

Effective February 26, 2018 Replaced by LCD L33428



BlueCross BlueShield
of Alabama

Name of Blue Advantage Policy: **Septoplasty, Rhinoplasty Repair**

Policy #: 109
Category: Surgery

Latest Review Date: April 2015
Policy Grade: Effective 1/1/2011: Active
policy but no longer scheduled for
regular literature reviews and
updates.

Background:

Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Medicare the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:

1. Safe and effective;
2. Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of services on or after September 19, 2000 which meet the requirement of the Clinical Trials NCD are considered reasonable and necessary);
3. Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:
 - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;
 - Furnished in a setting appropriate to the patient's medical needs and condition;
 - Ordered and furnished by qualified personnel;
 - One that meets, but does not exceed, the patient's medical need; and
 - At least as beneficial as an existing and available medically appropriate alternative.

In accordance with Title XVIII of the Social Security Act, Section 1862 (a)(10) cosmetic surgery or expenses incurred in connection with such surgery is not covered except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member.

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

Description of Procedure or Service:

Septoplasty is the surgical procedure designed to correct a nasal septum deviation, which is causing either a partial restriction or nearly complete restriction of airflow through the nose. The nasal septum is the part of the nose that divides the nasal airway into two passages. Generally the septum lies directly in the center of the nose, but is rarely perfectly straight. The septum may be off-center or deviated to such an extent that the curvature impedes airflow and causes obstruction creating a breathing impairment. Chronic nasal obstruction may result in significant medical disabilities such as chronic and recurrent sinusitis

Rhinoplasty is a surgical procedure for correcting traumatic and functional deformities as well as for cosmetic enhancement by reshaping the nose and is one of the most common of all plastic surgery procedures. Rhinoplasty can reduce or increase the size of the nose, change the shape of the tip or the nasal bridge, narrow the opening of the nostrils, or change the angle between the nose and the upper lip. Rhinoplasty can also correct a birth defect or injury, or help relieve some breathing problems.

Policy:

Effective for dates of service on or after February 26, 2018 refer to LCD L33428

Effective for dates of service on or after July 1, 2005 and prior to February 26, 2018:

Blue Advantage will treat **septoplasty** as a **covered** benefit for one of the following indications:

- a. Continuous nasal obstruction clearly associated with a septal deviation upon physical exam of the nose which has not responded to appropriate medical therapy such as: trial of oral decongestants with or without antihistamine medicine and/or a trial of nasal steroid spray on a daily basis for 3 weeks (individual consideration is given for patients with conditions that contraindicate treatment with these medications)
- b. Chronic sinus infections where a deviated septum (confirmed by CT or sinus x-ray) is responsible for obstruction to the sinus drainage pathway that has been unresponsive to appropriate antibiotic therapy.
- c. Evidence that sinus surgery is necessary because chronic sinusitis fails to resolve with non-surgical measures and a deviated septum (confirmed by CT or sinus x-ray) limits the ability of the surgeon to pass endoscopic instruments to perform the necessary surgery.
- d. In rare circumstances, the deviation of the septum impacts against the side-wall of the nasal passage or turbinate causing what is known as rhinogenic headache. Headaches are diagnosed by applying a local anesthetic against the deviation during a headache to see if is relieved for the duration of the anesthetic/action. Procedure may be repeated to clearly define causation. This procedure must be performed and documented that relief was obtained prior to recommendation for surgery.
- e. Severe or frequent epistaxis due to localized drying of the membrane of a deviated septum that occurs despite medical measures.
- f. Asymptomatic deformity severe enough to prevent surgical access to other inner nasal areas that require surgical intervention.
- g. Nasal trauma resulting in nasal airway obstruction that was not present prior to the injury.

Blue Advantage will treat **Rhinoplasty** as a **covered** benefit for the treatment of a nasal deformity due to trauma, disease or injury under the following conditions:

- a. There is documentation of the events related to the deformity/trauma and preoperative photographs full face and lateral views.
- b. Nasal obstruction related to trauma, disease or injury
- c. If available but not required, radiologic confirmation of either a comminuted nasal fracture or peri-nasal fracture.

Blue Advantage will treat **Rhinoplasty** as a **non-covered** benefit and as **cosmetic** when performed for reshaping the nose to improve appearance.

Blue Advantage will treat **Septorhinoplasty** as a **covered** benefit when criteria for the septoplasty and rhinoplasty are met.

Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

Key Points:

Nasal obstruction is one of the most common problems for physician visits and septal deviation is a frequent structural etiology. Surgical correction of septal deviation is the third most common head and neck procedure performed in the United States. Septal deviation is the most frequently encountered structural malformation causing nasal obstruction.

Septoplasty is considered for patients with a visible septal deformity but no other identifiable causes for the nasal obstruction and in whom conservative management has failed. Other indications include epistaxis, trauma, sinus ostium obstruction, cosmetic and for allowing surgical access. The goal of the surgery is to straighten the nasal septum, to relieve obstructions, or other problems related to the deviation of the septum.

The goals in rhinoplasty are restoration of nasal balance and harmony with the face. Rhinoplasty is most often performed for cosmetic reasons. Rhinoplasty can be performed for reconstructive purposes. The best candidates for rhinoplasty are those with minor deformities. Age may also be a consideration.

Key Words:

Septoplasty, nasal septum, deviated nasal septum, rhinoplasty, cosmetic, septorhinoplasty, and turbinate

Approved by Governing Bodies:

Not applicable

Benefit Application:

Coverage is subject to member's specific benefits.

Coding:

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

References:

1. American Society of Plastic Surgeons. Rhinoplasty surgery of the nose, www.plasticsurgery.org/public_education/procedures/Rhinoplasty.cfm.
2. Clinical Indicators for Otolaryngology—Head and Neck Surgery, www.entlink.net/practice/products/indicators/rhinoplasty.html.
3. Clinical Indicators for Otolaryngology—Head and Neck Surgery, www.entlink.net/practice/products/indicators/septoplasty.html.
4. Genesis Health Information. Rhinoplasty, www.genesishealth.com/micromedex/detaileddisease/00063850.aspx.
5. National Institute of Health. MEDLINEplus Medical Encyclopedia: Cosmetic nose surgery, www.nlm.nih.gov/medlineplus/ency/article/002983.htm.
6. National Institute of Health. MEDLINEplus Medical Encyclopedia: Septoplasty, www.nlm.nih.gov/medlineplus/ency/article/003012.htm.
7. Rohrich, Rod J. and Hollier, Larry H. Rhinoplasty with advancing age, *Otolaryngologic Clinics of North America*, August 1999, Vol. 32, No. 4, pp. 755-773.
8. Watson, Deborah. Rhinoplasty, Septoplasty, www.emedicine.com/ent/topic128.htm.

Policy History:

Adopted for Blue Advantage, March 2005

Available for comment May 1-June 14, 2005

Medical Policy Group, October 2007

Medical Policy Group, October 2009

Medical Policy Group, February 2011
Medical Policy Group, April 2015
Medical Policy Group, February 2018

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.