

## Rhinoplasty & Septorhinoplasty

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These services may or may not be covered by all HealthPartners plans. Please see your plan documents for your own coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

### Administrative Process

1. Rhinoplasty, and the rhinoplasty portion of septorhinoplasty, requires Prior Approval.
2. Septoplasty does not require Prior Approval.
3. Surgical Repair of Vestibular Stenosis does not require Prior Approval.

### Coverage

Rhinoplasty is generally determined to be primarily cosmetic and it is not eligible for coverage, except as listed below. The service and all related charges for cosmetic services are member responsibility.

Septoplasty and Surgical Repair of Vestibular Stenosis are generally covered subject to the indications listed below.

### Indications that are covered

1. Septoplasty to repair deviated septum and reduce nasal obstruction
2. Surgical Repair of Vestibular Stenosis to repair collapsed internal valves to treat nasal airway obstruction
3. Rhinoplasty to repair nasal deformity caused by a cleft lip / cleft palate when coverage criteria are met. See cleft lip / palate policy for coverage details.
4. Rhinoplasty following a trauma, for instance a crushing injury, which displaces nasal structures in such a way that it causes nasal airway obstruction
5. Reconstructive repair will be reviewed on a case by case basis using HealthPartners Reconstructive Policy criteria. If the case does not meet our Reconstructive criteria, that case will be reviewed as non-reconstructive rhinoplasty.

Please note: In addition to the request for services, the physician must submit photograph(s) clearly depicting the physical deformity. If the deformity is due to an accident, then photographs pre and post injury are requested. We also require documentation that clearly describes how the nasal deformity relates to the members' difficulty breathing, and a clear description of the planned surgical approach.

### Indications that are not covered

1. Cosmetic rhinoplasty done alone, or in combination with, a septoplasty.
2. Septoplasty to treat snoring.

### Definitions

**Septoplasty** is a surgery done to the nose to repair the septum, which is the tissue, bone and cartilage that separates the nostrils, so that it is straight and centered. This is done to improve nasal breathing and to reduce nasal obstruction.

**Rhinoplasty** is surgery done to reshape the nose, generally for cosmetic reasons, unless there has been a recent traumatic injury to the nose that results in nasal airway obstruction.

**Surgical Repair of Vestibular Stenosis** is surgery to repair collapsed internal valves by placement of a spreader graft, or a batten graft to treat nasal airway obstruction.

**Reconstructive Surgery** is considered surgery, incidental to or following surgery, resulting from injury or illness of the involved body part. (Please refer to the separate Reconstructive Surgery policy.)

**Codes (list may not be all inclusive)**

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- 30400 - Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
- 30410 - Rhinoplasty, primary; 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 - Rhinoplasty, secondary; major revision (nasal tip work and 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
- 30520 - Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

**Products**

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

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