

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

This medical policy relates only to the services or supplies described herein. Please refer to the member's benefit booklet for availability of benefits.

The clinical coverage policy for sinus surgery can be found at geha.com.

GEHA considers any surgical procedure (or any portion of a procedure) performed primarily to improve physical appearance through change in bodily form, except repair of accidental injury if repair is initiated promptly or as soon as the member's condition permits, as cosmetic and therefore not a covered benefit.

Management of congenital anomalies for individuals under the age of 18 is described in the member's benefit booklet and may be applicable to consideration of rhinoplasty.

Regulatory Status

Rhinoplasty is a procedure and, as such, is not subject to regulation by the FDA. However, the FDA does regulate manufacturing and dispensing practices and use of devices and drugs for such procedures.

The Spirox Latera was cleared by the FDA (K161191) for marketing in 2016, as an Absorbable Nasal Implant indicated for supporting nasal upper and lower lateral cartilage.

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 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
2. When the obstruction cannot be corrected by septoplasty or turbinectomy alone:
 - For deformities of the bony nasal pyramid (nasal bones and nasal process of the maxilla) that:
 - i. Directly cause significant and symptomatic airway compromise, sleep apnea or recurrent or chronic rhinosinusitis, **and**
 - ii. Is not responsive to appropriate medical management. Appropriate medical treatment is defined as 4 weeks or greater of treatment including nasal steroids and immunotherapy.
 - Nasal fracture leading to deformity of the bony nasal pyramid severe enough to cause nasal airway obstruction caused by specifically documented trauma, or
 - 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.
3. GEHA considers the use of Latera (Spirox) Absorbable Nasal Implant as experimental and investigational. There is insufficient published evidence to assess the safety and/or impact of the Latera Absorbable Nasal Implant on health outcomes or patient management.

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 be 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 and/or History and Physical documenting:
 - Duration and degree of symptoms related to nasal obstruction, such as chronic rhinosinusitis, mouth breathing, etc.; *and*
 - Documentation of results of conservative management of symptoms
 - Relevant history of accidental or surgical trauma, congenital defect, or disease (e.g., Wegener's granulomatosis, choanal atresia, nasal malignancy, abscess, septal infection with saddle deformity, or congenital deformity)
- Radiologic imaging if done. Specifically, results of nasal endoscopy, CT or other imaging.
- Photographs that document the external nasal deformity including a standard 4-way view: anterior-posterior, right and left lateral views, and base of nose (this view is from the bottom of nasal septum pointing upwards).

Applicable codes include:

- 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
- 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 Major revision (bony work with osteotomies)
- 30460 Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
- 30462 Tip, septum, osteotomies
- 30465 Repair of nasal vestibular stenosis (spreader grafting, lateral nasal wall reconstruction)
- 30999 Unlisted procedure, nose

Scientific References

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Policy implementation and updates

5/2018 – Policy created and implemented.

4/2019 – Policy reviewed. Added language to better define clinical criteria. Added language for Latera nasal implant.

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