

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 turbinoplasty, to correct deformities from nasal trauma or airway obstruction related to septal and bony deviations.

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.

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at www.harvardpilgrim.org/providerportal. In some cases, clinical documentation and/or color photographs may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation—via HPHConnect Clinical Upload or secure fax (800-232-0816)
- Photographs— HPHConnect Clinical Upload function, email (utilization_requests@harvardpilgrim.org), or mail (Utilization Management, 1600 Crown Colony Dr., Quincy, MA 02169). Please note that photographs should not be faxed as faxed photos cannot be utilized in making a medical necessity determination.

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Resources and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the [instructions here](#).) Members may access these materials by logging into their online account (visit www.harvardpilgrim.org, click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742.

Policy and Coverage Criteria:

For this policy, Harvard Pilgrim Health Care (HPHC) customized InterQual® criteria:

- Rhinoplasty (Version 2021)

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.

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:

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.

CPT® Codes	Description
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)

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.

Summary of Changes

Date	Changes
7/21	Criteria and coding updated
8/20	Annual review; no changes
7/19	Annual review; no changes

4/19	InterQual® criteria adopted
11/17	Background added and references updated; policy coverage criteria refined
10/16	Added language to support mandate for HIV associated lipodystrophy
4/16	Minor formatting edits

Approved by Medical Policy Committee: 07/20/21

Approved by Clinical Policy Operational Committee: 5/11, 5/12, 2/13, 3/14, 4/15; 4/16; 10/16; 11/17; 4/19; 7/19; 8/20; 8/21

Policy Effective Date: 09/24/21

Initiated: 7/1/10

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VC24SEP21P

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.