Medical Policy Manual Surgery, Policy No. 12.28

Rhinoplasty

Effective: September 1, 2023

Next Review: May 2024
Last Review: July 2023

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Rhinoplasty surgery reshapes the nose and is usually considered cosmetic. Reconstructive rhinoplasty may be performed to improve nasal respiratory function and/or to correct anatomic abnormalities caused by birth defects, disease or trauma.

MEDICAL POLICY CRITERIA

Notes:

- Member contracts for covered services vary. Member contracts may have specific language defining congenital and developmental anomalies. Member contract language takes precedence over medical policy.
    - A congenital anomaly is defined as an anomaly that is present at birth (e.g., cleft palate).
    - Developmental anomalies are conditions that develop some time after birth.

I. Initial or revision rhinoplasty may be considered **medically necessary** for reconstruction of a nasal deformity in only **one or more** of the following circumstances:

A. Secondary to a congenital anomaly, including but not limited to facial cleft; or

B. After tumor resection; or

C. After trauma which causes significant functional impairment, including but not limited to displaced nasal bone fracture severe enough to cause symptomatic nasal airway obstruction; or

D. Symptomatic nasal airway obstruction (i.e., difficulty breathing related to nasal passage obstruction) when all of the following Criteria (1. – 3.) are met:

1. There is significant bony obstruction of one or both nares documented by an advanced imaging modality such as computed tomography (CT) or magnetic resonance imaging (MRI); and
2. Septoplasty, vestibular stenosis, alar collapse, and/or turbinectomy surgeries are not expected to resolve the bony deformity; and
3. Nasal airway obstruction is poorly responsive to a documented six-week trial of conservative medical management (e.g., topical/nasal corticosteroids, antihistamines).

II. Excision and/or shaving of rhinophyma maybe considered **medically necessary** when there is documented evidence (i.e., imaging studies and/or anterior - posterior, lateral and inferior photographs) demonstrating functional airway obstruction).

III. Initial or revision rhinoplasty is considered a **cosmetic** procedure unless Criterion I. is met.

IV. Excision and/or shaving of rhinophyma is considered a **cosmetic** procedure unless Criterion II. is met.

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

LIST OF INFORMATION NEEDED FOR REVIEW

It is critical that the list of information below is submitted for review to determine whether the policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

- Condition causing the need for rhinoplasty
- If not caused by congenital anomaly, including but not limited to facial cleft or tumor:
  - Computed tomography (CT), magnetic resonance imaging (MRI) or other advanced imaging documenting significant obstruction of one or both nares
  - Conservative medical management provided, timeline and outcomes
  - Any surgeries performed, with outcomes or documentation of why septoplasty, vestibular stenosis, alar collapse, and/or turbinectomy surgeries alone are not expected to resolve the nasal deformity.
- Documentation of airway obstruction for rhinophyma treatment (i.e., imaging studies and/or photographs with a minimum of one each: anterior - posterior, lateral and inferior views).

CROSS REFERENCES

1. Cosmetic and Reconstructive Surgery, Surgery, Policy No. 12
2. Absorbable Nasal Implant for Treatment of Nasal Valve Collapse, Surgery, Policy No. 209
3. Cryoablation for Chronic Rhinitis, Surgery, Policy No. 224

REFERENCES

None

CODES

Codes	Number	Description
CPT	30120	Excision or surgical planing of skin of nose for rhinophyma
	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
HCPCS	None	

Date of Origin: *August 2018*