

Medical Coverage Policy

Effective Date: 05/24/2018 Revision Date: 05/24/2018 Review Date: 05/24/2018 Policy Number: HCS-0315-014

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Change Summary: Updated Description, Coverage Limitations, Medical Terms, References

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Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. Refer to the CMS website. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

Description

Reconstructive rhinoplasty is surgery of the nose to correct an external nasal deformity, damaged nasal structures or to replace lost tissue, while maintaining or improving the physiological function of the nose.

Reconstructive septoplasty is the surgical correction of defects and deformities of the nasal septum (partition between the nostrils) by altering, splinting or removing obstructive tissue while maintaining or improving the physiological function of the nose.

Cosmetic rhinoplasty and/or septoplasty are performed solely to enhance appearance.

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The nasal valves or vestibules are the areas just inside the nostrils comprised of cartilage and structured to work together to keep the nasal airway open by facilitating airflow resistance during breathing. The internal valves are located in each side of the nose at the upper edge of the hair bearing area, while the outer (external) valves are at the edge of the nostril rim. Aging, congenital abnormality or prior nasal surgery may cause valve impairment (eg, nasal valve collapse, vestibular stenosis). Nasal valves may narrow, weaken or collapse resulting in symptoms of nasal obstruction.

Traditional surgical methods for nasal valve repair depend upon the location and extent of the structural and functional impairment, but generally may include rhinoplasty, septoplasty, turbinoplasty, spreader grafts and batten grafts. Spreader grafts are formed from autologous cartilage and act as wedges between the septum and the upper lateral cartilage, thereby enlarging the internal valve. Batten grafts, constructed from autologous cartilage, (eg, septum, ear or rib) are used to provide structure to the nasal side wall, supporting a weakened or pinched external valve.

Nasal valve suspension surgery involves inserting a suture through the nasal mucosa, into the nasal valve and using a bone anchor to secure the suture to the orbital rim, purportedly maintaining valve patency. The procedure has been proposed as a treatment for nasal valve collapse. (Refer to Coverage Limitations Section)

Absorbable nasal implants (ie, Latera) have also been proposed for treating nasal valve collapse. The implant is intended to support upper and lower lateral nasal cartilage and is inserted during a minimally invasive surgical procedure. The implant purportedly absorbs over approximately 18 months. (Refer to Coverage Limitations Section)

Low-power temperature-controlled radiofrequency energy is being studied for use in treating nasal obstruction caused by weakened or collapsed nasal valves. An example of an FDA approved device, the Vivaer remodeling platform, delivers nonablative radiofrequency energy via a stylus inserted into the nostril, which purportedly shrinks submucosal nasal tissues, including cartilage that may be obstructing the nasal airway. (Refer to Coverage Limitations Section)

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Coverage Determination

Rhinoplasty

Humana members may be eligible under the Plan for **rhinoplasty** for the following indications:

- Correction of a functional impairment of the nose caused by acute (less than or equal to three months prior) trauma or congenital defects such as cleft lip and/or palate; OR
- Correction of a constant or intermittent nasal airway obstruction occurring as a result of an internal or external nasal deformity, including nasal valve collapse or vestibular stenosis

Obstructive symptoms should be supported by **EITHER** of the following:

- Constant or intermittent nasal airway obstruction in an individual with possible or definite allergy signs/symptoms despite an eight week trial of nasal steroids or a minimum of three months of immunotherapy. (Obstructive symptoms must be clinically significant*); OR
- Nasal obstruction causing documented and treated medical complications such as three or more episodes of acute nasal/sinus infections in the past 12 months or at least one chronic infection documented by imaging and/or clinical examination
- *Clinically significant is defined as:
- More than one consultation with an otolaryngologist for the problem; AND
- Documentation with results of the follow up from the otolaryngologist or another provider for the problem; AND at least one of the following:
 - Heavy snoring; OR
 - o Mouth breathing; OR
 - o Recurrent sinus infections; OR
 - o Serious adverse effects to mucosal control medications

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Septoplasty

Humana members may be eligible under the Plan for **septoplasty** for the following indications:

- Correction of a functional impairment of the nose caused by acute (less than or equal to three months prior) trauma or congenital defects such as cleft lip and/or palate; OR
- Correction of a constant or intermittent nasal airway obstruction occurring as a result of an internal or external nasal deformity, including nasal valve collapse or vestibular stenosis

Obstructive symptoms should be supported by **EITHER** of the following:

- Constant or intermittent nasal airway obstruction in an individual with possible or definite allergy signs/symptoms despite an eight week trial of nasal steroids or a minimum of three months of immunotherapy. (Obstructive symptoms must be clinically significant*); OR
- Nasal obstruction causing documented and treated medical complications such as three or more episodes of acute nasal/sinus infections in the past 12 months or at least one chronic infection documented by imaging and/or clinical examination

In addition, **septoplasty** may be covered for **ANY** of the following conditions:

- As part of a congenital cleft lip and/or palate repair; OR
- Atypical face pain of nasal origin when there is documentation of septal cause (eg, presence of septal spur impacting on the turbinates); OR
- <u>Clinically significant</u>* obstruction due to trauma which is more than three months old; **OR**
- Deformity that prevents surgical access to other intranasal areas (eg, deviated septum, polyps or tumor); OR
- If necessary in conjunction with nasal polypectomy or tumor removal; OR

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- Nasal septal perforation; **OR**
- Sinus endoscopy or ethmoidectomy, when there is <u>clinically significant</u>*
 obstruction and history/physical examination or imaging documenting sinus disease; **OR**
- Treatment of a problem that has caused recurrent and significant epistaxis (four or more episodes in the last two months or receipt of blood transfusion)
- *Clinically significant is defined as:
- More than one consultation with an otolaryngologist for the problem; AND
- Documentation with results of the follow up from the otolaryngologist or another provider for the problem; **AND** at least one of the following:
 - Heavy snoring; OR
 - Mouth breathing; OR
 - o Recurrent sinus infections; OR
 - Serious adverse effects to mucosal control medications

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **rhinoplasty and/or septoplasty** for any indications other than those listed above. All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for the repair of nasal valve collapse using the following treatments:

- Absorbable nasal implants (ie, Latera); OR
- Nasal valve suspension surgery; OR
- Radiofrequency energy (ie, Vivaer)

These are considered experimental/ investigational as they are not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

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Humana members may **NOT** be eligible under the Plan for **septoplasty** as a primary surgical treatment of obstructive sleep apnea (OSA). This is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language. For information regarding coverage determination/limitations for surgical treatments for OSA, please refer to Obstructive Sleep Apnea (OSA) Surgical Treatments Medical Coverage Policy.

Background

Additional information about **cleft lip/palate**, **nasal polyps**, **nasal septal defects or nasal valve impairment** may be found from the following websites:

- American Academy of Otolaryngology-Head and Neck Surgery
- National Library of Medicine

Medical Alternatives

Physician consultation is advised to make an informed decision based on an individual's health needs.

Provider Claims Codes

Any CPT, HCPCS or ICD codes listed on this medical coverage policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Not Covered if performed for cosmetic purposes
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Not Covered if performed for cosmetic purposes

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30420	Rhinoplasty, primary; including major septal repair	Not Covered if performed for cosmetic purposes
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Not Covered if performed for cosmetic purposes
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Not Covered if performed for cosmetic purposes
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Not Covered if performed for cosmetic purposes
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	Not Covered if performed for cosmetic purposes
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	Not Covered if performed for cosmetic purposes
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	Not Covered if used to report any procedure outlined in Coverage Limitations section
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	Not Covered if performed for cosmetic purposes
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	
30999	Unlisted procedure, nose	Not Covered if used to report any procedure outlined in Coverage Limitations section
CPT® Category III Code(s)	Description	Comments

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No code(s) identified				
HCPCS Code(s)	Description	Comments		
C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)	Not Covered		
		New Code Effective 04/01/2018		

Click here to view ICD-10-CM code(s) associated with this medical coverage policy.

Medical Terms

Atypical – Not conforming to type; unusual or irregular.

Autologous – Derived from the same individual; involving one individual as both donor and recipient.

Cartilage – A strong flexible material found in some parts of the body, such as the nose, the outer ear and some joints.

Cleft Lip – Congenital fissure in the upper lip resulting from incomplete fusion of the lip tissue during development.

Cleft Palate – Congenital fissure in the roof of the mouth, resulting from incomplete fusion of the palate.

Congenital – Condition present at birth, whether inherited or caused by the environment.

Deviated Nasal Septum – Abnormal shift in location of the nasal septum; a common condition causing obstruction of the nasal passages and difficulty in breathing and recurrent nose bleeds.

Endoscopy – Visual inspection of any cavity of the body by means of an endoscope.

Epistaxis – Nosebleeds or hemorrhage from the nose.

Ethmoidectomy – Removal of all or part of the mucosal lining and bony partitions

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between the ethmoid sinuses.

Immunotherapy – Treatment of disease by stimulating one's own immune system.

Intermittent – Stopping and starting at regular intervals.

Intranasal – Within the nasal cavity.

Larynx – Upper part of the trachea that contains the voice box.

Mucosal – Pertaining to the membrane lining all body passages that communicate with the air, such as the respiratory and alimentary tracts and have cells and associated glands that secrete mucus.

Nasal Septum – Cartilage separating the nostrils.

Otolaryngologist – A physician specialist who is an expert in the medical and surgical treatment of disorders of the ear, nose and throat.

Palate - Roof of the mouth.

Perforation – A hole made through a part or substance.

Physiologic – Consistent with the normal functioning of an organism.

Polypectomy – Excision of a polyp (benign growth that protrudes from a mucous membrane).

Radiofrequency – Energy that travels as radio waves; frequently used in medical procedures for sculpting, shrinking or removing soft tissue.

Septal Spur – A sharp bony projection that can cause pressure from the nasal septum on the inside of the nose.

Sleep Apnea – Temporary suspension of breathing occurring repeatedly during sleep; often affecting overweight people or those with an obstruction in the respiratory tract.

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Submucosal – Connective tissue directly under a mucous membrane (the lining of a body cavity, such as the nose).

Turbinate – Any of three (superior, middle, inferior) ridge-shaped structures made of thin bone covered by spongy mucous membranes in the nasal cavities, which warm, humidify and filter breathed air.

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