

Rhinoplasty and other Nasal Surgeries

Rhinoplasty is a surgical procedure performed to correct nasal contour and/or restore nasal function. Correction of a nasal deformity by rhinoplasty is performed to improve the airway, provide balance to the face and/or to improve appearance.

I. Criteria for Initial Approval

Rhinoplasty will be considered for coverage when **all** of the criteria below are met, confirmed with supporting medical documentation.

- Treatment is indicated for **ANY ONE** of the following:
 - Nasal obstruction as indicated by **ALL** of the following:
 - Unresponsive to a minimum four weeks of conservative medical management.
 - Indicated for **ANY ONE** of the following:
 - Vestibular stenosis (e.g., collapsed internal valve).
 - Secondary to disease.
 - Secondary to congenital abnormality.
 - Secondary to injury/trauma.
 - Nasal deformity causing functional impairment due to **ANY ONE** of the following:
 - Secondary to congenital craniofacial deformity (e.g., cleft lip/palate).
 - Secondary to disease (e.g., deformity caused by surgery for nasal malignancy).
 - Secondary to trauma.
 - The symptoms cannot be corrected by septoplasty and/or turbinectomy.
- All procedures must be performed by an Ear Nose and Throat (ENT) surgeon.
- The following CPT codes related to Rhinoplasty and Nasal Surgeries are covered and require a prior authorization: 30400, 30410, 30420, 30430, 30435, and 30450.

CPT Code 30400

- Rhinoplasty-Tip (CPT 30400) is primarily cosmetic. However, it is considered reconstructive and medically necessary when **all** of the following criteria are present:
 - Prolonged, persistent obstructed nasal breathing due to tip drop that is the primary cause of an anatomic Mechanical Nasal Airway Obstruction (this code is usually cosmetic).
 - Photos clearly document tip drop as the primary cause of an anatomic Mechanical Nasal Airway Obstruction and are consistent with the clinical exam (acute columellar-labial angle).
 - The proposed procedure is designed to correct the anatomic Mechanical Nasal Airway Obstruction and relieve the nasal airway obstruction by lifting the nasal tip; and nasal airway obstruction is causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing).
 - Obstructive symptoms persist despite conservative management for four weeks or greater, which includes, where appropriate, nasal steroids or immunotherapy.

CPT Codes 30410 & 30420

- Rhinoplasty-Primary (CPT Codes 30410 & 30420) is considered reconstructive and medically necessary when **all** of the following criteria are present:
 - Prolonged, persistent obstructed nasal breathing due to nasal bone and septal deviation that are the primary causes of an anatomic Mechanical Nasal Airway Obstruction.
 - The nasal airway obstruction cannot be corrected by septoplasty alone as documented in the medical record.
 - Photos clearly document the nasal bone/septal deviation as the primary cause of an anatomic Mechanical Nasal Airway Obstruction and are consistent with the clinical exam.
 - The proposed procedure is designed to correct the anatomic Mechanical Nasal Airway Obstruction and relieve the nasal airway obstruction by centralizing the nasal bony pyramid (30410) and also straightening the septum (30420).
 - One of the following is present:
 - Nasal fracture with nasal bone displacement severe enough to cause nasal airway obstruction; or
 - Residual large cutaneous defect following resection of a malignancy or nasal trauma; and nasal airway obstruction is causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing).

- Obstructive symptoms persist despite conservative management for four weeks or greater, which includes, where appropriate, nasal steroids or immunotherapy.

CPT Codes 30430, 30435, & 30450

- Rhinoplasty-Secondary (CPT Codes 30430, 30435 & 30450) is primarily cosmetic. However, it is considered reconstructive and medically necessary when **all** of the following criteria are present:
 - Required as treatment of a complication/residual deformity from primary surgery performed to address a functional impairment when a documented functional impairment persists due to the complication/deformity (these codes are usually cosmetic).
 - Photos clearly document the secondary deformity/complication as the primary cause of an anatomic Mechanical Nasal Airway Obstruction and are consistent with the clinical exam.
 - The proposed procedure is designed to correct the anatomic Mechanical Nasal Airway Obstruction and relieve the nasal airway obstruction by correcting the deformity or treating the complication (these codes are usually cosmetic).
 - Nasal airway obstruction is causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing).
 - Obstructive symptoms persist despite conservative management for four weeks or greater, which includes, where appropriate, nasal steroids or immunotherapy.

II. Required Clinical Information

- Pre-operative photos must be submitted consisting of legible frontal, lateral, and columellar views.
- Complete medical records including patient history, documentation of sleep apnea and other symptoms of breathing obstruction (e.g., nasal stuffiness, dryness, mouth breathing, etc.) including all forms of conservative treatment.
- If nasal changes are a result of trauma or injury, include medical records documenting history of trauma or injury with date of injury and any other related surgeries.

III. Coverage Limitations and Exclusions

The following are examples of coverage limitations and exclusions:

- Rhinoplasty for the purpose of altering the external appearance of the nose in the absence of disease, trauma or injury is considered **cosmetic**.

- Rhinoplasty for the purpose of correcting a nasal deformity due to a previous cosmetic surgery is considered **cosmetic**.
- Procedures that correct an anatomical anomaly without the intent of improving or restoring physiologic function are considered **cosmetic**.

IV. Length of Authorization for Initial Therapy

Preauthorization will be in effect for 6 months when criteria for initial approval are met.

V. Billing Code/Information

CPT Codes Include: 30400, 30410, 30420, 30430, 30435, and 30450.

Prior authorization of benefits is not the practice of medicine nor the substitute for the independent medical judgment of a treating medical provider. The materials provided are a component used to assist in making coverage decisions and administering benefits. Prior authorization does not constitute a contract or guarantee regarding member eligibility or payment. Prior authorization criteria are established based on a collaborative effort using input from the current medical literature and based on evidence available at the time.

Approved by MDH Clinical Criteria Committee: 7/27/2021

Last Reviewed Date: 7/27/2021