



# CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

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Coverage Policy Number ..... 0119

Subject **Rhinoplasty/Septoplasty**

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## Hyperlink to Related Coverage Policies

Distraction Osteogenesis (DO) for  
Craniofacial Deformities  
Gender Reassignment Surgery  
Obstructive Sleep Apnea Diagnosis and  
Treatment Services  
Orthognathic Surgery  
Paranasal Sinus Ultrasound

### INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of CIGNA. Copyright ©2011 CIGNA

## Coverage Policy

Coverage for rhinoplasty is dependent on benefit plan language, may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit and may be governed by state and/or federal mandates. Under many benefit plans, rhinoplasty is not covered when performed solely for the purpose of altering appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance. In addition, rhinoplasty is specifically excluded under some benefit plans.

Under many benefit plans formerly administered by Great-West Healthcare reconstructive services and surgery are covered when the reconstruction services are being performed for one of the following primary purposes: 1) to relieve severe physical pain caused by an abnormal body structure; 2) to treat a functional impairment caused by an abnormal body structure or to restore an individual's normal appearance, regardless of whether a functional impairment exists, when the abnormality results from a documented illness that occurred within the preceding 12 months.

Please refer to the applicable benefit plan language to determine the terms and conditions of coverage.

If coverage for rhinoplasty is available, the following conditions of coverage apply.

CIGNA covers rhinoplasty as medically necessary when there is photographic documentation (ALL of the following: frontal, lateral and worm's eye view) of the individual's condition, and the procedure is performed for correction or repair of EITHER of the following:

- nasal deformity secondary to a cleft lip/palate or other congenital craniofacial deformity causing a functional impairment
- chronic nasal obstruction due to vestibular stenosis (i.e., collapsed internal valves) secondary to trauma, disease, congenital defect with nasal airway obstruction unresponsive to a recent trial of conservative medical management lasting at least six weeks that has either not resolved after previous septoplasty/turbinectomy or would not be expected to resolve with septoplasty/turbinectomy alone

**CIGNA covers vestibular stenosis repair as medically necessary when there is chronic nasal obstruction secondary to trauma, disease, or congenital defect with nasal airway obstruction unresponsive to a recent trial of conservative medical management lasting at least six weeks that has either not resolved after previous septoplasty/turbinectomy or would not be expected to resolve with septoplasty/turbinectomy alone.**

**CIGNA does not cover rhinoplasty when performed for EITHER of the following indications because it is considered cosmetic in nature or not medically necessary:**

- solely for the purpose of changing appearance
- as a primary treatment for an obstructive sleep disorder when the above criteria for approval have not been met

**CIGNA covers septoplasty as medically necessary when performed for ANY of the following indications:**

- septal deviation causing nasal airway obstruction that has proved unresponsive to a recent trial of conservative medical management lasting at least six weeks
- recurrent sinusitis secondary to a deviated septum that does not resolve after appropriate medical and antibiotic therapy
- recurrent epistaxis related to a septal deformity
- asymptomatic septal deformity that prevents access to other transnasal areas when such access is required to perform medically necessary procedures (e.g., ethmoidectomy)
- performed in association with cleft lip or cleft palate repair
- obstructed nasal breathing due to septal deformity or deviation that has proved unresponsive to medical management and is interfering with the effective use of medically necessary continuous positive airway pressure (CPAP) for the treatment of an obstructive sleep disorder

## General Background

Rhinoplasty is a surgical procedure to correct a nasal deformity or to change the appearance of the nose. Although it is typically performed for cosmetic purposes to correct or improve the external appearance of the nose, there may be situations when it is considered reconstructive in nature. Nasal deformities may be congenital, (e.g., 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 (Schlosser and Park, 1999).

Septoplasty is the surgical correction of a deformity of the nasal septum, which is the partition that divides the nasal cavity into two chambers. The presence of a septal deformity can be caused by trauma, or it may be congenital. The nasal turbinates, also known as concha, are thin, curved bony plates located in the nasal cavity. Hypertrophy of the turbinates can cause nasal obstruction and may lead to sinusitis (Mickelson and Benninger, 2001).

Septoplasty and rhinoplasty procedures may involve the use of grafts, in particular grafts obtained from the septum (Flint, et al., 2010). Harvested septal cartilage may also be used for spreader grafts for stenting of the internal nasal valve angle or batten grafts for bolstering the valve area during repair of the nasal valves.

Some degree of septal deviation is present in most individuals without accompanying functional impairment. In these cases, it is not considered medically necessary to correct the condition. Deviations in the septum can alter normal airflow, which may result in mucosal changes. This interference in airflow may cause middle or inferior turbinate abnormalities. Sinus drainage may also be compromised by deviation of the septum and can result in recurrent or chronic sinusitis. The decision for septoplasty is not typically based solely on the degree of deviation alone, but rather based on the accompanying functional impairment in the form of obstructed nasal breathing and any resulting conditions, such as sinusitis. Resection of the turbinates may also be performed with the septoplasty. Generally, a case is considered refractory to medical management when there has been a sufficient period of treatment with antibiotics for infections, intranasal steroids, and decongestants (Mickelson and Benninger, 2001).

There may be situations where a septal deformity may not be causing specific sinus symptoms; however, its presence is preventing surgical access to other intranasal or paranasal areas such as the sinuses or turbinates. Septoplasty may be medically indicated when it is being performed to allow surgical access to these areas so that a medically necessary surgery may be successfully performed (American Academy of Otolaryngology-Head and Neck Surgery [AAO-HNS] b, 2000).

Septoplasty may be necessary in order to allow adequate access to a vessel that is causing recurrent epistaxis. In this situation, a septal deformity may cause abnormal air turbulence, severe mucosal drying and crusting, which can lead to recurrent nosebleeds. Septoplasty may decrease the frequency of the epistaxis episodes (Mickelson and Benninger, 2001).

Extracorporeal septoplasty is a technique that involves removing the nasal septum, straightening the septum by various techniques and then reimplanting the septum (Fettman, et al., 2009). It is a procedure that may be utilized to correct very severe, complex nasal deformities. The techniques for straightening the septum include: the graft may be drilled, or partial-thickness releasing incisions can be scored into the concave side (Fettman, et al., 2009).

### **Literature Review**

Rhee et al. (2008) reported on a systematic review that examined the literature supporting the efficacy of modern-day rhinoplasty techniques for treatment of nasal obstruction due to nasal valve compromise. The search included literature from January 1982 to August 2007. Forty-four articles met the inclusion criteria. The majority of the articles were classified as level four evidence (i.e., case series/case report) and two of the articles met level 2b (i.e., individual cohort study) criteria. Adjunctive procedures were performed in 33 studies and 11 of the studies involved correction of nasal valve collapse exclusively, without an adjunctive procedure. Although heterogeneity of the studies was noted in terms of study design, quality, intervention and outcome measures used, it was found that all articles generally supported the effectiveness of functional rhinoplasty techniques for treatment of nasal obstruction. The reported effectiveness ranged from 100% to 65%. The review found that there is substantial level four evidence to support the efficacy of modern-day rhinoplasty techniques for treatment of nasal obstruction due to nasal valve collapse.

Rhee et al. (2005) conducted a prospective, multicenter observational study to determine whether surgical treatment of the nasal valve improves disease-specific quality of life (QOL) and to identify clinical or demographic variables predictive of patients' baseline QOL or change in QOL. It is noted in the report of the study that nasal valve, which is often associated with an external nasal deformity, has become increasingly recognized as a major reason for nasal airway obstruction. The study included 20 patients with nasal obstruction and a surgically treatable diagnosis of nasal valve compromise. Eligible patients were required to have a diagnosis of surgically treatable nasal valve compromise, either internal or external or both. The study also included patients with an associated septal deviation or turbinate hypertrophy or both. Procedures performed included: rhinoplasty that included nasal tip work and osteotomies; septoplasty or septal cartilage harvesting; placement of spreader grafts with or without flaring sutures to address the mid vault; turbinate reductions, and alar batten grafting. Significant improvement was noted from baseline to three months and six months after surgery.

## Cleft Lip/Palate and Nasal Surgery

Congenital birth defects have a variety of presentations, including cleft nasal deformity, which may be associated with cleft lip and/or cleft palate, where the nasal structures are distorted and abnormally developed. Some congenital abnormalities may not be fully evident until some years later. Surgical correction of congenital birth defects may involve staged procedures, flaps, or grafts. Since the clefts of palate and lip vary considerably in size, shape, and degree of deformity, the planning of the stages of surgery should be individualized. Nasal correction associated with cleft lip/palate may be delayed until adolescence or performed at the time of initial repair (Nelson, et al., 2000). Children with cleft lip and/or palate usually have a deviated nasal septum due to the asymmetric bony base associated with the defect (Josephson, et al., 1996). Initially, the deviation may not cause airway problems due to the facial cleft providing a patent, low-resistance airway passage. As a result of the repair of the facial cleft, the nasal resistance increases and the deviated septum may then cause nasal airway obstruction (Josephson, et al., 1996).

The American Cleft Palate-Craniofacial Association has published consensus-based parameters for evaluation and treatment of patients with cleft lip/palate or other craniofacial anomalies. The practice parameters note that (American Cleft Palate-Craniofacial Association, May 1993/2009):

- Although rhinoplasty and nasal septal surgery are usually advocated only after completion of nasal growth, earlier intervention for reasons of airway problems or nasal tip deformity may be indicated.
- Repair of the cleft lip nasal deformity can be accomplished with limited external incisions on the nose.
- The timing of nasal surgery should be discussed with the patient and parents so that the goals are understood and expectations are realistic.
- The patency of the nasal airway should be considered when planning either nasal reconstructive procedures or secondary velopharyngeal operations such as a pharyngeal flap or other type of pharyngoplasty.

## Septoplasty and Rhinoplasty for Obstructive Sleep Apnea

There is insufficient literature found to support the efficacy of rhinoplasty as a primary treatment for obstructive sleep apnea (OSA), either performed alone or routinely as part of another procedure such as uvulopalatopharyngoplasty (UPPP). The limited number of studies contains biases related to small sample size, as well as limited follow-up and patient selection. In a review article, Chen and Kushida (2003) noted that the exact role that obstructed nasal breathing plays in the cause of sleep disorders remains presumptive, and robust clinical studies are needed. Septoplasty may be considered medically necessary when there is documentation that obstructed nasal breathing due to septal deformity or deviation is causing difficulty tolerating nasal continuous positive airway pressure (CPAP) and it is refractory to medical management.

## Summary

Septoplasty is a surgical procedure that is performed to correct a defect or deformity of the nasal septum. It is considered medically necessary when there is a functional impairment that does not respond to medical management treatment. Rhinoplasty is a surgical procedure to correct nasal deformity or to change the appearance of the nose. It is not considered medically necessary when performed solely for the purpose of improving appearance. There are specific limited conditions where rhinoplasty may be considered medically necessary.

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## Coding/Billing Information

**Note:** This list of codes may not be all-inclusive.

### Rhinoplasty

**Covered when medically necessary only when coverage for the service is available. Benefit exclusions and limitations may apply:**

CPT <sup>®</sup> * Codes	Description
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
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)

ICD-9-CM Diagnosis Codes	Description
738.0	Acquired deformity of nose
748.1	Other anomalies of nose
749.00-749.25	Cleft palate and cleft lip
754.0	Certain congenital musculoskeletal deformities of skull, face, and jaw

**Cosmetic in Nature/Not Medically Necessary/ Not Covered:**

ICD-9-CM Diagnosis Codes	Description
V50.1	Other plastic surgery for unacceptable cosmetic appearance

**Vestibular Stenosis Repair**

**Covered when medically necessary:**

CPT® Codes	Description
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)

ICD-9-CM Diagnosis Codes	Description
738.0	Acquired deformity of nose
748.1	Other anomalies of nose
754.0	Certain congenital musculoskeletal deformities of skull, face, and jaw

**Septoplasty**

**Covered when medically necessary:**

CPT® Codes	Description
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

ICD-9-CM Diagnosis Codes	Description
470	Deviated nasal septum
473.0-473.9	Chronic sinusitis
478.0	Hypertrophy of nasal turbinates
478.11-478.19	Other diseases of nasal cavity and sinuses
748.0	Choanal atresia
748.1	Other anomalies of nose
749.00-749.25	Cleft palate and cleft lip
754.0	Certain congenital musculoskeletal deformities of skull, face, and jaw
784.7	Epistaxis
802.0	Fracture of face bones nasal bones, closed
802.1	Fracture of face bones, nasal bones, open

**\*Current Procedural Terminology (CPT®) © 2010 American Medical Association: Chicago, IL.**

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## Policy History

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<b>Pre-Merger Organizations</b>	<b>Last Review Date</b>	<b>Policy Number</b>	<b>Title</b>
CIGNA HealthCare	7/15/2009	0119	Rhinoplasty/Septoplasty
Great-West Healthcare	7/15/2009	95.209.05	Rhinoplasty

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