



## Rhinoplasty and Septoplasty Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Rhinoplasty and Septoplasty</b>		
<b>MNG #: 119</b>	<input checked="" type="checkbox"/> <b>SCO</b> <input checked="" type="checkbox"/> <b>One Care</b> <input checked="" type="checkbox"/> <b>MA Medicare Preferred</b> <input checked="" type="checkbox"/> <b>MA Medicare Value</b> <input checked="" type="checkbox"/> <b>MA Medicare Premier</b> <input checked="" type="checkbox"/> <b>RI Medicare Preferred</b> <input checked="" type="checkbox"/> <b>RI Medicare Value</b> <input checked="" type="checkbox"/> <b>RI Medicare Maximum</b>	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> <b>Yes (always required)</b> <input type="checkbox"/> <b>Yes (only in certain situations. See this MNG for details)</b> <input type="checkbox"/> <b>No</b>
<b>Clinical:</b> <input checked="" type="checkbox"/>	<b>Operational:</b> <input type="checkbox"/>	<b>Informational:</b> <input type="checkbox"/>
<b>Benefit Type:</b> <input checked="" type="checkbox"/> <b>Medicare</b> <input checked="" type="checkbox"/> <b>Medicaid</b>	<b>Approval Date:</b> 03/07/2023;	<b>Effective Date:</b>
<b>Last Revised Date:</b>	<b>Next Annual Review Date:</b> 03/07/2024;	<b>Retire Date:</b>

**OVERVIEW:**

Facial surgical procedures that are directed at improving the patient’s appearance and/or self-esteem when there is no functional impairment is considered *cosmetic* and are not covered by Medicare. Conversely, surgeries that are performed on malformed structures of the body with the goal of repairing, restoring, or improving function are considered *reconstructive* and are covered by Medicare. However, there are exceptions. For example, surgeries that are performed for therapeutic purposes but coincidentally also serve some cosmetic purpose may be covered. Procedures that correct an anatomic congenital anomaly but do not restore or improve physiological function would not be covered.

Nasal surgeries are procedures that are performed on the external or internal structures of the nose, septum, or turbinate. Nasal surgeries include but are not limited to rhinoplasties, septoplasties, and vestibular stenosis repairs. These procedures may involve the rearrangement or excision of the supporting bony and cartilaginous structures and overlying skin of the nose. Specifically, reconstructive *rhinoplasty* is a surgical procedure to correct a nasal deformity, to repair damaged nasal structures, and/or to replace lost tissue. Reconstructive *septoplasty* is the surgical procedure to correct the nasal septal deformity or deviation by altering, splinting, or removing the obstructive tissue. Nasal deformities or damage may be acquired from disease and trauma or arise from congenital anomalies. The nasal surgeries are intended to treat these physiological conditions and address the functional impairments, such as *nasal obstruction*, so that it allows for optimal nasal airflow. The goal of reconstructive rhinoplasty and septoplasty is to maintain or improve the physiological function of the nose. Any cosmetic improvement in the overall nasal shape and aesthetics is incidental.

**DEFINITIONS:**



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**Choanal Atresia:** Blockage of the posterior nasal aperture that presents as upper airway obstruction and noisy breathing. This is associated with the bony abnormalities of the pterygoid plates and midfacial growth deformities.

**Congenital Cleft Lip/Palate:** Congenital malformation of the upper lip and/or oral cavity disrupting normal facial structure and oromotor function. This condition develops when the maxillary and nasal or palatal bones do not fuse during intrauterine growth.

**Cosmetic Surgery:** Procedure that is performed to change or improve the individual's appearance or self-esteem without significantly improving physiological function.

**Epistaxis:** Nosebleed or loss of blood from the tissue lining the inside of the nose due to primary neoplasms or idiopathic, traumatic, and iatrogenic causes. In the context of nasal surgeries, septoplasty may be required to allow adequate access to a vessel causing the recurrent epistaxis.

**Extracorporeal Septoplasty:** Surgical procedure considered for extreme deviations of the dorsal and caudal septum. In this approach, the septal cartilage is removed from the nose, straightened, and then replaced into the nose.

**Nasal Obstruction:** Subjective sensation of insufficient airflow or blockage through the nasal cavity. This may be caused by abnormalities occurring with the anatomic structures or with the functions within the nose. Some examples include nasal septal deviation, benign and malignant tumors, choanal atresia or stenosis, nasal polyps, etc.

**Nasal Septum Trauma:** Fracture of the nasal bone that occurs with minimal force due to the thinness of the bone. Early complications can include septal hematoma, deviated nasal septum, nasal obstruction, and epistaxis.

**Obstructive Sleep Apnea:** Sleep disorder that is characterized by repetitive complete (apneas) or partial (hypopnea) upper airway collapse despite associated respiratory effort causing recurrent arousals and cyclical hypoxemia.

**Reconstructive Rhinoplasty:** Surgical procedure to correct a nasal deformity, to repair damaged nasal structures, or to replace lost tissue with the goal of maintaining or improving the physiological function of the nose and optimizing nasal airflow.

**Reconstructive Septoplasty:** Surgical procedure to correct an anatomic deformity or deviation of the nasal septum to facilitate proper nasal function and mitigate nasal airway obstruction.

**Septal Deviation:** The condition where the wall between the nasal passages is displaced to one side. It can alter normal airflow and cause middle or inferior turbinate abnormalities, mucosal changes, and compromise the sinus drainage.

**Sinusitis:** Inflammation of the mucosa of the paranasal sinuses that is typically caused by a viral respiratory infection. The inflammatory process predisposes the nasal mucosa and sinus to bacterial proliferation by constricting the nasal passages, decreases the mucosal drainage from the sinuses, and decreases tissue oxygenation.



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**Vestibular Stenosis Repair (or Nasal Valve Collapse):** Surgical procedure that aims to improve nasal obstruction by increasing cross-sectional airway patency (via septoplasty and inferior turbinate reduction) and providing support to the lateral nasal wall and alar rim to resist dynamic collapse.

**Worm's-eye View** (in the context of pre-operative photographs for rhinoplasty eligibility): Standard 4-way view that is taken from the bottom of the nasal septum pointing upwards. It provides anterior-posterior, right and left lateral views, and base of the nose. The purpose is to assess and confirm vestibular stenosis.

### DECISION GUIDELINES:

#### Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

#### Senior Care Options and One Care

1. Commonwealth Care Alliance may cover **reconstructive rhinoplasty** for the correction and repair of **any** of the following conditions:
  - a. Nasal deformity that is secondary to *congenital cleft lip and/or palate* or for the removal of a nasal dermoid; *or*
  - b. Severe deformity related to an underlying inflammatory disease (e.g., pleomorphic granulomatosis, granulomatosis with polyangiitis), abscess, osteomyelitis that is causing difficulty breathing or following the removal of nasal malignancy that has caused difficulty breathing and severe deformity; *or*
  - c. Chronic non-septal nasal airway obstruction from *vestibular stenosis* due to congenital defect, trauma, or disease, when **all** the following criteria are met:
    - i. There is persistent and prolonged obstructed nasal breathing; *and*
    - ii. The physical examination confirms moderate to severe vestibular obstruction; *and*
    - iii. The photographs demonstrate an external nasal deformity; *and*
    - iv. The CT scan, nasal endoscopy, or other appropriate imaging modality has demonstrated/documentated the presence of significant obstruction in one or both nares; *and*
    - v. Nasal airway obstruction will not or has not responded to turbinectomy and septoplasty alone; *and*
    - vi. Nasal airway obstruction is causing significant symptoms; *and*
      1. Significant symptoms refer to: Difficulty breathing, chronic rhinosinusitis
    - vii. Nasal airway obstruction symptoms persist despite conservative management for at least four (4) weeks or more; *and*

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1. Conservative management includes: Nasal steroids, immunotherapy
  - viii. Nasal airway obstruction is expected to be resolved by rhinoplasty; *and* documentation submitted for consideration of coverage must include **all** of the following:
    1. The duration and degree of symptoms related to nasal obstruction, *and*
      - a. Examples of symptoms include: chronic rhinosinusitis, mouth breathing, etc.
    2. The response to conservative management of symptoms; *and*
    3. Results of nasal endoscopy, CT, or other appropriate imaging modality documenting the degree of nasal obstruction; *and*
    4. If there is an external nasal deformity, pre-operative photographs showing the *standard 4way view or worm's eye view*; *and*
    5. Relevant history of accidental or surgical trauma, congenital defect, or disease; *or*
      - a. Examples of diseases include: Wegener's granulomatosis, *choanal atresia*, nasal malignancy, abscess, septal infection with saddle deformity, or congenital deformity
  - d. Nasal airway obstruction when it is performed as a component of medically necessary septoplasty and there is documentation of gross nasal obstruction on the same side as the septal deviation; *and* documentation submitted for consideration of coverage must include **all** the following:
    1. The duration and degree of symptoms related to nasal obstruction; *and*
      - a. Examples of symptoms include: chronic rhinosinusitis, mouth breathing, etc.
    2. The response to conservative management of symptoms; *and*
    3. Results of nasal endoscopy, CT, or other appropriate imaging modality documenting the degree of nasal obstruction; *and*
    4. If there is an external nasal deformity, pre-operative photographs showing the *standard 4way view or worm's eye view*; *and*
    5. Relevant history of accidental or surgical trauma, congenital defect, or disease; *and*
      - a. Examples of diseases include: Wegener's granulomatosis, *choanal atresia*, nasal malignancy, abscess, septal infection with saddle deformity, or congenital deformity.
2. Commonwealth Care Alliance may cover **reconstructive intranasal septoplasty** for the correction and repair of **any** of the following conditions:
    - a. *Nasal septum trauma* resulting in significant functional deformity that was not present before; *or*
    - b. Need for reconstruction after the removal of a tumor, nasal polyp(s), or surgical removal of part of the ethmoid bone; *or*
    - c. Asymptomatic septal deformity that prevents access to other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g., ethmoidectomy); *or*
    - d. Recurrent *sinusitis* when **all** the following criteria are met:
      - i. Documentation of a minimum of three (3) episodes of sinusitis over a 12-month period; *and*
      - ii. The condition is thought to be due to a deviated septum; *and*

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- iii. The condition has not been relieved by appropriate medical and antibiotic therapy; *or*
  - e. Recurrent *epistaxis* when all of the following criteria are met:
    - i. Documentation of a minimum of four (4) episodes of epistaxis over a 12-month period; *and*
    - ii. The condition is thought to be related to an underlying septal deformity; *or*
  - f. *Septal deviation* when **all** the following criteria are met:
    - i. The member has tried four (4) or more weeks of appropriate medical therapy; *and*
    - ii. The condition continues to cause nasal airway obstruction resulting in difficulty breathing; *or*
  - g. When reconstructive septoplasty is performed in association with cleft lip or palate repair; *or*
  - h. *Obstructive sleep apnea* when **all** the following criteria are met:
    - i. The member is having difficulty tolerating continuous positive airway pressure (CPAP) due to significant nasal obstruction; *and*
    - ii. The member's condition is not responding to conservative management; *and*
    - iii. Septoplasty is being performed to enhance CPAP or bilevel positive airway pressure (BiPAP) effectiveness.
3. Commonwealth Care Alliance may cover **extracorporeal septoplasty** for initial correction of an extremely deviated nasal septum that cannot be adequately corrected with an intranasal approach when the member meets the criteria for reconstructive septoplasty in (2).

### **Medicare Advantage (MA Medicare Preferred, MA Medicare Value, RI Medicare Preferred, RI Medicare Value, RI Medicare Maximum)**

1. Commonwealth Care Alliance may cover **reconstructive rhinoplasty** for the correction and repair of **any** of the following conditions:
- a. Nasal deformity that is secondary to congenital cleft lip and/or palate or other congenital craniofacial deformity causing a functional impairment; *or*
    - i. Examples include: Cleft lip deformities, choanal atresia, oronasal or oromaxillary fistula
  - b. Nasal airway obstruction secondary to trauma, disease, or congenital defect that has not resolved after previous septoplasty/turbinectomy or would not be expected to resolve with septoplasty/turbinectomy alone; *or*
  - c. Chronic non-septal nasal airway obstruction from *vestibular stenosis* due to congenital defect, trauma, or disease.
2. Commonwealth Care Alliance may cover **reconstructive septoplasty** for the correction and repair of **any** of the following conditions:
- a. Asymptomatic septal deformity that prevents access to other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g., ethmoidectomy); *or*
  - b. Recurrent *sinusitis* when **all** the following criteria are met:
    - i. Documentation of a minimum of four (4) episodes of sinusitis over a 12-month period; *and*
    - ii. The condition is thought to be due to a deviated septum; *and*



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- iii. The condition has not been relieved by appropriate medical and antibiotic therapy; *or*
- c. Recurrent *epistaxis* when all the following criteria are met:
  - i. Documentation of a minimum of four (4) episodes of epistaxis over a 12-month period; *and*
  - ii. The condition is thought to be related to an underlying septal deformity; *or*
- d. Septal deviation or deformity when all the following criteria are met:
  - i. The member has tried six (6) or more weeks of appropriate medical therapy; *and*
  - ii. The condition continues to cause nasal airway obstruction; *or*
- e. When reconstructive septoplasty is performed in association with cleft lip or palate repair; *or*
- f. *Obstructive sleep apnea* when **all** the following criteria are met:
  - i. The member is having difficulty tolerating continuous positive airway pressure (CPAP) due to significant nasal obstruction; *and*
  - ii. The member's condition is not responding to conservative management.

### LIMITATIONS/EXCLUSIONS:

1. Commonwealth Care Alliance will limit the following:
  - a. If a non-covered cosmetic surgery is performed in the same operative period as a covered surgical procedure, Commonwealth Care Alliance will only provide reimbursement for the covered surgical procedure after receiving prior authorization only; *and*
  - b. Upon individual case review by a Medical Director, Commonwealth Care Alliance may cover exceptions to the cosmetic surgery exclusion. This may include, but not limited to:
    - i. Surgery in connection with the treatment of severe burns; *or*
    - ii. Severe repair of the face following a serious automobile accident; *or*
    - iii. Surgery for therapeutic purposes which coincidentally serves some cosmetic purpose.
2. Commonwealth Care Alliance will not cover **any** of, but not limited to, the following:
  - a. Septoplasty for all other indications not listed in the clinical coverage criteria above due to the lack of authoritative evidence to establish its clinical efficacy at this time; *or*
    - i. This includes but not limited to: Allergic rhinitis
  - b. Extracorporeal septoplasty for the revision of deviated septum is considered experimental and investigational for SCO and ICO members except as stated above (3); *or*
  - c. Rhinoplasty for all other indications not listed in the clinical coverage criteria above due to the lack of authoritative evidence to establish its clinical efficacy at this time; *or*
    - i. This includes but not limited to: Repair of nasal valve collapse, chronic sinusitis
  - d. The use of absorbable nasal implant (e.g., Spirox latera absorbable nasal implant) for rhinoplasty; *or*
  - e. The use of septal swell bodies for the treatment of chronic rhinitis; *or*
  - f. The use of nasal pyriform aperture reduction for the treatment of nasal obstruction; *or*
  - g. The use of concentrated growth factor extracted from blood plasma for the repair of nasal septal mucosal defect following rhinoplasty; *or*



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- h. Rhinoplasty or septoplasty for the purpose of changing appearance or improving self-image in the absence of any signs or symptoms of functional abnormalities.

**AUTHORIZATION:**

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

CPT Code	Description	Coverage	
		SCO/One Care	Medicare Advantage
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Yes	Yes
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Yes	Yes
30420	Rhinoplasty, primary; including major septal repair	Yes	Yes
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip	Yes	Yes
CPT Code	Description	Coverage	
		SCO/One Care	Medicare Advantage
	work)		
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Yes	Yes
30450	Rhinoplasty, secondary; major revision (bony work with osteotomies)	Yes	Yes
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	Yes	Yes
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	Yes	Yes
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	Yes	Yes



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### REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

1. Centers for Medicare & Medicaid Services, Publication 100-02, Medicare Benefit Policy Manual, Chapter 16: General Exclusions from Coverage, Effective date: 11/06/2014
2. Centers for Medicare & Medicaid Services, Publication 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2: Sections 90-160.26 Coverage Determinations, Effective date: 07/20/2021
3. Centers for Medicare & Medicaid Services, Local Coverage Determination (Wisconsin Physicians Service Insurance Corporation), L39051 Cosmetic and Reconstructive Surgery, Effective date: 11/14/2021. *This LCD has been used as guidance as it is the most expansive amongst the Medicare Administrative Contractors that administers services for CCA's beneficiaries.*
4. Centers for Medicare & Medicaid Services, Local Coverage Article (Wisconsin Physicians Service Insurance Corporation), A58774 Billing and Coding: Cosmetic and Reconstructive Surgery, Effective date: 11/25/2021. *This LCD has been used as guidance as it is the most expansive amongst the Medicare Administrative Contractors that administers services for CCA's beneficiaries.*
5. MassHealth, 130 CMR 433.000: Physician Services, Subchapter 4: Program Regulations, Effective date: 12/01/2022
6. MassHealth, 130 CMR 433.000: Physician Services, Subchapter 6: Service Codes, Effective date: 01/01/2022
7. MassHealth, 130 CMR 410.000: Outpatient Hospital Services, Subchapter 4: Program Regulations, Effective date: 12/01/2022
8. MassHealth, 130 CMR 410.000: Outpatient Hospital Services, Subchapter 6: Service Codes and Descriptions, Effective date: 09/01/2022
9. MassHealth, Guidelines for Medical Necessity Determination for Rhinoplasty and Septoplasty, Effective: 12/12/2022
10. Title XVIII of the Social Security Act: Health Insurance for the Aged and Disabled. §1862(a)(1)(A)
11. Title XVIII of the Social Security Act: Health Insurance for the Aged and Disabled. §1862(a)(10)

### Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

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**ATTACHMENTS:**

<b>EXHIBIT A:</b>	
<b>EXHIBIT B</b>	

**REVISION LOG:**



## Rhinoplasty and Septoplasty Medical Necessity Guideline

REVISION DATE	DESCRIPTION
12/31/23	Utilization Management Committee approval

David Mello

Senior Medical Director, Utilization Review  
and Medical Policy

\_\_\_\_\_  
CCA Senior Clinical Lead [Print]

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Title [Print]

12/31/23

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Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
CCA Senior Operational Lead [Print]

\_\_\_\_\_  
Title [Print]

\_\_\_\_\_  
Signature

Date

Nazlim Hagmann

Chief  
Medical Officer

\_\_\_\_\_  
CCA CMO or Designee [Print]

\_\_\_\_\_  
Title [Print]

12/31/2023

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Signature

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Date