

Department of Origin: Integrated Healthcare Services	Effective Date: 12/06/22
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 12/06/22
Clinical Policy Document: Rhinoplasty	Replaces Effective Clinical Policy Dated: 12/07/21
Reference #: MC/C001	Page: 1 of 4

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria for rhinoplasty - Must satisfy any of the following: I - II

- I. *Reconstructive* surgery to correct a nasal deformity secondary to congenital anomalies, including cleft lip or cleft palate (CPTs 30460, 30462).
- II. *Reconstructive* surgery to correct non-congenital anomalies – must satisfy any of the following: A – C, and D
 - A. Nasal airway obstruction due to nasal bone and septal deviation (Rhinoplasty-primary CPTs 30410, 30420) – must satisfy all of the following: 1 – 4
 1. Presence of prolonged, persistent obstructed nasal breathing; and
 2. Airway obstruction cannot be corrected by septoplasty alone; and
 3. Must satisfy one of the following: a - b
 - a. Nasal fracture with nasal bone displacement severe enough to cause nasal airway obstruction; or
 - b. Residual large cutaneous defect following resection of a malignancy or nasal trauma.
 4. Photographs demonstrate the nasal bone/septal deviation as the primary cause of the nasal obstruction.
 - B. Nasal airway obstruction due to a complication/residual deformity from primary surgery (Rhinoplasty-secondary (CPTs 30430, 30435, 30450) – must satisfy the following: 1- 2
 1. Presence of a *functional defect/physical impairment* due to the complication/residual deformity; and
 2. Photographs demonstrate the complication/residual deformity as the primary cause of an anatomic mechanical nasal airway obstruction.
 - C. Nasal airway obstruction due to a tip drop (Rhinoplasty-tip CPT 30400) - must satisfy all of the following: 1 - 2
 1. Presence of prolonged, persistent obstructed nasal breathing; and

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2. Photographs demonstrate tip drop as the primary cause of an anatomic mechanical nasal airway obstruction and are consistent with the clinical exam (acute columellar-labial angle).
- D. Symptoms, conservative treatment and documentation - must satisfy all of the following: 1 - 3
1. Nasal airway obstruction is causing significant symptoms (eg, chronic rhinosinusitis, difficulty breathing); and
 2. Obstructive symptoms persist despite at least 4 weeks of conservative treatment, which includes, nasal steroids (eg, fluticasone, budesonide, mometasone) or immunotherapy (eg, montelukast, zafirlukast), where appropriate; and
 3. Documentation should include the following: a - e
 - a. Documentation of duration and degree of symptoms related to nasal obstruction, such as chronic rhinosinusitis, mouth breathing.
 - b. Documentation of results of conservative management of symptoms.
 - c. Photographs showing the standard 4-way view: anterior-posterior, right and left lateral views, and base of nose.
 - d. Relevant history of accidental or surgical trauma, congenital defect, or disease.
 - e. Results of nasal endoscopy, CT or other appropriate imaging modality documenting degree of nasal obstruction.

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

DEFINITIONS:

Functional Defect/Physical Impairment:

A functional defect or physical/physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing activities of daily living.

Reconstructive:

Surgery to restore or correct:

1. A defective body part when such defect is incidental to or resulting from *injury, sickness*, or prior surgery of the involved body part; or
2. A covered dependent child's congenital disease or anomaly which has resulted in a functional defect as determined by a physician.

BACKGROUND

Rhinoplasty is surgery that changes the shape of the nose. The motivation for rhinoplasty may be to change the appearance of the nose, improve breathing or both.

The upper portion of the structure of the nose is bone, and the lower portion is cartilage. Rhinoplasty can change bone, cartilage, skin or all three. Rhinoplasty can change the size, shape or proportions of your nose. It may be done to repair deformities from an injury, correct a birth defect or improve some breathing difficulties.

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Prior Authorization: Yes, per network provider agreement.

CODING:

CPT® or HCPCS

- 30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
- 30410 Rhinoplasty, 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 revisions (small amount of nasal tip work)
- 30435 Rhinoplasty, secondary, intermediate revision (bony work with osteotomies)
- 30450 Rhinoplasty, secondary, major revision (bony work with osteotomies)
- 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

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REFERENCES:

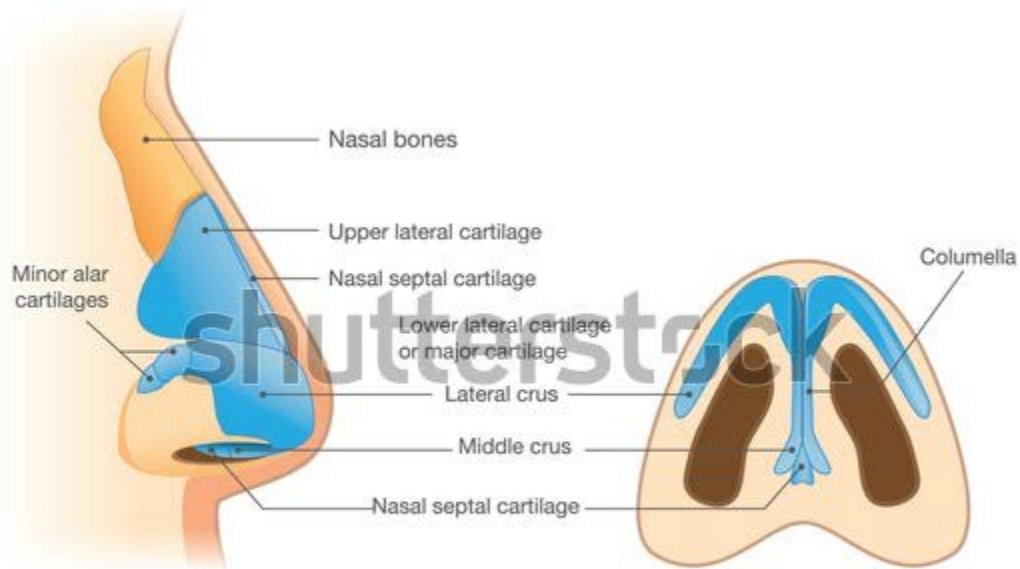
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Attachment A



Human Nose Anatomy

Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *COC*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف
Arabic

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY : 1.866.631.8597)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).