Corporate Medical Policy

Rhinoplasty

Description of Service

Rhinoplasty is an operation on the nose to correct nasal contour and/or to restore nasal function. Although it is typically performed for cosmetic purposes to correct or improve the external appearance of the nose, there may be situations when it may be considered reconstructive in nature. Nasal deformities may be congenital, (e.g., cleft lip and/or cleft palate) or acquired (e.g., trauma, disease, ablative surgery).

Vestibular stenosis or collapse of the internal valves may be a cause of nasal obstruction. The nasal valve refers to tissue that acts as a bridge between the bony skeleton and the nasal tip and can account for approximately half of the total airway resistance of the entire upper and lower respiratory tract. Nasal valve compromise may account for nasal airway obstruction. The causes of internal nasal valve obstruction may include: previous surgery, trauma, facial paralysis, and cleft lip nasal deformities.

Background

Nasal obstruction is one of the most common problems for physician visits and septal deviation is a frequent structural etiology. Surgical correction of septal deviation is the third most common head and neck procedure performed in the United States. Septal deviation is the most frequently encountered structural malformation causing nasal obstruction.

The goals in rhinoplasty are restoration of nasal balance and harmony with the face. Rhinoplasty is most often performed for cosmetic reasons. Rhinoplasty can be performed for reconstructive purposes. The best candidates for rhinoplasty are those with minor deformities. Age may also be a consideration.

Benefit Application

Management of congenital anomalies for individuals under the age of 18 is described in the Service Benefit Plan and may be applicable to consideration of rhinoplasty.

Policy Statement

GEHA will provide coverage for rhinoplasty when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

GEHA will not provide coverage if the procedure is for cosmetic purposes.
When Rhinoplasty is covered

Rhinoplasty may be considered medically necessary in the following conditions:

1. For deformities of the bony nasal pyramid (nasal bones and nasal process of the maxilla) that:
   • Directly cause significant and symptomatic airway compromise, sleep apnea or recurrent or chronic rhinosinusitis, and
   • are not responsive to appropriate medical management.
2. For reconstruction following removal of nasal malignancy, destructive inflammatory diseases (e.g., Wegener’s granulomatosis, pleomorphic granulomatosis), abscess or osteomyelitis that has caused severe deformity and breathing difficulty, or
3. For deformity of the bony nasal pyramid caused by specifically documented trauma, or
4. For trauma-related nasal airway obstruction leading to chronic rhinosinusitis that is refractory to medical management, regardless of date of injury.

When Rhinoplasty is not covered

1. For change in the external appearance of the nose in the absence of trauma or injury. This is considered cosmetic.
2. For any indication other than the specific clinical circumstances described above as covered.

Physician Documentation:

GEHA may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Rhinoplasty or other nasal surgery documentation should adequate information to allow assessment of the complete evaluation and management plan regarding the requested surgery. The member’s medical record must contain, and be available for review on request, the following information:

- Physician office notes
- Radiologic imaging if done
- Photographs that document the nasal deformity

Applicable codes include:

30420 Rhinoplasty, primary; including major septal repair
30435 Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450 Major revision (bony work with osteotomies)
30460   Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columnar lengthening; tip only

30462   Tip, septum, osteotomies

30465   Repair of nasal vestibular stenosis (spreader grafting, lateral nasal wall reconstruction)

30400   Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip

30410   Complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip

30430   Rhinoplasty, secondary; minor revision (small amount of nasal tip work)

**Policy Rationale**

The coverage eligibility of medical and surgical therapies to treat nasal abnormalities is often based on a determination of whether the abnormality is considered medically necessary, reconstructive or cosmetic in nature. In many instances the concept of reconstructive overlaps with the concept of medical necessity. Generally, reconstructive is often taken to mean that the service "returns the person to whole" as a result of a congenital anomaly disease or traumatic condition resulting in functional deficits, while cosmetic generally describes improving a physical appearance that would be considered within normal human anatomic variation

**Scientific References**


