

OHCA Guideline

Medical Procedure Class:	Rhinoplasty and Septoplasty
Initial Implementation Date:	03/28/2014
Last Review Date:	08/01/2020
Effective Date:	02/01/2021
Next Review/Revision Date:	02/01/2024
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Cosmetic Nasal Surgery – When nasal surgery is performed solely to improve the patient’s appearance in the absence of any signs and/or symptoms of functional abnormalities, the procedure should be considered cosmetic in nature and noncovered under the SoonerCare program.</p> <p>Reconstructive Nasal Surgery – When nasal surgery, including rhinoplasty, is performed to improve nasal respiratory function, correct anatomical abnormalities which may be caused by birth defects or disease, or revise structural deformities produced by trauma, the procedure should be considered reconstructive.</p> <p>Rhinoplasty – A surgical procedure that is procedure that is performed to change the shape and/or size of the nose or to correct a broad range of nasal defects.</p> <p>Septoplasty – A surgical procedure that is performed to correct nasal septum defects or deformities by alteration, splinting, or removal of obstructing supporting structures.</p>	
Description	
Nasal surgery is defined as any procedure performed on the external or internal structures of the nose, septum, or turbinate. This surgery is performed primarily to improve abnormal function. It generally involves rearrangement or excision of the supporting bony and cartilaginous structures and incision or excision of the overlying skin of the nose. Nasal surgery may be considered reconstructive or cosmetic in nature.	
CPT Codes Covered Requiring Prior Authorization (PA)	
<p>30400 – Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip.</p> <p>30410 - Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip.</p> <p>30420 - Rhinoplasty, primary; including major septal repair.</p> <p>30430 - Rhinoplasty, secondary; minor revision.</p> <p>30435 - Rhinoplasty, secondary, intermediate revision.</p> <p>30450 - Rhinoplasty, secondary, major revision.</p> <p>30460 - Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only.</p>	

30462 - Rhinoplasty for nasal deformity secondary to congenital cleft lip and /or palate, including columellar lengthening; tip, septum, osteotomies.

30520 - Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft.

Approval Criteria

I. GENERAL

Rhinoplasty:

Rhinoplasty may be considered medically necessary when **any** of the following clinical criteria is met:

- A. Nasal deformity secondary to a cleft lip/palate or other congenital craniofacial deformity **causing a functional impairment; or**
- B. Chronic, nonseptal, nasal obstruction due to vestibular stenosis (i.e., collapsed internal valves) due to trauma, disease, or congenital defect, when **all** of the following criteria are met:
 1. Prolonged, persistent obstructed nasal breathing; **and**
 2. Physical examination confirming moderate to severe vestibular obstruction; **and**
 3. Airway obstruction will not respond to septoplasty and turbinectomy alone; **and**
 4. Nasal airway obstruction is causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing); **and**
 5. Obstructive symptoms persist despite conservative management for 4 weeks or greater, which includes, where appropriate, nasal steroids or immunotherapy; **and**
 6. Photographs demonstrate an external nasal deformity; **and**
 7. There is significant obstruction of one or both nares, documented by nasal endoscopy, computed tomography (CT) scan or other appropriate imaging modality; **or**
- C. When rhinoplasty for nasal airway obstruction is performed as an integral part of a medically necessary septoplasty and there is documentation of gross nasal obstruction on the same side as the septal deviation.

Rhinoplasty is **not** considered medically necessary when it is performed:

- solely for the purpose of changing appearance; **or**
- as a primary treatment for an obstructive sleep disorder when the above medically necessary criteria have not been met.

Septoplasty:

Septoplasty may be considered medically necessary when **any** of the following clinical criteria is met:

- A. Septal deviation causing nasal airway obstruction that has proved unresponsive to a recent trial of conservative medical management lasting at least six weeks; **or**
- B. Recurrent sinusitis secondary to a deviated septum that does not resolve after appropriate medical and antibiotic therapy; **or**
- C. Recurrent epistaxis related to a septal deformity; **or**

- D. Asymptomatic septal deformity that prevents access to other transnasal areas when such access is required to perform medically necessary procedures (e.g. ethmoidectomy); **or**
- E. Performed in association with cleft lip or cleft palate repair; **or**
- F. Obstructed nasal breathing due to septal deformity or deviation that has proved unresponsive to medical management and is interfering with the effective use of Continuous Positive Airway Pressure (CPAP) for the treatment of an obstructive sleep disorder.

For members aged 0-20 years, requests for Rhinoplasty/Septoplasty may be considered medically necessary if the member has the following:

- Psychiatric diagnosis as defined in the DSM-5 Manual; **and**
- Documented physician certification by the psychiatrist deeming the procedure emotionally necessary.

II. DOCUMENTATION REQUIREMENTS

- A. Documentation submitted in order to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the members needs for the service in accordance with OAC 317: 30-3-1 (f) (2); **and**
- B. Documentation of duration and degree of symptoms related to nasal obstruction, such as chronic rhinosinusitis, mouth breathing, etc.; **and**
- C. Documentation of results of conservative management of symptoms; **and**
- D. If there is an external nasal deformity, pre-operative photographs showing the standard 4-way view; anterior-posterior, right and left lateral views, and base of nose (also known as the worm's eye view confirming vestibular stenosis; this view is from the bottom of nasal septum pointing upwards); **and**
- E. Documented relevant history of accidental or surgical trauma, congenital defect, or disease (e.g., Webener's granulomatosis, choanal atresia, nasal malignancy, abscess, septal infection with saddle deformity, or congenital deformity); **and**
- F. Results of nasal endoscopy, CT or other appropriate imaging modality documenting degree of nasal obstruction.

References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1; 317:30-5-8.
2. Novitas: Local Coverage Determinations, LCD 35090 – Cosmetic and Reconstructive Surgery Revised 11/07/2019
3. American Academy of Otolaryngology-Head and Neck Surgery Clinical Indicators: Rhinoplasty, 2010.
4. American Academy of Otolaryngology-Head and Neck Surgery Clinical Indicators: Septoplasty, 2012.
5. Aetna Clinical Policy Bulletin: Septoplasty and Rhinoplasty, #0005, 03/10/2020.
6. United Healthcare Commercial Coverage Determination Guideline: Rhinoplasty and Other Nasal Surgeries. #CDG.019.16, Effective Date 06/01/2020.
7. North Carolina Medicaid Clinical Coverage Policy No: 1-O-5, Amended Date: 1/03/2020.