

EVH_MP_2507.MPC Septoplasty-Rhinoplasty

Maryland Physicians Care considers **Septoplasty-Rhinoplasty** medically necessary for the following indications:

Indications for Septoplasty (Adults and Pediatric (any age)) include any one of the following ^(1,2):

- Symptomatic nasal airway obstruction caused by septal deviation or deformity that:
 - Causes clinically significant nasal airflow limitation
 - Correlates with physical examination findings (anterior rhinoscopy and/or nasal endoscopy)
 - Persists despite treatment of reversible non-structural causes when applicable (e.g., allergic rhinitis)

NOTE: A prolonged trial of > 4 weeks of medical therapy is **not required** when deviation itself is the primary cause of symptoms.

- Documented recurrent sinusitis from a deviated septum:
 - That does not resolve after appropriate medical and antibiotic therapy
- Septal deviation preventing necessary medical or surgical care, including:
 - Obstruction preventing effective delivery of intranasal medications
 - Obstruction limiting access for endoscopic sinus surgery, skull base procedures, or orbital surgery
 - Deformity blocking middle meatal access or affecting drainage pathways (e.g., Ostiomeatal Complex (OMC) obstruction)
- Recurrent epistaxis related to a septal deformity
- Septal deformity preventing access to intranasal anatomy for medically necessary procedures, for example:
 - Correction required to perform endoscopic ethmoidectomy
 - Access needed for tumor removal or skull base approaches
- In association with cleft lip/palate repair ⁽³⁾
- Septal deformity due to trauma, such as nasal septum trauma (e.g., a significant tear or dislocation of the septum), with acute or chronic trauma resulting in:
 - Septal dislocation
 - Septal laceration or tear

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Effective Date: 03/01/2026

- Deviation causing obstruction
- Facial pain/headache from septal spur contact:
 - Septoplasty may be indicated for contact-point headache (e.g., Sluder syndrome) when a septal spur is documented to contact a turbinate and symptoms correlate with exam findings
- Septal deviation interfering with Continuous Positive Airway Pressure (CPAP) use in Obstructed Sleep Apnea (OSA) disorder, when septal obstruction:
 - Impairs tolerance of CPAP therapy
 - Contributes to increased CPAP pressure requirements

NOTE: Septoplasty is not a standalone treatment for OSA.

Indications for Rhinoplasty include any of the following ⁽⁴⁾:

- Documented nasal airway obstruction with structural abnormalities causing functional impairment, confirmed through physical examination (anterior rhinoscopy and/or nasal endoscopy), such as:
 - Internal or external nasal valve compromise
 - Congenital or developmental abnormalities impairing airflow
 - Caudal or dorsal septal deviation altering nasal form
 - Inferior turbinate hypertrophy contributing to obstruction
 - Post-traumatic deformity resulting in obstruction
- AND**
- Symptoms significantly impact breathing, sleep, or exercise tolerance; **AND**
 - Non-structural causes (e.g., allergic rhinitis) have been evaluated and treated when appropriate
- Functional rhinoplasty is indicated when a nasal deformity (congenital, developmental, traumatic, iatrogenic, infectious, or disease related):
 - Alters nasal airflow or valve support
 - Causes chronic nasal blockage or impaired respiration
 - Interferes with necessary nasal function (e.g., post oncologic reconstruction)
 - Nasal deformities related to cleft lip and/or cleft palate indicates rhinoplasty in order to:
 - Restore nasal symmetry

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- Correct contour abnormalities impairing airflow
- Improve nasal valve competence
- Address congenital nasal deformity associated with cleft lip/palate
- OSA with nasal obstruction
 - Rhinoplasty **may** be performed as an adjunct when:
 - Anatomical nasal obstruction contributes to CPAP intolerance or elevated CPAP pressures
 - Correcting nasal valve or structural obstruction is expected to improve airway patency or CPAP tolerance

NOTE: Rhinoplasty is not a primary therapy for OSA.

Limitations

- Cosmetic procedures that are not considered medically necessary are not a covered benefit ⁽⁴⁾
- 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 ⁽⁴⁾
- Laser-assisted septoplasty is considered investigative and therefore not medically necessary.

Codes

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT codes:	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)

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30460	Rhinoplasty, for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	Rhinoplasty, for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)

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 specified disorders of nose and nasal sinuses
M95.0	Acquired deformity of nose
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	Cleft hard palate
Q35.3	Cleft soft palate
Q35.5	Cleft hard palate with cleft soft palate
Q35.7	Cleft uvula
Q35.9	Cleft palate, unspecified
Q37.0	Cleft hard palate with bilateral cleft lip

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Q37.1	Cleft hard palate with unilateral cleft lip
Q37.2	Cleft soft palate with bilateral cleft lip
Q37.3	Cleft soft palate with unilateral cleft lip
Q37.4	Cleft hard and soft palate with bilateral cleft lip
Q37.5	Cleft hard and soft palate with unilateral cleft lip
Q37.8	Unspecified cleft palate with bilateral cleft lip
Q37.9	Unspecified cleft palate with unilateral cleft lip
Q67.0	Congenital facial asymmetry
Q67.1	Congenital compression facies
Q67.2	Dolichocephaly
Q67.3	Plagiocephaly
Q67.4	Other congenital deformities of skull, face and jaw
R04.0	Epistaxis
S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture
S02.8XXS	Fractures of nasal bones, sequela
S02.92XS	Unspecified fracture of facial bones, sequela

Policy History

Date	Summary
February 19, 2026	<ul style="list-style-type: none"> This guideline was renumbered from MP.038.MPC Septoplasty-Rhinoplasty Annual Review - Formatting updates throughout; updated Indications for Septoplasty; updated Indications for Rhinoplasty; added citations to Limitations; updated description of procedure codes 30410, 30420, 3030, 30435, 30460 and 30462; updated description of ICD-10 Codes J34.89, M95.0, Q35.1, Q37.0, Q67.0, S02.8XXS, S02.92XS and broke out range codes Q35.1-Q35.9; Q37.0-Q37.9, Q67.0-Q67.3; added Policy History Log; formatting updates to References

References

1. Watters C, Brar S, Yapa S. Septoplasty. *Stat Pearls*. Published online November 8, 2022.

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<https://www.ncbi.nlm.nih.gov/books/NBK567718/>

2. Han, JK, Stringer, SP, Rosenfeld, RM, et al. Clinical Consensus Statement. *Otolaryngology - Head and Neck Surgery*. 2015;153(5):708–720. doi:10.1177/0194599815606435
3. Lam T, Munns C, Fell M, Chong D. Septoplasty During Primary Cleft Lip Reconstruction: A Historical Perspective and Scoping Review. *Journal of Craniofacial Surgery*. 2024;35(7):1985–1989. doi:10.1097/SCS.00000000000010454
4. Ishii LE, Tollefson TT, Basura GJ, et al. Clinical Practice Guideline: Improving Nasal Form and Function after Rhinoplasty. *Otolaryngology - Head and Neck Surgery*. 2017;156(S2):S1–S30. doi:10.1177/0194599816683153

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