



Status

Active

Medical and Behavioral Health Policy

Section: Surgery

Policy Number: IV-73

Effective Date: 04/23/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

RHINOPLASTY

Description: Rhinoplasty is a surgical procedure performed on the nose to alter the nasal contour.

- Policy:**
- I. Rhinoplasty may be considered **MEDICALLY NECESSARY** when:
 - A. A structural abnormality displaces the nasal structure, resulting in fixed, medically significant airway obstruction that medical therapy has failed to correct; **OR**
 - B. Performed on an eligible dependent child who has a congenital disease or anomaly that has caused a functional defect (e.g. cleft palate) as determined by the attending physician; **OR**
 - C. Incidental to or following another surgery that was needed because of injury, sickness or disease of that part of the body.
 - II. Rhinoplasty is considered **COSMETIC** for all other indications.

- Documentation Submission:** Submitted documentation **must** include:
1. The extent of the obstruction or deformity;
 2. A description of how the deformity relates to the nasal symptoms the patient is experiencing and planned surgical approach; and
 3. Results of history and physical, clinical studies or tests, including radiographic studies, as appropriate to the condition.

Photographs may be submitted but are not required.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding:

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT:

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

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

ICD-9 Procedure:

21.8 Repair and plastic operations on the nose

21.83 Total nasal reconstruction

21.84 Revision rhinoplasty

21.85 Augmentation rhinoplasty

21.86 Limited rhinoplasty

21.87 Other rhinoplasty

ICD-10 Procedure:

09RK072 Replacement of Nose with Autologous Tissue Substitute, Open Approach

09UK07Z Supplement Nose with Autologous Tissue Substitute, Open Approach

0NUB07Z Supplement Nasal Bone with Autologous Tissue Substitute, Open Approach

0NUB0JZ Supplement Nasal Bone with Synthetic Substitute, Open Approach

0NUB0KZ Supplement Nasal Bone with Nonautologous Tissue Substitute, Open Approach

090K0ZZ Alteration of Nose, Open Approach

090K3ZZ Alteration of Nose, Percutaneous Approach

090K4ZZ Alteration of Nose, Percutaneous Endoscopic Approach

090KXZZ Alteration of Nose, External Approach

090K07Z Alteration of Nose with Autologous Tissue Substitute, Open Approach

090K0KZ Alteration of Nose with Nonautologous Tissue Substitute, Open Approach

090K37Z Alteration of Nose with Autologous Tissue Substitute, Percutaneous Approach

090K4JZ Alteration of Nose with Synthetic Substitute, Percutaneous Endoscopic Approach

090KX7Z Alteration of Nose with Autologous Tissue Substitute, External Approach

090K0JZ Alteration of Nose with Synthetic Substitute, Open Approach

090K47Z Alteration of Nose with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

090KXKZ Alteration of Nose with Nonautologous Tissue Substitute, External Approach

090K3JZ Alteration of Nose with Synthetic Substitute, Percutaneous Approach

090K3KZ Alteration of Nose with Nonautologous Tissue Substitute, Percutaneous Approach

090K4KZ Alteration of Nose with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

090KXJZ Alteration of Nose with Synthetic Substitute, External Approach

09RKXJZ Replacement of Nose with Synthetic Substitute, External Approach

09RK0JZ Replacement of Nose with Synthetic Substitute, Open Approach

09UKXJZ Supplement Nose with Synthetic Substitute, External Approach

09UK0JZ Supplement Nose with Synthetic Substitute, Open Approach

Policy History: **Developed June 1, 1990**

Most recent history:

Reviewed March 9, 2011

Reviewed March 14, 2012

Revised March 13, 2013

Reviewed/Updated, no policy statement changes April 9, 2014

Cross Orthognathic Surgery, IV-16

Reference:

Current Procedural Terminology (CPT®) is copyright 2013 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Copyright 2014 Blue Cross Blue Shield of Minnesota.
