

# Medical Policy

<b>Policy:</b>	<b>200509</b>	<b>Initial Effective Date:</b>	<b>08/05/2005</b>
<b>SUBJECT:</b>	<b>Rhinoplasty, Septoplasty, and Non-Ablative Radiofrequency Treatment</b>	<b>Annual Review Date:</b>	<b>03/29/2024</b>
		<b>Last Revised Date:</b>	<b>03/29/2024</b>

**Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.**

**Definition:** Rhinoplasty is a surgical procedure performed to correct a functional nasal deformity (reconstructive surgery) or to change nasal appearance (cosmetic surgery). This procedure is primarily intended to alter the shape of air passages to relieve nasal airway obstruction or correct structural damage or deformity as a result of congenital abnormality, infection, tumors, trauma, or disease.

Septoplasty is a surgical procedure performed to correct septal deviation or deformity. This procedure is primarily intended to repair a displacement of the bone and cartilage that divides the nostrils. The goal is to relieve nasal airway obstruction or correct structural damage or deformity as a result of congenital or acquired abnormality, trauma, or disease.

Non-ablative radiofrequency treatment (Vivaer Airway Nasal Remodeling) was developed as a method of reshaping the nasal airway tissue in cases of significant nasal airway obstruction or nasal valve collapse. This technique uses heat generated by low energy radiofrequency to reduce the severity of obstruction and facilitate improved nasal airflow.

## Medical Necessity:

- I. Rhinoplasty:** The Company considers rhinoplasty (CPT Codes 21087, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465 and applicable ICD-10-PCS Procedure Codes) medically necessary and eligible for reimbursement providing that *at least one* of the following medical criteria is met:
- Nasal obstruction due to congenital defect (e.g., cleft lip, cleft palate), infection, tumor, trauma, disease which is unresponsive to a minimum of 6 weeks of conservative medical management or septoplasty/turbinectomy; or
  - Nasal deformity causing functional impairment due to congenital defect (e.g., cleft lip, cleft palate), infection, tumor, trauma, disease; or
  - Chronic, nonseptal nasal obstruction due to vestibular stenosis (i.e., collapsed internal valves).

**Medical record documentation:** The Company requires that a detailed medical history, physical examination, pre-operative photographs (front, side and tilt-back), and results of imaging studies (e.g. nasal endoscopy, computed tomography (CT) scan or other appropriate imaging modality) be submitted documenting the extent of functional impairment.

Photographs are **not** required for CPT Code 30465.

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**NOTE:** The treating provider **must** perform an in-person physical examination of the patient prior to surgery.

The Company considers rhinoplasty for the alteration of personal appearance in the absence of a congenital growth defect, infection, tumor, trauma, disease, or prior therapeutic intervention and significant functional or physiological impairment **cosmetic** and **not** eligible for reimbursement. Rhinoplasty for the correction of a nasal deformity resulting from a previous cosmetic rhinoplasty will be reviewed in accordance with Corporate Medical Policy.

The Company considers absorbable nasal implants (**CPT Code 30468**) to be **investigational** and **not** eligible for reimbursement.

**II. Septoplasty:** The Company considers septoplasty (**CPT Code 30520, 30620, and applicable ICD-10-PCS Procedure Codes**) **medically necessary** and eligible for reimbursement providing that *at least one* of the following medical criteria is met:

- Functionally significant septal deviation causing nasal obstruction or deformity is present as a result of a congenital defect (e.g., cleft lip, cleft palate), trauma, or prior therapeutic intervention unresponsive ( $\geq 6$  weeks) to conventional therapy (e.g., topical/nasal corticosteroids, decongestants, antibiotics, allergy evaluation and therapy, etc.); or
- Persistent or recurrent epistaxis; or
- Acute ( $\geq 4$  episodes within a 365-day time period) or chronic (symptoms lasting  $\geq 12$  weeks) recurrent rhinosinusitis confirmed by physical examination and computed tomography (CT) scan; or
- Asymptomatic septal deformity preventing medically necessary surgical access to other intranasal or paranasal areas (e.g., middle turbinates, middle meatus).

**Medical record documentation:** The Company requires that a detailed medical history and physical examination, including documented absence of other probable causes of symptoms of obstruction (e.g., medication-induced, infection, inflammation, nasal polyps, tumor, etc.) be submitted documenting the extent of functional impairment.

**NOTE:** Results of imaging studies confirming recurrent rhinosinusitis (in addition to a detailed medical history and physical examination as indicated above) must also be submitted.

**NOTE:** The treating provider **must** perform an in-person physical examination of the patient prior to surgery.

The Company considers septoplasty **not medically necessary** and **not** eligible for reimbursement if the above criteria are not met.

The Company considers balloon septoplasty for treatment of septal deviation (**CPT Codes 30999\***, **30520\***), to be **investigational** and **not** eligible for reimbursement.

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\*When *unlisted procedure, nose* (CPT Code 30999) or *septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft* (CPT Code 30520) is determined to be balloon septoplasty.

**III. Non-Ablative Radiofrequency Treatment:** The Company considers the use of non-ablative radiofrequency treatment (Vivaer Nasal Airway Remodeling) for management of nasal airway obstruction (CPT Code 30469, 30117<sup>†</sup>, 30465<sup>†</sup>, 30801<sup>†</sup>, 30999<sup>†</sup>) to be **investigational** and **not** eligible for reimbursement.

<sup>†</sup>When *excision or destruction, (eg, laser), intranasal lesion; internal approach* (30117), *repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)* (30465), *ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial* (30801), or *unlisted procedure, nose* (30999) is determined to be Vivaer Nasal Airway Remodeling.

#### Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

**Prior approval is required for CPT Codes 21087, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30620, and applicable ICD-10-PCS Procedure Codes.**

**NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.**

*Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.*

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## Sources of Information:

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  - Billing and Coding: Cosmetic and Reconstructive Surgery (A58774). Local coverage article. Revision effective November 16, 2023.
  - Cosmetic and Reconstructive Surgery (L39051). Local coverage determination. Revision effective April 28, 2023.
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<b>Applicable Code(s):</b>	
<b>CPT:</b>	<b>21087, 30117, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468, 30469, 30520, 30620, 30801, 30999</b>
<b>HCPCS:</b>	
<b>ICD10 Procedure Codes:</b>	<b>090K07Z, 090K0JZ, 090K0KZ, 090K0ZZ, 090K37Z, 090K3JZ, 090K3KZ, 090K3ZZ, 090K47Z, 090K4JZ, 090K4KZ, 090K4ZZ, 090KX7Z, 090KXJZ, 090KXKZ, 090KXZZ, 09RK0JZ, 09RKXJZ, 09UK0JZ, and 09UKXJZ</b>

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