

**MEDICA®**  
**UTILIZATION MANAGEMENT POLICY**

TITLE: RHINOPLASTY PROCEDURE WITH OR WITHOUT SEPTOPLASTY

Origination Date: October, 1990

Subsequent 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

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

**PRODUCT APPLICATION**

*This policy provides general information concerning Medica’s administrative processes. It applies to all fully insured Medica Health Plans, Medica Insurance Company, and Medica Health Plans of Wisconsin products, unless a specific limitation or exception exists. For self-insured plans, consult individual plan sponsor benefit documents. If there is a discrepancy between a Utilization Management Policy and a self-insured benefit plan, the provisions of the benefit plan will govern. With respect to Medicare and Medicaid members, this policy will apply unless Medicare or Medicaid policies require different coverage.*

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

*Medica updates its Utilization Management Policies regularly, and reserves the right to amend these policies without notice to Medica members. Medica also reserves the right to amend these policies without notice to contracted health care providers unless the amendment materially alters the policy. If the amendment materially alters the policy, Medica will disclose the change to contracted health care providers not less than 45 days prior to implementation of the policy. Medica’s Utilization Management Policies contain general information only and do not guarantee coverage. Receipt of benefits is subject to all terms and conditions of the member’s coverage document. Members should consult their Certificates of Coverage or Plan Documents/Summary Plan Descriptions to review the provisions relating to a specific coverage determination. If there is a conflict between a Utilization Management Policy and the applicable coverage document, the coverage document will govern. 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 Utilization Management Policy may call Medica’s Provider Service Center toll free at 1-800-458-5512.*

*Medica’s 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 Coverage Issues box below outlines the process for addressing the needs of individuals who do not meet these criteria.

**BACKGROUND**

I. Definitions

- A. **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.
- B. A **septoplasty** is the surgical procedure that corrects nasal septum defects or deformities, by alteration, splinting, or partial removal of obstructing supporting structures (taken from American Society of Plastic Surgeons Position Paper on Nasal Surgery).
- C. **Septorhinoplasty** is a procedure combining rhinoplasty with major repair of the nasal septum.

- D. **Rhinoplasty** is a surgical procedure to alter the structure of the nose or the function of the nasal passage. Bone or cartilage may be removed, tissue grafted from another part of the body, or synthetic material implanted to alter the shape of the nose.
- E. **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.

#### MEDICAL NECESSITY CRITERIA

- I. Indications for rhinoplasty, with or without septoplasty:  
Nasal deformity with obstruction which does not respond to medical treatment, that meets one of the following criteria:
- A. Secondary to a cleft lip and/or palate or other congenital disease or anomaly.
  - B. The result of traumatic perinasal or comminuted nasal fracture that results in a fixed obstruction.
  - C. A fixed, medically significant obstruction that can only be corrected by rhinoplasty.
- II. Written documentation from the medical record, specifying the medical necessity above, including the following, may be required:
- A. History and physical which includes an objective, clinical description of nature of the nasal obstruction, including its cause and prior treatment.
  - B. Photographs may be submitted but are not required.

#### COVERAGE ISSUES

1. Prior authorization **is required** for rhinoplasty and septorhinoplasty. Nasal reconstructive surgery is a covered benefit only when performed to improve or restore function.
2. Prior authorization **is not required** for septoplasty.
3. Coverage may vary according to the terms of the member's coverage document.
4. For Medicare members, refer to the following, as applicable:
  - For Minnesota: Wisconsin Physicians Service Insurance Corporation. *Local Coverage Determination (LCD) for Cosmetic and Reconstructive Surgery (L17996)*. Available at: [http://www.cms.gov/mcd/viewlcd.asp?lcd\\_id=17996&lcd\\_version=18&basket=lcd%3A17996%3A18%3ACosmetic+and+Reconstructive+Surgery%3ACarrier%3AWisconsin+Physicians+Service+Insurance+Corporation+%2800954%29%3A](http://www.cms.gov/mcd/viewlcd.asp?lcd_id=17996&lcd_version=18&basket=lcd%3A17996%3A18%3ACosmetic+and+Reconstructive+Surgery%3ACarrier%3AWisconsin+Physicians+Service+Insurance+Corporation+%2800954%29%3A). Accessed August 9, 2010.
  - For Wisconsin: Wisconsin Physicians Service Insurance Corporation. *Local Coverage Determination (LCD) for Cosmetic and Reconstructive Surgery (L17993)*. Available at: [http://www.cms.gov/mcd/viewlcd.asp?lcd\\_id=17993&lcd\\_version=20&basket=lcd%3A17993%3A20%3ACosmetic+and+Reconstructive+Surgery%3ACarrier%3AWisconsin+Physicians+Service+Insurance+Corporation+%2800951%29%3A](http://www.cms.gov/mcd/viewlcd.asp?lcd_id=17993&lcd_version=20&basket=lcd%3A17993%3A20%3ACosmetic+and+Reconstructive+Surgery%3ACarrier%3AWisconsin+Physicians+Service+Insurance+Corporation+%2800951%29%3A). Accessed August 9, 2010.
  - For North Dakota and South Dakota: Noridian Administrative Services, LLC. *Local Coverage Determination (LCD) for Plastic Surgery (L24349)*. Refer to the Medicare Coverage Database Search Page, available at: [http://www.cms.gov/mcd/viewlcd.asp?lcd\\_id=24349&lcd\\_version=21&basket=lcd%3A24349%3A21%3APlastic+Surgery%3AMAC+%2D+Part+B%3ANoridian+Administrative+Services+%2803302%29%3A](http://www.cms.gov/mcd/viewlcd.asp?lcd_id=24349&lcd_version=21&basket=lcd%3A24349%3A21%3APlastic+Surgery%3AMAC+%2D+Part+B%3ANoridian+Administrative+Services+%2803302%29%3A). Accessed August 9, 2010.
  - For other states, refer to the Medicare Coverage Database Search Page, available at: <http://www.cms.hhs.gov/mcd/search.asp>
5. 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.
6. This policy outlines the reconstructive criteria for rhinoplasty and septorhinoplasty in accordance with the reconstructive definition within the member's coverage document.
7. If the Medical Necessity and Coverage Criteria are met, Medica staff will authorize benefits within the limits in the member's coverage document.

8. 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 advised of the appeal process in their Medica Provider Administrative Manual.

**References:**

1. American Society of Plastic Surgeons ASPA Recommended Insurance Coverage Criteria for Third Party Payers: Nasal Surgery. June 2006. Available at: [http://www.plasticsurgery.org/Medical\\_Professionals/Health\\_Policy\\_and\\_Advocacy/Health\\_Policy\\_Resources/Recommended\\_Insurance\\_Coverage\\_Criteria.html](http://www.plasticsurgery.org/Medical_Professionals/Health_Policy_and_Advocacy/Health_Policy_Resources/Recommended_Insurance_Coverage_Criteria.html). Accessed April 19, 2010.
2. American Society of Plastic Surgeons. Practice Parameter: Nasal Surgery. Arlington Heights, IL. Available at: [http://www.plasticsurgery.org/Medical\\_Professionals/Health\\_Policy\\_and\\_Advocacy/Health\\_Policy\\_Resources/Evidence-based\\_GuidelinesPractice\\_Parameters.html](http://www.plasticsurgery.org/Medical_Professionals/Health_Policy_and_Advocacy/Health_Policy_Resources/Evidence-based_GuidelinesPractice_Parameters.html). Accessed April 19, 2010.
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.
5. Getz AE, Hwang PH. Endoscopic Septoplasty. *Curr Opin Otolaryngol Head Neck Surg*. 2008;16(1):26-31.
6. Lin SJ, Danahey DG. Nasal Aerodynamics. Updated January 8, 2009. Available at: <http://www.emedicine.com/ent/topic696.htm>. Accessed April 19, 2010.
7. Noridian Administrative Services, LLC. *Local Coverage Determination (LCD) for Plastic Surgery (L24349)*. [http://www.cms.gov/mcd/viewlcd.asp?lcd\\_id=24349&lcd\\_version=21&basket=lcd%3A24349%3A21%3APlastic+Surgery%3AMAC+%2D+Part+B%3ANoridian+Administrative+Services+%2803302%29%3A](http://www.cms.gov/mcd/viewlcd.asp?lcd_id=24349&lcd_version=21&basket=lcd%3A24349%3A21%3APlastic+Surgery%3AMAC+%2D+Part+B%3ANoridian+Administrative+Services+%2803302%29%3A). Accessed August 9, 2010.
8. Swartout B, Toriumi D. Rhinoplasty. *Curr Opin Otolaryngol Head Neck Surg*. 2007;15(4):219-227.
9. Wisconsin Physicians Service Insurance Corporation. *Local Coverage Determination (LCD) for Cosmetic and Reconstructive Surgery (L17996)*. Available at: [http://www.cms.gov/mcd/viewlcd.asp?lcd\\_id=17996&lcd\\_version=18&basket=lcd%3A17996%3A18%3ACosmetic+and+Reconstructive+Surgery%3ACarrier%3AWisconsin+Physicians+Service+Insurance+Corporation+%2800954%29%3A](http://www.cms.gov/mcd/viewlcd.asp?lcd_id=17996&lcd_version=18&basket=lcd%3A17996%3A18%3ACosmetic+and+Reconstructive+Surgery%3ACarrier%3AWisconsin+Physicians+Service+Insurance+Corporation+%2800954%29%3A). Accessed August 9, 2010.
10. Wisconsin: Wisconsin Physicians Service Insurance Corporation. *Local Coverage Determination (LCD) for Cosmetic and Reconstructive Surgery (L17993)*. Available at: [http://www.cms.gov/mcd/viewlcd.asp?lcd\\_id=17993&lcd\\_version=20&basket=lcd%3A17993%3A20%3ACosmetic+and+Reconstructive+Surgery%3ACarrier%3AWisconsin+Physicians+Service+Insurance+Corporation+%2800951%29%3A](http://www.cms.gov/mcd/viewlcd.asp?lcd_id=17993&lcd_version=20&basket=lcd%3A17993%3A20%3ACosmetic+and+Reconstructive+Surgery%3ACarrier%3AWisconsin+Physicians+Service+Insurance+Corporation+%2800951%29%3A). Accessed August 9, 2010.