

STRIDEsm (HMO) MEDICARE ADVANTAGE

Effective Date: January 1, 2017

Subject: Reconstructive and Restorative Nasal Procedures

Policy:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage covers reconstructive/restorative nasal procedures that are reasonable and medically necessary to:

- Improve or correct a physical functional impairment¹; or
- Remedy ongoing medical complications.

Covered services must be:

- Reasonable and medically necessary based on the member's condition, complexity of requested service(s), and accepted standards of clinical practice;
- An essential part of active treatment of the member's medical condition, and ordered under a plan of care established and reviewed regularly by the attending physician caring for the member; and
- Furnished by provider(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization.²

Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not cover most cosmetic surgery, or services (e.g., drugs, biologicals, professional services, or other incidental services) directly related a cosmetic surgery or procedure.

Authorization:

¹ A physical functional impairment is a condition in which the normal/proper action of a body part is damaged/diminished, and adversely affecting the individual's ability to participate in normal activities of daily life. The condition's impact on an individual's emotional well-being or mental health is not considered in determining if a physical functional impairment exists.

² Appropriate accrediting organizations include the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), or another Centers for Medicare and Medicaid Services (CMS) Approved Accrediting Organization.

Medical Review Criteria

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Harvard Pilgrim StrideSM (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.

Prior authorization from Harvard Pilgrim StrideSM (HMO) Medicare Advantage is required for ALL the following reconstructive/restorative nasal procedures:

- Rhinophyma Treatment
- Rhinoplasty
- Septoplasty

Criteria:

Reconstructive/restorative nasal procedures are authorized when:

1. Medical record documentation confirms the presence of a medical condition or complication, and related functional impairment; AND
2. Requested procedure can reasonably be expected to restore functionality or resolve the associated medical complications; AND.
3. Procedure-specific criteria (below) are met.
 - Photo documentation, when required, must be mailed or emailed to HPHC as faxed photos cannot be utilized in making a determination of medical necessity.

Procedure-Specific Criteria

Procedure	Criteria
<p>Rhinophyma Treatment³</p> <p>Photographic documentation (frontal, lateral, and nares-angled views) required.</p>	<p>Excision or surgical planning of rhinophyma is authorized when medical record documentation confirms ALL the following:</p> <ol style="list-style-type: none"> 1. Rhinophyma is causing a moderate to severe symptomatic nasal obstruction that impairs respiratory function; 2. There are no other identifiable causes of nasal obstruction.
<p>Rhinoplasty</p> <p>Required documentation includes photographs (frontal and lateral views) documenting external nasal deformity.</p> <p>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</p>	<p>Authorized when medical record documentation confirms ALL the following:</p> <ol style="list-style-type: none"> 1. Moderate to severe symptomatic airway compromise; 2. No other identifiable cause of obstructive symptoms (e.g., polyps, nasal edema, enlarged turbinates, septal defect); 3. Failure of conservative treatment (e.g., 4 week trial of nasal steroids for allergic nasal edema or polyps), or contraindication to conservative treatment (documentation describing contraindication required); 4. Septoplasty and/or turbinectomy alone are not reasonably expected to resolve the condition.

³ See Harvard Pilgrim StrideSM (HMO) Medicare Advantage DermabrasionSM Medical Review criteria for information re: coverage for segmental dermabrasion for treatment of rhinophyma.

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Procedure	Criteria
obstruction are required.	
Septoplasty	<p>Authorized when medical record documentation confirms ANY of the following:</p> <ul style="list-style-type: none"> • Septal spur headache⁴ (of septal spur origin); • Congenital craniofacial deformity when septal distortion causes a physical functional impairment; • Symptomatic septal deviation, perforation, or deformity causing ANY of the following: <ul style="list-style-type: none"> ▪ At least 75% airway obstruction due (primarily) to septal blockage; ▪ 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 nasal steroids; ▪ Recurrent nose bleeds ▪ Recurrent sinusitis ▪ Intolerance to CPAP

Exclusions:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not cover reconstructive/restorative nasal procedures when criteria above are not met.

In addition, Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not cover nasal surgery requested to treat or prevent snoring.

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.

CPT® Code	Description
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⁴ Septal spur headache may be diagnosed when pain is relieved temporarily by topical anesthetics applied to the septal impaction.

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CPT® Code	Description
30120	Excision or surgical planning 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 and osteotomies
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

Approved by UMPCP: 10/12/16

- Initial Approval: 8/26/15 (effective 1/1/16)

Summary of Changes

Date	Revision
10/12/16	Annual review. Reference 2017 Medicare Advantage Dermabrasion criteria.

References:

1. ASPS Recommended Insurance Coverage Criteria for Third Party Payers- Nasal Procedures; <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Nasal-Surgery-Insurance-Coverage.pdf> (Accessed 10/4/16)

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