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>Coverage Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhinoplasty – Deformity</td>
<td>Rhinoplasty may be considered medically necessary:</td>
</tr>
<tr>
<td></td>
<td>• To correct a nasal deformity secondary to cleft lip or cleft palate or other congenital craniofacial deformity</td>
</tr>
<tr>
<td>Procedure</td>
<td>Coverage Criteria</td>
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</tbody>
</table>
| 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)  
  OR  
  • To correct a nasal deformity secondary to trauma that is causing nasal airway obstruction  
  AND  
  • Patient 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:  
    o Obstructive symptoms persist despite conservative management for 8 weeks or greater of one of the following:  
      ▪ Decongestants or antihistamines  
      ▪ Nasal lavage  
      ▪ Oral steroids or intranasal steroids  
      ▪ At least one 10 day 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 (eg. cutaneous malignancy). |

**Coding**

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

**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.

**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.

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.

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

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 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


<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
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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>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always 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.

**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.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592. TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room S09F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at:

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Oromo (Cushite):

Français (French):

Kreyòl ayisyen (Creole):
Avi sila a gen Enfòmasyon Enpòtan ladan. Avi sila a kapab genyen enfòmasyon enpòtan konséné akaplayson w lan oswa konséné kouvèti asirans lan atravé Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kék aksyon avan sétan dat limit pou ka kette kouvèti asirans sante w la oswa pou yo ka ede w avèk demans yo. Se dwa w pou resewa enfòmasyon sa a ak asistans nan lang ou pa pale a, san ou pa gen pou pèye pou sa. Rate nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Hmoob (Hmong):

Ilokano (Ilocano):
Daytoy a Pakdaar ket naglaoi iti Napateg nga Impormasion. Daytoy a pakdaar mabalbin nga adda ket naglaoi iti napateg nga impormasjon maipanggep iti aplikasyonyo wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalbin dagiti importante a pelta iti daytoy a pakdaar. Mabalbin nga adda rumbeng nga aramideny nga addang sakyb dagiti partikular a naituding nga aldaw tapno mapagatinleyado ti coverage ti salun-atyo wenno tulong kadaagi gastos. Adda karbenganyo a mangala iti daytoy nga impormasjon ken tulong ti bukdoyo a pagsasao nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
Press to notify contact information important. This notice can contain contact information important privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Poți există date cleare în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aștept depel din a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

**Română (Romanian):**

**Prezentă notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Posible au depel de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).**

**Русский (Russian):**

**Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется привести меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).**

**Español (Spanish):**

**Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al teléfono 800-722-1471 (TTY: 800-842-5357).**

**Tagalog (Tagalog):**

**Ang Panoaw na ito ay naglalaman ng mahalagang impormasyon. Ang panoawa na ito ay maaring magagamit na ng mahalagang impormasyon tungkol sa iyong aplikasyon o pag-aksyon sa pamamagitan ng Premera Blue Cross. Maaaring magaapalibig o magmula sa iyong aplikasyon o pag-aksyon sa kalusugan o tungol na walang gastos. May karapatan ka na makuha ng galing impormasyon at tungol sa iyong wika ng walang gastos. Turnaw na ito 800-722-1471 (TTY: 800-842-5357).**

**ไทย (Thai):**

**ประกาศนี้มีข้อมูลสำคัญเกี่ยวกับการขอรับการประกันสุขภาพของคุณผ่าน Premera Blue Cross และคุณมีสิทธิ์ในการเรียกขอข้อมูลในภาษาที่คุณมีความสุภาพที่สามารถแจ้งในการประกันสุขภาพของคุณหรือการช่วยเหลือที่คุณได้รับที่มีค่าใช้จ่าย โปรดติดต่อที่ 800-722-1471 (TTY: 800-842-5357).**

**українська (Ukrainian):**

**Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дозвольте на номер телефону 800-722-1471 (TTY: 800-842-5357).**

**Tiếng Việt (Vietnamese):**

**Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc đơn bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngay quan trọng thông báo này. Quý vị có thể phải thực hiện những bước để bảo hiểm hoặc dịch vụ giúp đỡ. Quý vị có quyền được biết thông tin này và được truy cập bằng ngôn ngữ của mình phổ biến. Xin gọi số 800-722-1471 (TTY: 800-842-5357).**