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Department of Origin: Integrated Healthcare Services	**Effective Date:** 12/12/23
Approved by: Medical Policy Quality Management Subcommittee	**Date Approved:** 12/05/23
Clinical Policy Document: Rhinoplasty	**Replaces Effective Clinical Policy Dated**: 12/06/22
Reference #: MC/C001	**Page:** 1 of 8

PURPOSE:
The intent of this clinical policy is to ensure services are medically necessary

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:
Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:
Medical Necessity Criteria for rhinoplasty - Must satisfy any of the following: I - III

I. *Reconstructive* surgery to correct a nasal deformity secondary to congenital anomalies, including cleft lip or cleft palate (CPTs 30460, 30462).

II. *Reconstructive* surgery to correct non-congenital anomalies – must satisfy any of the following: A - B

A. Rhinoplasty – primary (CPTs 30400, 30410, 30420) - must satisfy all the following: 1 - 7
1. Indications for surgery - must satisfy one of the following: a - c
a. *Prolonged, persistent obstructed nasal breathing* due to nasal bone and septal deviation that are the primary causes of an anatomic *mechanical nasal airway obstruction*; or
b. Nasal fracture with nasal bone displacement is severe enough to cause nasal airway obstruction; or
c. Residual large cutaneous defect following resection of a malignancy or nasal trauma.

2. The nasal airway obstruction cannot be corrected by septoplasty alone; and

3. Photos clearly document the nasal bone/septal deviation as the primary cause of an anatomic *mechanical nasal airway obstruction* and are consistent with the clinical exam; and

4. The proposed procedure is designed to correct the anatomic *mechanical nasal airway obstruction* and relieve the nasal airway obstruction by centralizing the nasal bony pyramid and straightening the septum; and

5. Nasal airway obstruction is causing significant symptoms (eg, chronic rhinosinusitis, difficulty breathing); and

6. Obstructive symptoms persist despite conservative management for 4 weeks or greater, which includes, where appropriate, nasal steroids (eg, fluticasone, budesonide, mometasone) or immunotherapy (eg, montelukast, zafirlukast).

7. Documentation should include the following: a - e
a. Documentation of duration and degree of symptoms related to nasal obstruction, such as chronic rhinosinusitis, mouth breathing.
b. Documentation of results of conservative management of symptoms.

c. Photographs showing the standard 4-way view: anterior-posterior, right and left lateral views, and base of nose.
d. Relevant history of accidental or surgical trauma, congenital defect, or disease.
e. Results of nasal endoscopy, CT or other appropriate imaging modality documenting degree of nasal obstruction.

B. Rhinoplasty – revision (CPTs 30430, 30435, 30450) - must satisfy all the following: 1 - 6
1. Required as treatment of a complication/residual deformity from primary surgery performed to address a *functional defect/physical impairment* when a documented *functional defect/physical impairment* persists due to the complication/deformity; and

2. Photos clearly document the secondary deformity/complication as the primary cause of an anatomic mechanical nasal airway obstruction and are consistent with the clinical exam; and

3. The proposed procedure is designed to correct the anatomic mechanical nasal airway obstruction and relieve the nasal airway obstruction by correcting the deformity or treating the complication; and

4. Nasal airway obstruction is causing significant symptoms (eg, chronic rhinosinusitis, difficulty breathing); and

5. Obstructive symptoms persist despite conservative management for 4 weeks or greater, which includes, where appropriate, nasal steroids (eg, fluticasone, budesonide, mometasone) or immunotherapy (eg, montelukast, zafirlukast).

6. Documentation should include the following: a - e
a. Documentation of duration and degree of symptoms related to nasal obstruction, such as chronic rhinosinusitis, mouth breathing.
b. Documentation of results of conservative management of symptoms.
c. Photographs showing the standard 4-way view: anterior-posterior, right and left lateral views, and base of nose.
d. Relevant history of accidental or surgical trauma, congenital defect, or disease.
e. Results of nasal endoscopy, CT or other appropriate imaging modality documenting degree of nasal obstruction.

III. Requests for rhinoplasty due to a nasal deformity causing a psychological condition must have documentation from a *mental health professional* supporting that the member's clinical condition meets the diagnostic criteria for a *DSM* mental disorder diagnosis (eg, anxiety disorder, major depressive disorder, body dysmorphic disorder) and is causing clinically significant distress or impairment as evidenced by validated scales and measures - must satisfy the following: A or B, and C
A. Clinically significant distress is defined as a score of 2 standard deviations (SD) from the mean, by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; or

B. Clinically significant impairment is defined as a World Health Organization Disability Schedule (WHODAS) General Disability Score (GDS) of 2.6 using the current 0-4 scoring convention. (See Attachment B); and

C. Where applicable, there must be documentation that the member has not responded, is intolerant to, or a poor candidate for other appropriate or conservative treatments for the member's clinical condition (eg, psychotherapy).

EXCLUSIONS (not limited to):
Refer to member's Certificate of Coverage or Summary Plan Description

DEFINITIONS:
Activities of Daily Living (ADL):
Activities related to personal self-care and independent living, which include eating, bathing, dressing, transferring, walking/mobility, and toileting/continence.

Cosmetic:
Services, medications and procedures that improve physical appearance but do not correct or improve a physiological function or are not medically necessary.

DSM:
The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

Functional Defect/Physical Impairment:
A functional defect or physical/physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing activities of daily living.

Mechanical Nasal Airway Obstruction:
Trouble breathing through the nose (not snoring) due to a bony or cartilaginous deformity (Corey, 2009)

Mental Health Professional:
Licensed Independent Clinical Social Worker, Licensed Psychologist, Psychiatric Advanced Practice Provider, Psychiatrist.

Prolonged, Persistent Nasal Airway Obstruction:
Trouble breathing through the nose (not snoring) that has not responded to six weeks of medical management such as nasal steroids, antihistamines, and decongestants. Elimination of drug-induced rhinitis, including Rhinitis Medicamentosa, as a cause for airway obstruction (Corey, 2009).

Reconstructive:
Surgery to restore or correct:
1. A defective body part when such defect is incidental to or resulting from *injury*, *sickness*, or prior surgery of the involved body part; or
2. A covered dependent child's congenital disease or anomaly which has resulted in a functional defect as determined by a physician.

Rhinoplasty:
A surgical procedure of the nose for reconstructive reasons to improve a nasal deformity, or a damaged nasal structure or to replace lost tissue, while maintaining or improving the physiological function of the nose. It can also be done for cosmetic purposes to correct or improve the external appearance of the nose.

Rhinoplasty for Congenital Anomalies:
A rhinoplasty procedure to address a medical condition present at or from birth that significantly deviates from the common structure or function of the nose or nasal airway; these procedures are most commonly done to treat cleft lip and palate abnormalities, or for removal of a nasal dermoid.

Rhinoplasty – Primary:
The first rhinoplasty operation performed on a nose. Rhinoplasty – Secondary: Any subsequent or revision rhinoplasty surgeries performed on a nose.

Rhinoplasty – Tip:
A surgical procedure of the tip of the nose to improve nasal function by repairing an existing defect or to enhance the appearance.

BACKGROUND
The upper portion of the structure of the nose is bone, and the lower portion is cartilage. Rhinoplasty can change bone, cartilage, skin or all three. Rhinoplasty can change the size, shape or proportions of your nose. It may be done to repair deformities from an injury, correct a birth defect or improve some breathing difficulties.

Prior Authorization: Yes, per network provider agreement.

CODING:
CPT® or HCPCS
30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410 Rhinoplasty, 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 revisions (small amount of nasal tip work)
30435 Rhinoplasty, secondary, intermediate revision (bony work with osteotomies)
30450 Rhinoplasty, secondary, 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 Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip septum, osteotomies

REFERENCES:
1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Cosmetic Treatments MP/C002
3. Clinical Policy: Coverage Determination Guidelines MP/C009
4. Clinical Policy: Reconstructive Surgery MP/R002
5. American Academy of Otolaryngology-Head and Neck Surgery. Clinical Practice Guideline: Improving Nasal Form and Function after Rhinoplasty. *Otolaryngol Head Neck Surg.* Feb 2017;156(2_suppl):S1-S30. Retrieved from https://www.entnet.org/resources/?search=rhinoplasty. Accessed 08-10-23.
6. Bhattacharyya N. Nasal obstruction: Diagnosis and management. (Topic 14609, Version 40.0; last updated 04/17/23) In: Givens J, ed. *UpToDate.* Waltham, Mass.: UpToDate, 2023. www.uptodate.com. Accessed 08-23-23.
7. Isaacson GC. Congenital anomalies of the nose. (Topic 6301, Version 29.0; last updated 01/10/22) In: Armsby C, ed. *UpToDate.* Waltham, Mass.: UpToDate, 2023. www.uptodate.com. Accessed 08-23-23.
8. American Society of Plastic Surgeons (ASPS) available at: http://www.plasticsurgery.org/.
9. Christophel JJ, Park SS. Complications in rhinoplasty. *Facial Plast Surg Clin North Am*. 2009 Feb;17 (1):145-56, vii.
10. Constantian MB. What motivates secondary rhinoplasty? A study of 150 consecutive patients. *Plast Reconstr Surg*. 2012 Sep;130 (3):667-78.
11. Smith TL, Kern RC, Palmer JN, et al. Medical therapy vs surgery for chronic rhinosinusitis: a prospective, multi-institutional study. *Int Forum Allergy Rhinol*. 2011; 1:235-241.
12. American Academy of Otolaryngology-Head and Neck Surgery. Clinical Indicators: Rhinoplasty. April 23, 2021. Retrieved from https://www.entnet.org/resource/clinical-indicators-rhinoplasty/ Accessed 08-31-23.
13. Wang NB. Etiologies of nasal obstruction: An overview. (Topic 7535, Version 25.0; last updated 07/07/23) In: Feldweg AM, ed. UpToDate. Waltham, Mass.: UpToDate, 2023. www.uptodate.com. Accessed 09-01-23.
14. Corey CL, Most SP. Treatment of nasal obstruction in the posttraumatic nose. *Otolaryngol Clin North Am. 2009* Jun;42 (3):56778.

DOCUMENT HISTORY:

Created Date: 10/13/20
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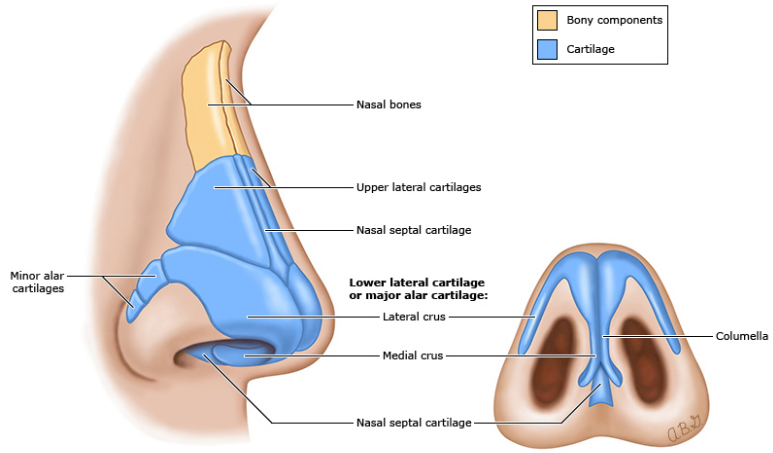
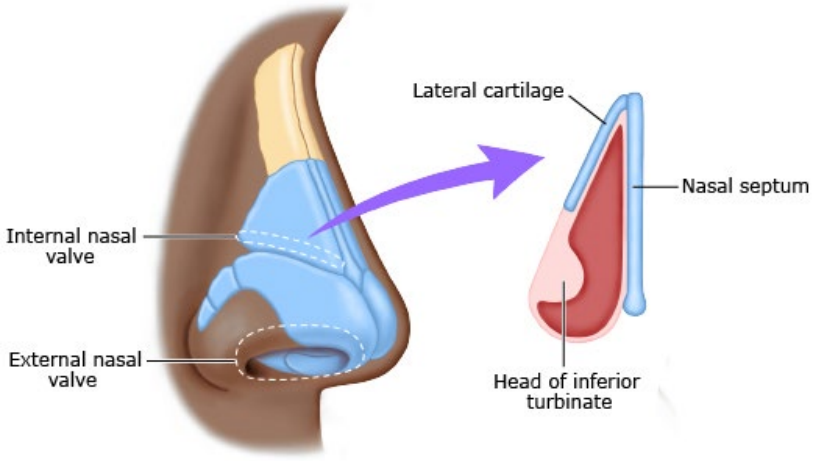
Attachment A





Retrieved from: Wang NB. Etiologies of nasal obstruction: An overview. (Topic 7535, Version 25.0; last updated 07/07/23) In: Feldweg AM, ed. UpToDate. Waltham, Mass.: UpToDate, 2023. www.uptodate.com. Accessed 09-01-23.

Attachment B

WHODAS 2.0, 12-items
12-item World Health Organization Disability Assessment Schedule.

In the past 30 days, how much difficulty did you have in. . .
(0) None. (1) Mild. (2) Moderate. (3) Severe. (4) Extreme/Cannot do.
1. Standing for long periods such as 30 minutes?
2. Taking care of your household responsibilities?
3. Learning a new task, for example, learning how to get to a new place?
4. How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
5. How much have you been emotionally affected by your health problems?
6. Concentrating on doing something for ten minutes?
7. Walking a long distance such as a kilometre (or equivalent)?
8. Washing your whole body?
9. Getting dressed?
10. Dealing with people you do not know?
11. Maintaining a friendship?
12. Your day-to-day work?

The World Health Organisation Disability Assessment Schedule, WHODAS 2.0, 12 items, can be found at: https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,(4)%20%E2%80%93%20are%20summed.

General Disability Score
- < 1.0 = Little or no impairment
- 1.0 to 1.9 = Mild
- 2.0 to 2.9 = Moderate
- 3.0 to 3.9 = Severe
- 4.0 = Extreme or cannot do

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- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).