Rhinoplasty with Nasal Reconstruction

Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:
Nasal surgery is defined as any procedure performed on the external or internal structures of the nose, septum, or turbinate. This surgery may be performed to improve abnormal function, reconstruct congenital or acquired deformities, or to enhance appearance. 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, including rhinoplasty, may be reconstructive or cosmetic in nature. Current coding does not allow distinction of cosmetic or reconstructive procedures by specific codes; in all cases, therefore, categorization of each procedure is to be distinguished by the presence or absence of specific signs and/or symptoms.

Cosmetic Nasal Surgery
Nasal surgery is considered cosmetic in nature and non-covered when performed solely to improve the patient's appearance in the absence of any signs and/or symptoms of functional abnormalities.

Reconstructive Nasal Surgery
Nasal surgery, including rhinoplasty, is considered reconstructive in nature when performed to:
- improve nasal respiratory function (relieve airway obstruction or stricture, synechia formation);
- repair defects caused by trauma (septal deviation, intranasal cicatrix, dislocated nasal bone fractures, turbinate hypertrophy);
- treat congenital anatomic abnormalities when there are signs and/or symptoms of functional abnormalities (cleft lip nasal deformities, choanal atresia, oronasal or oromaxillary fistula);
- replace nasal tissue lost after tumor ablative surgery when there are signs and/or symptoms of functional abnormalities.

Medical Criteria:

Rhinoplasty with Nasal Reconstruction is a covered service when ONE of the following medical criteria are met:
- for deformities (congenital or acquired) of the bony nasal pyramid (nasal bones and nasal process of the maxilla) that directly cause significant and symptomatic airway compromise, sleep apnea, or recurrent or chronic rhinosinusitis when these conditions are not responsive to appropriate medical management; OR
- for reconstruction following removal of a nasal malignancy, an abscess or osteomyelitis that has caused severe deformity and breathing difficulty, OR
- for severe deformity caused by specifically documented trauma with breathing difficulty; OR
• for trauma-related nasal airway obstruction leading to chronic rhinosinusitis not responding to medical therapy.

Policy:

Rhinoplasty with Nasal Reconstruction is a covered service when the above medical criteria are met.

Nasal surgery (Rhinoplasty only) is considered cosmetic in nature and non-covered as a contract exclusion when performed solely to improve the patient's appearance in the absence of any signs and/or symptoms of functional abnormalities.

Prior authorization is required for BlueCHiP for Medicare and recommended for all other products.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber agreement, or Benefit Booklet for applicable surgery services coverage/benefits.

Coding:

The following rhinoplasty CPT codes are considered cosmetic and are non-covered for all products:

30400
30430

The following rhinoplasty CPT codes require a medical necessity review for all products:

30410
30420
30435
30450
30460
30462

Related Topics:

Cosmetic Services
Orthognathic Surgery for Malocclusions

Published:

Policy Update, August 2006
Policy Update, December 2007
Provider Update, October 2009
Provider Update, November 2010
Provider Update, September 2011
Provider Update, July 2012

References:


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