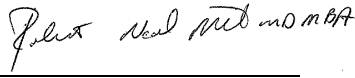


Origination Date: 08/00	Revision Date(s): 12/03, 12/04, 12/05, 12/06, 7/07, 8/08, 2/11
Developed By: Medical Criteria Committee	



Approved: Neal Mills MD, MBA **Date:** 3/15/2011

Description:

Septoplasty is a surgical procedure to correct a deformity of the partition between the two sides of the nose. Generally, the septum lies in the center of the nose. When the septum is off-center, corrective surgery may be required to correct breathing impairments that may occur as the result of the misalignment. Septoplasty is most often performed to improve breathing, but it may also be required to permit adequate examination of the inside of the nose for treatment of polyps, inflammation, tumors, or bleeding.

Rhinoplasty is a surgical reconstruction of the nose performed to improve appearance and/or function. Although it is typically performed for cosmetic purposes to change the appearance of the nose, there are situations when rhinoplasty is considered reconstructive in nature.

Criteria:

Functional rhinoplasty will be covered to plan limitations when performed in conjunction with a septoplasty and **all** of the following criteria are met:

- a. Documentation that septoplasty alone will not correct impaired nasal airway; **and**
- b. Obstructed breathing due to acquired deformity secondary to trauma, tumor, infection, or congenital nasal birth defect impairing nasal function; **OR**
- c. Reconstruction following removal of a nasal malignancy, abscess, or osteomyelitis that has caused severe deformity and breathing difficulty.
- d. Obstruction of airway
 - Not expected to respond to Septoplasty and turbinectomy procedures alone **and**
 - Results in significant symptoms altering quality of life such as sleep-disordered breathing, nasal congestion, mouth breathing or snoring
 - Causes such as polyps, allergies, and rhinitis have been ruled out.
 - Persists despite member participating in conservative medical management for three or more months.
 - Results in a 50% or more nares obstruction documented by endoscopy, CT Scan, or other appropriate imaging modality. The percentage can be the result of several combinations such as 100% obstruction of one nare, 75% of one and 25% obstruction of the other , or other combinations.

*Note: authorization is not required for septoplasty (CPT 30520) when performed alone.

Limitations:

- Rhinoplasty for cosmetic reasons is not a covered benefit.
- ODS will pay only for the medically approved procedure(s). All contract exclusions apply.

Information to be Submitted with Pre-Authorization Request:

- Complete ENT evaluation including full documentation of internal and external functional abnormalities.
- Results of nasal endoscopy, CT or other appropriate imaging modality if applicable
- Photo documentation of deformity

Applicable CPT/HCPC Codes:

Note: list is not all inclusive

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30420	Rhinoplasty, primary, including major septal repair
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<p>References:</p> <ul style="list-style-type: none">• American Academy of Otolaryngology, Clinical Indicators Compendium, Septoplasty, 2000.• American Academy of Otolaryngology, Clinical Indicators Compendium, Rhinoplasty, 2000.• American Society of Plastic Surgeons (ASPS). Position paper. Nasal Surgery. July 2006 Accessed February 24, 2011 at: http://www.google.com/search?q=%E2%80%A2%09American+Society+of+Plastic+Surgeons+%28ASPS%29.+Position+paper.+Nasal+Surgery.+July+2006&sourceid=ie7&rls=com.microsoft:en-us:IE-SearchBox&ie=&oe=.• Fatthi T, Steinberg B, Fernandes R, et al. Repair of nasal complex fractures and the need for secondary septo-rhinoplasty. J Oral Maxillofac Surg. 2006 Dec;64(12):1785-9.• Physician advisors
