Subject: Cosmetic and Reconstructive Nasal Procedures

Background: Nasal surgery is defined as any procedure performed on the external or internal structures of the nose, septum or turbinates. Rhinoplasty is a surgical procedure to change the appearance of the nose, alter the width of the nostrils or change the angle between the nose and upper lip. It is performed alone or in combination with other procedures, such as septoplasty and turbinateoplasty, to correct deformities from nasal trauma or airway obstruction related to septal and bony deviations. Septoplasty is a surgical procedure that corrects nasal septum defects or deformities by alteration, splinting or removal of obliterating supporting structures.

Underlying causes of nasal and sinus obstructions include both mucosal disorders (e.g. infectious, medication-induced or inflammatory conditions) and structural abnormalities, such as congenital deformities, acquired diseases or tumors.

Authorization:
Prior authorization is required for all cosmetic and reconstructive nasal procedures requested for members enrolled in commercial (HMO, POS, and PPO) products.

Policy and Coverage Criteria:
Harvard Pilgrim Health Care (HPHC) considers cosmetic and reconstructive nasal procedures as reasonable and medically necessary when procedure-specific criteria are met and documentation confirms EITHER of the following:

- Improve or correct a physical functional impairment resulting from a congenital defect or birth abnormality, injury, prior surgical procedure, or disease, OR
- Remedy ongoing medical complications.

Rhinophyma
Harvard Pilgrim Health Care (HPHC) considers excision or surgical planning of rhinophyma as reasonable and medically necessary when documentation confirms ALL the following:

- Rhinophyma is causing a moderate to severe symptomatic nasal obstruction that impairs respiratory function; AND
- There are no other identifiable causes of nasal obstruction.
- Excision or shaving of rhinophyma is considered reasonable and medically necessary when ALL the following are met:
  - Documentation shows evidence of bleeding or infection, AND
  - Treatment of bleeding or infection is refractory to medical therapy, AND
  - Procedure is reasonably expected to improve physical functional impairment as a result of bleeding or infection

Frontal, lateral, and worm’s eye view photographs must be mailed or emailed to HPHC to document medical necessity.
Rhinoplasty
Harvard Pilgrim Health Care (HPHC) considers rhinoplasty procedures as reasonable and medically necessary when documentation confirms ALL the following:

- Moderate to severe symptomatic airway compromise; AND
- No other identifiable cause of obstructive symptoms (e.g., polyps, nasal edema, enlarged turbinates, septal defect); AND
- Failure or contraindication (documentation describing contraindication required) to 4-week trial of conservative treatment (e.g., nasal steroids for allergic nasal edema or polyps); AND
- Septoplasty and/or turbinectomy alone are not reasonably expected to resolve the condition.

Harvard Pilgrim Health Care (HPHC) considers rhinoplasty procedures to correct or repair nasal deformity secondary to cleft lip, cleft palate, or other congenital craniofacial deformity as reasonable and medically necessary for children under the age of 18.

Frontal and lateral photographs must be mailed or emailed to HPHC to document external nasal deformity. For members with a history of nasal fracture and/or bony obstruction, objective findings (including x-rays and/or CT, if available) confirming extent of nasal bone displacement and/or obstruction.

Septoplasty
Harvard Pilgrim Health Care (HPHC) considers septoplasty procedures as reasonable and medically necessary when medical record documentation confirms ANY of the following:

- Septal spur headache (of septal spur origin), OR
- Congenital craniofacial deformity when septal distortion causes a physical functional impairment, OR
- Symptomatic septal deviation, perforation, or deformity causing ANY of the following:
  - At least 75% airway obstruction due (primarily) to septal blockage, OR
  - Symptomatic airway obstruction (less than 75%) that is significant, and not primarily due to other obstructions (e.g., polyps, masses, nasal edema, enlarged turbinates), AND symptoms have failed to improve after 4 or more weeks of treatment with conservative medical therapy (e.g. corticosteroids, nasal spray, decongestants), OR
  - Recurrent nose bleeds, OR
  - Recurrent sinusitis, OR
  - Intolerance to continuous positive airway pressure (CPAP), OR
- Nasal deformity secondary to cleft lip/palate

In accordance with MA Chapter 234 of the Acts of 2012, Harvard Pilgrim Health Care (HPHC) considers septoplasty procedures as reasonable and medically necessary for the treatment of cleft lip and/or cleft palate for children under the age of 18.

Exclusions:
Harvard Pilgrim Health Care (HPHC) considers cosmetic and reconstructive nasal procedures as not medically necessary for all other indications. In addition, HPHC does not cover:

- Nasal Surgery to treat or prevent snoring
- Drugs, biologicals, facility/hospital, laboratory and radiology services, professional services or other incidental services related to cosmetic surgeries or procedures

Guidelines:

HPHC Medical Review Criteria
Cosmetic and Reconstructive Nasal Procedures

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members’ unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.
In accordance with MA Chapter 233 (An Act Relative to HIV-Associated Lipodystrophy Syndrome Treatment), Harvard Pilgrim Health Care (HPHC) covers treatments to correct or repair disturbances of body composition caused by HIV associated lipodystrophy syndrome for any member enrolled in any HPHC plan delivered, issued or renewed within the commonwealth. Medical record documentation from a treating provider must confirm that the treatment is medically necessary for correcting, repairing or ameliorating the effects of HIV associated lipodystrophy syndrome.

Coding:
Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>30120</td>
<td>Excision or surgical planning of skin of nose for rhinophyma</td>
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<tr>
<td>30400</td>
<td>Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip</td>
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<tr>
<td>30410</td>
<td>Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages and/or elevation of nasal tip</td>
</tr>
<tr>
<td>30420</td>
<td>Rhinoplasty, primary; including major septal repair</td>
</tr>
<tr>
<td>30430</td>
<td>Rhinoplasty, secondary; minor revision (small amount of nasal tip work)</td>
</tr>
<tr>
<td>30435</td>
<td>Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)</td>
</tr>
<tr>
<td>30450</td>
<td>Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)</td>
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<tr>
<td>30460</td>
<td>Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only</td>
</tr>
<tr>
<td>30462</td>
<td>Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum and osteotomies</td>
</tr>
<tr>
<td>30465</td>
<td>Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)</td>
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<tr>
<td>30520</td>
<td>Septoplasty or submucosal stenosis, with or without cartilage scoring, contouring or replacement with graft</td>
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Billing Guidelines:
Member’s medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

HPHC Medical Review Criteria
Cosmetic and Reconstructive Nasal Procedures

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**Summary of Changes**

<table>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>11/17</td>
<td>Background added and references updated; policy coverage criteria refined</td>
</tr>
<tr>
<td>10/16</td>
<td>Added language to support mandate for HIV associated lipodystrophy</td>
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<tr>
<td>4/16</td>
<td>Minor formatting edits</td>
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Approved by Medical Review Committee: 12/12/17
Reviewed/Revised: 5/11, 5/12, 2/13, 3/14, 4/15; 4/16; 10/16; 11/17
Initiated: 7/1/10

**HPHC Medical Review Criteria**

**Cosmetic and Reconstructive Nasal Procedures**

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