

# MEDICA®

## UTILIZATION MANAGEMENT POLICY

TITLE: RHINOPLASTY PROCEDURE WITH OR WITHOUT SEPTOPLASTY

EFFECTIVE DATE: January 21, 2019

*This policy was developed with input from specialists in plastic surgery and otolaryngology, and endorsed by the Medical Policy Committee.*

### IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

*These services may or may not be covered by all Medica plans. Please refer to the member's plan document for specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica utilization management policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.*

*Medica utilization management policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.*

### PURPOSE

To promote consistency between reviewers in utilization management decision-making by providing criteria that generally determines the medical necessity of nasal reconstructive surgery - rhinoplasty procedure with or without septoplasty. The Benefit Considerations box below outlines the process for addressing the needs of individuals who do not meet these criteria.

### BACKGROUND

#### Definitions

- A. **Deviated septum** is a bent or irregular projection or deflection (e.g., bony spur) of the nasal septum into the nasal airway. This can be a developmental anomaly or it can result from trauma. The deformity can be anterior (cartilaginous), posterior (bony) or both.
- B. **Nasal surgery** is any procedure performed on the external or internal structures of the nose, septum or turbinate to improve abnormal function, reconstruct congenital or acquired deformities, or to enhance appearance.
- C. **Rhinoplasty** is a surgical procedure to change the appearance of the nose, alter the width of the nostrils and/or change the angle between the nose and the upper lip. It may be performed alone or in combination with other procedures, such as septoplasty and turbinoplasty, to correct functional deficits that result from nasal trauma, either acquired or iatrogenic, airway obstruction related to septal and bony deviations, turbinate hypertrophy or congenital defects.
- D. **Septoplasty** is the surgical procedure that corrects nasal septum defects or deformities, by alteration, splinting, or partial removal of obstructing supporting structures.
- E. **Septorhinoplasty** is a procedure combining rhinoplasty with major repair of the nasal septum.
- F. **Turbinoplasty** is a surgical procedure that corrects nasal obstruction caused by inferior turbinate hypertrophy. The procedure can involve injections, mechanical manipulation by turbinate outfracture, destruction of turbinate tissue, partial, total, or submucous turbinate resection, and nerve resection.

### BENEFIT CONSIDERATIONS

1. Prior authorization **is required** for rhinoplasty and septorhinoplasty. Nasal reconstructive surgery is a covered benefit only when performed to improve or restore function. Please see the prior authorization list for product specific prior authorization requirements.

2. Prior authorization **is not required** for septoplasty.
3. Coverage may vary according to the terms of the member's plan document.
4. Nasal implants, absorbable, for treatment of nasal valve collapse (e.g., Latera) *is investigative and therefore not covered*.
5. Cosmetic surgery is generally an exclusion in the member's plan document.
6. If the above medical necessity criteria are not met, the procedure(s) would be considered cosmetic.
7. If two or more procedures (one cosmetic and one reconstructive) are performed during the same operative session, the surgeon must delineate the cosmetic and reconstructive components associated with the procedure.
8. If the Medical Necessity and Coverage Criteria are met, Medica staff will authorize benefits within the limits in the member's plan document.
9. If it appears that the Medical Necessity and Coverage Criteria are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Medica Provider Administrative Manual.

**MEDICAL NECESSITY CRITERIA**

I. Indications  
 Rhinoplasty, with or without septoplasty, is considered medically necessary when documentation in the medical records indicates that **all of the following** criteria are met:

A. Nasal deformity with airway obstruction that is caused by **one of the following** criteria:

1. Secondary to a cleft lip and/or palate or other congenital disease or anomaly
2. The result of traumatic perinasal or comminuted (e.g., splintered or crushed bone) nasal fracture that results in a fixed obstruction
3. Residual large cutaneous defect following resection of a malignancy.
4. A fixed, medically significant obstruction that can only be corrected by rhinoplasty.

B. Failed medical treatment

C. Written documentation in the medical records includes **all of the following**:

1. History and physical which includes an objective, clinical description of the nasal airway obstruction, including its cause and prior treatment
2. A description of how the deformity relates to the individuals' difficulty breathing and the planned surgical approach
3. Photographs depicting the physical deformity.

**CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

- For Medicare members, refer to the following, as applicable at: <http://www.cms.hhs.gov/mcd/search.asp>?

**DOCUMENT HISTORY**

Original Effective Date	January 1991
MPC Endorsement Date(s)	03/1991, 02/1993, 11/1993, 05/1995, 05/1996, 06/1997, 08/1998, 05/1999, 05/2000, 05/2001, 05/2002, 07/2003, 06/2004, 06/2005, 06/2006, 06/2007, 06/2008, 06/2009, 06/2010, 06/2011, 06/2012, 06/2013, 06/2014, 06/2015, 6/2016, 06/2017, 06/2018, 11/2018
Administrative Updates	05/01/2017, 01/21/2019

**References**

**Pre-06/2015 MPC:**

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2. American Society of Plastic Surgeons. Practice Parameter: Nasal Surgery. Arlington Heights, IL. <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Nasal-Surgery-Insurance-Coverage.pdf>. July 2006. Accessed April 15, 2014.
3. Becker DG. Septoplasty and turbinate surgery. *Aesthetic Surg J*. 2003;23:393-403.
4. Ge NN, Ravinov CR, Crumley RL. Reconstructive Rhinoplasty. In: Cummings CW: *Otolaryngology: Head & Neck Surgery*. 4th ed. Mosby, Inc. 2005:1136-1149.
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**6/2015 MPC:**

No new references.

**6/2016 MPC:**

11. Lin SJ, Danahey DG. *Nasal Aerodynamics*. <http://emedicine.medscape.com/article/874822-overview>. Updated May 14, 2015. Accessed April 22, 2016.

**06/2017 MPC:**

No new references.

**06/2018 MPC:**

No new references.

**11/2018 MPC:**

No new references.