Septoplasty-Rhinoplasty

Policy

According to the American Society of Plastic Surgeons:
- **Septoplasty** is a surgical procedure that corrects nasal septum defects or deformities by alteration, splinting, or removal of obstructing supporting structures.
- **Rhinoplasty** is 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.

Evolent Health considers **Septoplasty-Rhinoplasty** medically necessary for the following indications:

**Indications for Septoplasty** include any one of the following:
1. Septal deviation causing nasal airway obstruction when the space between inferior turbinates and septum is:
   - Decreased by > 75%, OR
   - Decreased by 50% to 75% and obstruction continues after prescription medication, including intranasal corticosteroid spray use for ≥ six weeks.
2. Documented recurrent sinusitis due to a deviated septum that does not resolve after appropriate medical and antibiotic therapy;
3. Recurrent epistaxis related to a septal deformity
4. Asymptomatic septal deformity that prevents access to other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g., ethmoidectomy)
5. When done in association with cleft lip/palate repair
6. To repair nasal septum trauma (e.g. a significant tear or dislocation of the septum)
7. Obstructed nasal breathing due to septal deformity or deviation that has proved unresponsive to medical management and is interfering with the effective use of medically necessary Continuous Positive Airway Pressure (CPAP) for the treatment of an obstructive sleep apnea disorder

**Indications for Rhinoplasty** include any of the following:
1. To correct functional breathing impairment of the nose caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease; OR
2. To correct significant deformities that result from specifically documented nasal trauma, either acquired or iatrogenic (e.g., nasal deformity following an accidental injury or following cancer surgery); OR
3. To correct congenital defects of the nose, including the nasal deformities associated cleft lip and/or cleft palate

Limitations
1. Cosmetic procedures that are not considered medically necessary are not a covered benefit.
2. When two surgical procedures (one reconstructive and one cosmetic) are performed on the nose during the same operative session, only the reconstructive portion of the surgery is covered.
3. Laser-assisted septoplasty is considered investigative and therefore not medically necessary due to a lack of controlled studies and long-term follow-up observation of the technique.

Background
The American Society of Plastic Surgeons defines rhinoplasty as a procedure that enhances facial harmony and the proportions of an individual’s nose. It can correct impaired breathing caused by structural defects in the nose. A deviated septum is one of the most common causes of a breathing impairment.

Septoplasty is a surgery that corrects problems related to the nasal septum, or the wall inside the nose that separates the nostrils. This procedure is often performed to repair a deformed nasal septum and to treat nosebleeds that cannot be controlled.

Codes:

<table>
<thead>
<tr>
<th>CPT Codes / HCPCS Codes / ICD-10 Codes</th>
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<tbody>
<tr>
<td>Code</td>
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<tr>
<td>CPT codes:</td>
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<td>30400</td>
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<td>30410</td>
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### MP 038 - Septoplasty-Rhinoplasty

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>30460</td>
<td>Rhinoplasty: for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only</td>
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<tr>
<td>30462</td>
<td>Rhinoplasty: for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies</td>
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<td>30465</td>
<td>Repair of nasal vestibular stenosis (eg, spreader grafting lateral nasal wall reconstruction)</td>
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<td>30520</td>
<td>Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft</td>
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<tr>
<td>30620</td>
<td>Septal or other intranasal dermatoplasty (does not include obtaining graft)</td>
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**ICD-10 codes covered if selection criteria are met:**

- J32.0 Chronic maxillary sinusitis
- J32.2 Chronic ethmoidal sinusitis
- J32.4 Chronic pansinusitis
- J32.8 Other chronic sinusitis
- J32.9 Chronic sinusitis, unspecified
- J34.0 Abscess, furuncle and carbuncle of nose
- J34.1 Cyst and mucocele of nose and nasal sinus
- J34.2 Deviated nasal septum
- J34.3 Hypertrophy of nasal turbinates
- J34.89 Other disease of the nose and nasal sinuses
- M95.0 Acquired nasal deformity
- Q30.0 Choanal atresia
- Q30.1 Agenesis and underdevelopment of nose
- Q30.2 Fissured, notched and cleft nose
- Q30.8 Other congenital malformations of nose
- Q35.1-Q35.9 Cleft palate
- Q37.0-Q37.9 Cleft palate with cleft lip
- Q67.0-Q67.4 Congenital musculoskeletal deformities of head and face
- Q67.4 Other congenital deformities of skull, face and jaw
- R04.0 Epistaxis
- S02.2XXA Fracture of nasal bones, initial encounter for closed fracture
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Last Review Date: 02/21/2019
Effective Date: 04/01/2019

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<tr>
<td>S02.8XXS</td>
<td>Fractures of other specified skull and facial bones, sequela</td>
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<tr>
<td>S02.92XS</td>
<td>Unspecified fracture of facial bones</td>
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References

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