

Rhinoplasty & Septo-rhinoplasty

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.

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.)

Procedure Codes:

Septoplasty codes: ICD-9: 21.5, 21.88 CPT®: 30520

Rhinoplasty codes: ICD-9: 21.85, 21.86, 21.87; CPT®: 30400-30462

Surgical Repair of Vestibular Stenosis code: CPT®: 30465

Graft codes: CPT®: 20910-20926, 21210-21235

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 deformity for members 18 years of age and younger
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

Products

Consult your plan documents (Membership Contract, Summary Plan Description [SPD], Evidence of coverage [EOC] or similar plan document) to determine governing contractual provisions, including exclusions and limitations relating to your specific plan. These guidelines apply to most, but not all, plans offered by HealthPartners. We strive to ensure that the contents of this site are correct and complete, but to verify your benefits, please check your contract or SPD, or contact Member Services. In the event of a conflict between your specific plan documents and this general information, the plan documents will govern. 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 800-233-9645.

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