BlueCross BlueShield of Alabama

Name of Policy:

Septoplasty, Rhinoplasty Repair

Policy #: 109
Category: Surgery

Latest Review Date: February 2011
Policy Grade: D

Background/Definitions:

As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

1. *The technology must have final approval from the appropriate government regulatory bodies;*
2. *The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;*
3. *The technology must improve the net health outcome;*
4. *The technology must be as beneficial as any established alternatives;*
5. *The improvement must be attainable outside the investigational setting.*

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

1. *In accordance with generally accepted standards of medical practice; and*
2. *Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and*
3. *Not primarily for the convenience of the patient, physician or other health care provider; and*
4. *Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.*

Description of Procedure or Service:

Septoplasty is the surgical procedure designed to correct a nasal septum deviation, which is causing either a partial restriction or nearly complete restriction of airflow through the nose. The

nasal septum is the part of the nose that divides the nasal airway into 2 passages. Generally the septum lies directly in the center of the nose, but is rarely perfectly straight. The septum may be off-center or deviated to such an extent that the curvature impedes airflow and causes obstruction creating a breathing impairment. Chronic nasal obstruction may result in significant medical disabilities such as chronic and recurrent sinusitis

Rhinoplasty is a surgical procedure for correcting traumatic and functional deformities as well as for cosmetic enhancement by reshaping the nose and is one of the most common of all plastic surgery procedures. Rhinoplasty can reduce or increase the size of the nose, change the shape of the tip or the nasal bridge, narrow the opening of the nostrils, or change the angle between the nose and the upper lip. Rhinoplasty can also correct a birth defect or injury, or help relieve some breathing problems.

Policy:

Septoplasty meets Blue Cross and Blue Shield of Alabama's medical criteria for coverage for one of the following indications:

a. Continuous nasal obstruction clearly associated with a septal deviation upon physical exam of the nose which has not responded to appropriate medical therapy such as: trial of oral decongestants with or without antihistamine medicine and/or a trial of nasal steroid spray on a daily basis for 3 weeks (individual consideration is given for patients with conditions that contraindicate treatment with these medications)
b. Chronic sinus infections where a deviated septum (confirmed by CT or sinus x-ray) is responsible for obstruction to the sinus drainage pathway that has been unresponsive to appropriate antibiotic therapy.
c. Evidence that sinus surgery is necessary because chronic sinusitis fails to resolve with non-surgical measures and a deviated septum (confirmed by CT or sinus x-ray) limits the ability of the surgeon to pass endoscopic instruments to perform the necessary surgery.
d. In rare circumstances, the deviation of the septum impacts against the side-wall of the nasal passage or turbinate causing what is known as rhinogenic headache. Headaches are diagnosed by applying a local anesthetic against the deviation during a headache to see if is relieved for the duration of the anesthetic/action. Procedure may be repeated to clearly define causation. This procedure must be performed and documented that relief was obtained prior to recommendation for surgery.
e. Severe or frequent epistaxis due to localized drying of the membrane of a deviated septum that occurs despite medical measures.
f. Asymptomatic deformity severe enough to prevent surgical access to other inner nasal areas that require surgical intervention.
g. Nasal trauma resulting in nasal airway obstruction that was not present prior to the injury.

Rhinoplasty meets Blue Cross and Blue Shield of Alabama's medical criteria for coverage for the treatment of a nasal deformity due to trauma, disease or injury under the following conditions: **Effective August 21, 2003**

a. There is documentation of the events related to the deformity/trauma and preoperative photographs full face and lateral views.

b. Nasal obstruction related to trauma, disease or injury
c. If available but not required, radiologic confirmation of either a comminuted nasal fracture or peri-nasal fracture.

Rhinoplasty does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage when performed for reshaping the nose to improve appearance and is considered **cosmetic**.

Septorhinoplasty meets Blue Cross and Blue Shield of Alabama's medical criteria for coverage when criteria for the septoplasty and rhinoplasty are met.

Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members' contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

Key Points:

Nasal obstruction is one of the most common problems for physician visits and septal deviation is a frequent structural etiology. Surgical correction of septal deviation is the third most common head and neck procedure performed in the United States. Septal deviation is the most frequently encountered structural malformation causing nasal obstruction.

Septoplasty is considered for patients with a visible septal deformity but no other identifiable causes for the nasal obstruction and in whom conservative management has failed. Other indications include epistaxis, trauma, sinus ostium obstruction, cosmetic and for allowing surgical access. The goal of the surgery is to straighten the nasal septum, to relieve obstructions, or other problems related to the deviation of the septum.

The goals in rhinoplasty are restoration of nasal balance and harmony with the face. Rhinoplasty is most often performed for cosmetic reasons. Rhinoplasty can be performed for reconstructive purposes. The best candidates for rhinoplasty are those with minor deformities. Age may also be a consideration.

October 2007
No new information has been identified that will alter the coverage statement at this time.

October 2009
No new information has been identified that will alter the coverage statement at this time.

February 2011
No new information has been identified that will alter the coverage statement at this time.

Key Words:
Septoplasty, nasal septum, deviated nasal septum, rhinoplasty, cosmetic, septorhinoplasty, and turbinate

Approved by Governing Bodies:
Not applicable

Benefit Application:
Coverage is subject to member's specific benefits**. Group specific policy will supersede this policy when applicable.**

ITS: Home Policy provisions apply
BellSouth/AT&T contracts: No special consideration
FEP contracts: Predeterminations are not performed for FEP. Will be reviewed for medical necessity
Wal-Mart: Special benefit consideration may apply. Refer to member's benefit plan.
Pre-certification: Not applicable
Pre-determination requirements for rhinoplasty or septorhinoplasty may include: medical records to include patient history, documentation of disease and other symptoms of breathing obstruction and include treatments. If trauma or injury related, documentation of history of trauma or injury with date of injury and any other related surgeries. Photographs showing full face and lateral views preoperatively.

Coding:
CPT codes:

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)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

References:

1. American Society of Plastic Surgeons. *Rhinoplasty surgery of the nose*, http://www.plasticsurgery.org/public_education/procedures/Rhinoplasty.cfm
2. Clinical Indicators for Otolaryngology—Head and Neck Surgery, http://www.entlink.net/practice/products/indicators/rhinoplasty.html.
3. Clinical Indicators for Otolaryngology—Head and Neck Surgery, http://www.entlink.net/practice/products/indicators/septoplasty.html.
4. Genesis Health Information. *Rhinoplasty*, http://www.genesishealth.com/micromedex/detaileddisease/00063850.aspx.

5. National Institute of Health. *MEDLINEplus Medical Encyclopedia: Cosmetic nose surgery*, http://www.nlm.nih.gov/medlineplus/ency/article/002983.htm.
6. National Institute of Health. *MEDLINEplus Medical Encyclopedia: Septoplasty*, http://www.nlm.nih.gov/medlineplus/ency/article/003012.htm.
7. Rohrich, Rod J. and Hollier, Larry H. *Rhinoplasty with advancing age*, Otolaryngologic Clinics of North America, August 1999, Vol. 32, No. 4, pp. 755-773.
8. Watson, Deborah. *Rhinoplasty, Septoplasty*, http://www.emedicine.com/ent/topic128.htm.

Policy History:

Medical Policy Group, April 2003 **(1)**
Medical Policy Administration Committee, April 2003
Available for comment July 1-August 14, 2003
Available for comment August 28-October 13, 2003
Medical Policy Group, April 2005 **(1)**
Medical Policy Group, October 2007 **(1)**
Medical Policy Group, October 2009 **(1)**
Medical Policy Group, February 2011**(3)**

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review)in Blue Cross and Blue Shield's administration of plans contracts.