



Manual: IU Health Plans  
Department: Utilization Management  
Policy # MP076  
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# Health Plans

Medicare Advantage      **X Commercial**

## Septoplasty-Rhinoplasty Policy

### I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for septoplasty-rhinoplasty.

### II. Scope

This policy applies to all IU Health Plans and Utilization Management staff having decision-making responsibilities where authorization is required for Fully Insured and Team Member commercial plans.

### III. Exceptions

IU Health Plans does not consider septoplasty-rhinoplasty policy medical necessary for any of the following:

1. Cosmetic reasons for the surgery are considered not medically necessary and are **not** a covered benefit.
2. When two surgical procedures (one reconstructive and one cosmetic) are performed on the nose during the same operative session, the reconstructive portion of the surgery is covered, and the cosmetic portion of the surgery is **not** covered.

### IV. Definitions

**Rhinoplasty-** The American Society of Plastic Surgeons defines rhinoplasty as a procedure that enhances facial harmony and the proportions of an individual's nose. It can correct impaired breathing caused by structural defects in the nose. A deviated septum is one of the most common causes of a breathing impairment.

**Septoplasty-** The American Society of Plastic Surgeons defines septoplasty as surgical procedure performed to correct a deviated septum. The septum is a wall of bone and cartilage, which separates the two nostrils. A deviated septum or "crooked" septum occurs when the septum is shifted towards one side of the nasal cavity. This can cause difficulty breathing and reduced airflow due to blockage of the nasal airway.

### V. Policy Statements

IU Health Plans considers Septoplasty-Rhinoplasty medically necessary for **one or more of the following** indications:

1. Indications for Septoplasty include **ONE or more of the following**:
  - a. Nasal septal deviation or septal spurring and **ALL of the following are present**:
    1. Inadequate response to appropriate intervention medical management for 6 weeks (intranasal steroids, intranasal antihistamines, antihistamines)
    2. Symptoms of nasal obstruction that interfere with lifestyle (nasal congestions, difficulty breathing through the nose, difficulty sleeping).
  - b. Documented recurrent sinusitis due to a deviated septum that does not resolve after appropriate medical therapies and two or more courses of appropriate antibiotics if indicated.
  - c. Recurrent epistaxis related to a septal deformity
  - d. Asymptomatic septal deformity that prevents access to other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g., ethmoidectomy)
  - e. When done in association with cleft lip/palate repair
  - f. To repair trauma tear that resulted in tearing or dislocation of the septum
  - g. Obstructed nasal breathing due to septal deformity or deviation that has proved unresponsive to medical management and is interfering with the effective use of medically necessary Continuous Positive Airway Pressure (CPAP) for the treatment of an obstructive sleep disorder
2. Indications for Rhinoplasty include **ONE or more of the following**:
  - a. Functional breathing impairment of the nose caused by trauma, surgical, or congenital deformity that has not been resolved with maximum medical treatment of symptoms
  - b. Post-traumatic (i.e. accident) nasal deformity exists.
  - c. Cleft palate nasal deformity

## **CODES-CPT/HCPCS/ICD 10**

<b>CPT Codes</b>	<b>Description</b>
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip; 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, osteotomies
30465	Repair of nasal vestibular stenosis (eg, spreader grafting lateral nasal wall reconstruction)
30468	Repair of the collapse (narrowing) of a nasal valve by using one or more implants that rest beneath the skin or mucous membrane in the lateral wall of the nose.
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
<b>ICD 10 Codes</b>	
J32.0	Chronic Maxillary sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.4	Chronic pansinusitis

J32.8	Other chronic sinusitis
J32.9	Chronic sinusitis, unspecified
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.2	Deviated nasal septum
J34.3	Hypertrophy of nasal turbinates
J34.89	Other disease of the nose and nasal sinuses
M95.0	Acquired nasal deformity
Q30.0	Choanal atresia
Q30.1	Agenesis and underdevelopment of nose
Q30.2	Fissured, notched, and cleft nose
Q30.8	Other congenital malformations of nose
Q35.1-Q35.9	Cleft Palate
Q37.0-Q37.9	Cleft Palate with cleft lip
Q67.0-Q67.4	Congenital musculoskeletal deformities of head and face
Q67.4	Other congenital deformities of skull, face, and jaw
R04.0	Epistaxis
S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture
S02.8XXS	Fractures of other specified skull and facial bones, sequela
S02.92XS	Unspecified fracture of facial bones

## VI. Procedures

None

## VII. References/Citations

1. American Society of Plastic Surgeons. (2024). Septoplasty. [Septoplasty | American Society of Plastic Surgeons \(plasticsurgery.org\)](https://www.plasticsurgery.org)
2. American Society of Plastic Surgeons. (2024). Rhinoplasty. [Rhinoplasty | American Society of Plastic Surgeons \(plasticsurgery.org\)](https://www.plasticsurgery.org)
3. Landis, B.N. & Tasman, A. (2020, February 15). Septoplasty for Nasal Obstruction. *The Lancet*. [Septoplasty for nasal obstruction - The Lancet](https://www.thelancet.com)
4. Nocini R, Chirumbolo S, Pirayesh A, Rahman E, Kapoor KM, Caliskan G, Bertossi D. A Systematic Review and Meta-Analysis of Rhinoplasty Using the Rhinoplasty Outcome Evaluation Scale. *Ann Maxillofac Surg*. 2022 Jan-Jun;12(1):60-68. doi: 10.4103/ams.ams\_244\_21. Epub 2022 Aug 16. PMID: 36199467; PMCID: PMC9527829. [A Systematic Review and Meta-Analysis of Rhinoplasty Using the Rhinoplasty Outcome Evaluation Scale - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov)

## VIII. Forms/Appendices

None

## IX. Responsibility

Medical Director

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