

POLICY NUMBER	LAST REVIEW DATE	APPROVED BY
MG.MM.SU.08	09/13/2024	MPC (Medical Policy Committee)

IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:

Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies(LMRP). All coding and web site links are accurate at time of publication.

Definitions

Rhinoplasty	Rhinoplasty is a surgical procedure of the nose to correct external nasal deformity while maintaining, restoring or improving nasal function.
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Related Medical Guidelines

Cosmetic and Reconstructive Surgery Procedures
Septoplasty

Guideline

Members are eligible for rhinoplasty when **either** of the following criteria is met:

1. Performed in conjunction with a septoplasty for nasal airway obstruction when the nasal deformity contributes to the airway obstruction and septoplasty criteria are met.
2. Performed as part of reconstruction for severe deformity when documented obstructive breathing symptoms secondary to any of the following are present:
 - Excision of a nasal abscess
 - Excision of a malignant mass
 - Osteomyelitis

- Cleft lip and/or palate repair
- Nasal trauma or injury that resulted in significant deviation of the nasal pyramid or a creation of a significant dorsal hump
- Nasal dermoid
- Saddle nose deformity from surgery, trauma, or disease (Granulomatosis with Polyangiitis)
- Vestibular stenosis for prolonged nasal obstruction which is moderate to severe, separate from obstruction caused by deviated septum or turbinate hypertrophy, and causing problems such as breathing difficulty, bleeding, or sinusitis

Limitations/Exclusions

Rhinoplasty is not covered when any of the following are applicable:

1. Performed solely to change appearance in the absence of any signs or symptoms of functional abnormalities or nasal defects, as this would be considered cosmetic.
2. For treatment of polyps not causing severe deformity.
3. Absorbable nasal implants for the treatment of nasal valve collapse (e.g., Latera[®] Absorbable Nasal Implant, CPT 30468) are considered investigational.

Applicable Procedure Codes

30124	Excision dermoid cyst, nose; simple, skin, subcutaneous
30125	Excision dermoid cyst, nose; complex, under bone or cartilage
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)
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
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)

Applicable Diagnosis Codes

C11.3	Malignant neoplasm of anterior wall of nasopharynx
C30.0	Malignant neoplasm of nasal cavity
C43.31	Malignant melanoma of nose
C44.311	Basal cell carcinoma of skin of nose
C44.321	Squamous cell carcinoma of skin of nose
C44.391	Other specified malignant neoplasm of skin of nose
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D49.1	Neoplasm of unspecified behavior of respiratory system
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.89	Other specified disorders of nose and nasal sinuses
J34.9	Unspecified disorder of nose and nasal sinuses
M86.68	Other chronic osteomyelitis, other site
M86.8X8	Other osteomyelitis, other site
M95.0	Acquired deformity of nose
Q30.1	Agenesis and underdevelopment of nose
Q30.2	Fissured, notched and cleft nose
Q30.3	Congenital perforated nasal septum
Q30.8	Other congenital malformations of nose
Q35.1	Cleft hard palate
Q35.3	Cleft soft palate
Q35.5	Cleft hard palate with cleft soft palate
Q35.9	Cleft palate, unspecified
Q36.0	Cleft lip, bilateral
Q36.1	Cleft lip, median
Q36.9	Cleft lip, unilateral
Q37.0	Cleft hard palate with bilateral cleft lip
Q37.1	Cleft hard palate with unilateral cleft lip
Q37.2	Cleft soft palate with bilateral cleft lip
Q37.3	Cleft soft palate with unilateral cleft lip
Q37.4	Cleft hard and soft palate with bilateral cleft lip

Q37.5	Cleft hard and soft palate with unilateral cleft lip
Q37.8	Unspecified cleft palate with bilateral cleft lip
Q37.9	Unspecified cleft palate with unilateral cleft lip
S00.30XA	Unspecified superficial injury of nose, initial encounter
S01.20XA	Unspecified open wound of nose, initial encounter
S01.21XA	Laceration without foreign body of nose, initial encounter
S01.22XA	Laceration with foreign body of nose, initial encounter
S01.23XA	Puncture wound without foreign body of nose, initial encounter
S01.24XA	Puncture wound with foreign body of nose, initial encounter
S01.25XA	Open bite of nose, initial encounter
S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture
S02.2XXB	Fracture of nasal bones, initial encounter for open fracture
S07.0XXA	Crushing injury of face, initial encounter
S08.811A	Complete traumatic amputation of nose, initial encounter
S08.812A	Partial traumatic amputation of nose, initial encounter

References

Cummings. Otolaryngology Head and Neck Surgery 2010. 5th Edition.
Specialty-matched clinical peer review.

Revision history

DATE	REVISION
2/10/2022	Removed photo documentation prerequisite
09/10/2021	Eliminated prerequisite for nasal trauma/injury to have occurred within 18-months of surgical request Removed prerequisite for documentation at time of trauma Removed "from a large septal perforation" as an etiology descriptive pertaining to saddle nose deformity
06/01/2021	Added investigational language for absorbable nasal implants to Limitations/Exclusions section.
03/13/2020	Added nasal dermoid, saddle nose deformity and vestibular stenosis as covered indications Added Related Medical Guidelines
09/13/2019	Reformatted and reorganized policy, transferred content to new template