septoplasty.</td>
</tr>
<tr>
<td>03/01/18</td>
<td>Note added that this policy has been revised. Added link to revised policy that will become effective June 1, 2018.</td>
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</table>

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  - Information written in other languages

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https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20210, 1-800-368-1019, 800-537-7697 (TDD)

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Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb bkgj koo daim ntaaw thov kev pb la yooj cov kev pb cawm la yooj cov tsawm Premera Blue Cross. Tej zaum muaj cov bhnv tseem ceeb cawm la yooj cov daim ntaaw no. Tej zaum cov koo juv yau ua qe yam zus pek kooj kooj tsip pub dhau cov cajj nyob uas teev tseg rau hauv daim ntawv no mas koo kooj juv yauv taub kev pb cawm la yooj cov kev pb cawm la yooj cov daim ntaaw no. Tej zaum cov koo juv yauv yau ua qe yam zus pek kooj kooj tsip pub dhau cov cajj nyob uas teev tseg rau hauv daim ntawv no.

Ilokano (Ilocano):
Daytoy a Pakdaak ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaak mabalib nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonw yeno coverage babaen iti Premera Blue Cross. Daytoy ket mabalib dagiti importante a pelsa iti daytoy a pakdaak. Mabalib nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga adda aldaw tapno mapagtaglaidneyo ti coverage ti salun-ayyo yeno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagasaa nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
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