MEDICAL POLICY – 7.01.558
Rhinoplasty

Effective Date: Feb. 1, 2020
Last Revised: Jan. 14, 2020
Replaces: N/A

RELATED 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 | DOCUMENTATION REQUIREMENTS | 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

We will review for medical necessity this elective surgical procedure.

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.

<table>
<thead>
<tr>
<th>Site of Service for Elective Surgical Procedures</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically necessary sites of service:</td>
<td>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.</td>
</tr>
<tr>
<td>• Off campus-outpatient hospital/medical center</td>
<td></td>
</tr>
<tr>
<td>• On campus-outpatient hospital/medical center</td>
<td></td>
</tr>
<tr>
<td>• Ambulatory Surgical Center</td>
<td></td>
</tr>
</tbody>
</table>
| 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 patient 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
    o ASA classification III or higher (see definition)
    o Personal history of complication of anesthesia
    o Documentation of alcohol dependence or history of cocaine use
    o Prolonged surgery (>3 hours)
  • Cardiovascular Risk
    o Uncompensated chronic heart failure (NYHA class III or IV)
    o Recent history of myocardial infarction (MI) (<3 months)
    o Poorly controlled, resistant hypertension*
    o Recent history of cerebrovascular accident (< 3 months)
    o Increased risk for cardiac ischemia (drug eluting stent placed < 1 year or angioplasty <90 days)
    o Symptomatic cardiac arrhythmia despite medication
    o Significant valvular heart disease
  • Liver Risk
    o Advance liver disease (MELD Score > 8)**
  • Pulmonary Risk |
### Site of Service for Elective Surgical Procedures

<table>
<thead>
<tr>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Chronic obstructive pulmonary disease (COPD) (FEV1 &lt;50%)</td>
</tr>
<tr>
<td>- Poorly controlled asthma (FEV1 &lt;80% despite treatment)</td>
</tr>
<tr>
<td>- Moderate to severe obstructive sleep apnea (OSA)***</td>
</tr>
<tr>
<td><strong>Renal Risk</strong></td>
</tr>
<tr>
<td>- End stage renal disease (on dialysis)</td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
<tr>
<td>- Morbid obesity (BMI ≥ 50)</td>
</tr>
<tr>
<td>- Pregnancy</td>
</tr>
<tr>
<td>- Bleeding disorder (requiring replacement factor, blood products, or special infusion product [DDAVP**** does not meet this criteria])</td>
</tr>
<tr>
<td>- Anticipated need for transfusion(s)</td>
</tr>
</tbody>
</table>

* 3 or more drugs to control blood pressure


*** 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.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rhinoplasty – Deformity</strong></td>
<td><strong>Rhinoplasty may be considered medically necessary:</strong></td>
</tr>
<tr>
<td></td>
<td></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><strong>Rhinoplasty – Obstruction</strong></td>
<td><strong>Rhinoplasty may be considered medically necessary for nasal obstruction when the following criteria are met:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Clinical findings of collapsed internal nasal valve at rest or collapsed external nasal valve (lateral walls) with inspiration (nasal vestibular stenosis)</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
</tbody>
</table>
|  | - To correct a nasal deformity secondary to trauma that is
### Procedure | Medical Necessity
--- | ---
 | causing a significant functional impairment (eg, nasal bone fracture 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 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 (eg, cutaneous malignancy).

**Rhinoplasty – Cosmetic** | Rhinoplasty for the sole purpose of changing the appearance of the nose is considered cosmetic.

### Documentation Requirements
The patient’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

**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 (eg, nasal bone fracture causing nasal airway obstruction)
**Documentation Requirements**

**AND**
- Patient’s difficulty breathing through the nose is causing symptoms severe enough to affect patient’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 of 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**

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

**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 patient’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, eg, 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, eg, walking short distances (20–100 m). Comfortable only at rest.
- **Class IV** Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients

**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, 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 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>
</tr>
</thead>
<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</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>03/01/18</td>
<td>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.</td>
</tr>
<tr>
<td>06/01/18</td>
<td>Minor update; removed note and link to updated policy. Surgery Site of Service criteria becomes effective.</td>
</tr>
<tr>
<td>12/01/18</td>
<td>Annual Review, approved November 6, 2018. Added statement for when rhinoplasty is considered cosmetic and minor edits for clarity.</td>
</tr>
<tr>
<td>02/01/20</td>
<td>Delete policy, approved January 14, 2020. This policy will be deleted effective July 2, 2020, replaced with policy 10.01.531.</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 member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

**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 509F, HHH Building
Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD)

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).

Arabic (Arabic):

يوفر هذا الإشعار معلومات هامة. قد يوفر هذا الإشعار معلومات مهمة باللغة العربية. في إشعار هذه المعلومة مكتوبة على طبقات التركيب، ويكون هناك تاريخ معين باللغة العربية في هذا الإشعار. قد تحتاج لإعداد إجراءات في نهاية المطاف على تنفيذ وصوله على الهدف من التطبيق. إذا كنت بحاجة إلى مزيد من المعلومات، يرجى الاتصال بنا.

Call 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

本通知有重要之訊息。本通知可能有您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動。保留您的健康保險或費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)

Oromo (Cushite):

Beeksinsi kun odeeffannoo barbaa.chisaa qaba. Beeksisti kun sagantaa yoo kan karaa Premera Blue Cross tiin tadjajila keessaa ilaachisee odeeffanno barbaa.chisaa qaba bahchu danda’a. Guyyaaawannu murteessaa

Français (French):


Deutsche (German):


Ilokano (Ilocano):

Daytoy a Pakdaara ket naglao iti Napateg nga Impormasion. Daytoy a pakdaara taban a nga adda ket naglao iti napateg nga impormasion maipanggep iti aplikaysyon woy nga coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a pelta iti daytoy a pakdaara. Mabalin nga adda rumbeng a aramideng nga adda sakbay dagiti partikular a naituding nga aldaw tapno mapagtalainedyo ti coverage ti salun-atyo wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukdo a pagasasco nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
