

# UPMC Health Plan POLICY AND PROCEDURE MANUAL

**POLICY NUMBER: PAY.038**  
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**PAGE NUMBER: 1 of 5**

**SUBJECT:** Septoplasty-Rhinoplasty  
**INDEX TITLE:** Medical Management  
**ORIGINAL DATE:** March 2009

**This policy applies to the following lines of business: (Check those that apply.)**

<b>Commercial:</b>			
HMO ( )	POS ( )	PPO ( )	OOA/DOC ( )
Fully Insured ( )	Self-funded/ASO ( )	HSA ( )	All ( X )
Medicare Select ( )	Medicare Supplement ( )		
<b>DPW-MA:</b>			
Health Choices ( )	Voluntary ( )		All ( X )
<b>CMS-MA:</b>			
HMO ( X )	PPO ( )	Specialty Needs Plan ( X )	Part D ( )
		PFSS ( X )	All ( )
<b>PID-CHIP:</b>			
Free ( )	Sub ( )		All ( X )

## **I. POLICY**

It is the policy of UPMC Health Plan to cover septoplasty-rhinoplasty when it is medically necessary and covered under the member's benefit plan.

UPMC Health Plan recognizes septoplasty and/or rhinoplasty as appropriate and consistent with good medical practice when performed as reconstructive surgery and not for cosmetic purposes.

## **II. DEFINITIONS**

N/A

## **III. PURPOSE**

The purpose of this policy is to define the criteria for coverage for septoplasty/rhinoplasty when it's performed as reconstructive surgery.

## **IV. SCOPE**

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

## V. PROCEDURE

### A. Medical Description

**Deviation of the septum** occurs when the septum, which divides the two sides of the nasal cavity, is displaced from a straight vertical alignment into an abnormal configuration, causing blockage of airflow through one or both sides of the nose.

**Reconstructive Surgery** is generally performed to improve function or alleviate clinical symptoms, but may also be done to approximate normal appearance.

**Reconstructive Rhinoplasty** is a surgical procedure that transforms nasal abnormalities or damaged nasal structures to a more normal state and is the surgical treatment of choice in a broad range of nasal defects resulting from trauma, tumors, infections and congenital deformities.

**Septoplasty** is the surgical procedure that corrects nasal septum defects or deformities, by alteration, splinting, or partial removal of obstructing supporting structures. This procedure is done inside the nose and does not change appearance, therefore is not done for cosmetic purposes.

When nasal surgery is performed solely to improve the member's appearance in the absence of any signs and/or symptoms of functional abnormalities, the procedure will be considered cosmetic in nature.

These procedures are usually performed in the outpatient setting.

### B. Specific Indications

Indications for Septoplasty include any one of the following:

1. Septal deviation causing nasal airway obstruction when the space between inferior turbinates and septum is:
  - Decreased by > 75%,  
OR
  - Decreased by 50% to 75% and the following:
    - Obstruction continues after prescription medication, including intranasal corticosteroid spray use for  $\geq 6$  weeks.
2. Documented recurrent sinusitis due to a deviated septum,
3. Recurrent epistaxis related to a septal deformity,
4. Asymptomatic septal deformity that prevents access to other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g., ethmoidectomy),
5. When done in association with cleft lip/palate repair,
6. Trauma resulting in tearing and dislocation of the septum.

Indications for Rhinoplasty include the following:

- Functional impairment of the nose caused by trauma, surgical, or congenital deformity.

**C. Limitations**

1. Not medically necessary:

- Rhinoplasty when performed solely for cosmetic purposes is considered not medically necessary and therefore, is not a covered benefit.

2. Contraindications:

Medical problems that present a contraindication include the following:

- Cocaine abuse,
- Malignant lymphomas or monoclonal T- or B cell proliferations,
- Wegener's granulomatosis is a contraindication to septoplasty, but not to rhinoplasty.

3. When two (2) surgical procedures (one reconstructive and one cosmetic) are performed on the nose during the same operative session, UPMC Health Plan will only pay for the reconstructive portion of the surgery.

4. Laser-assisted septoplasty is considered investigative and therefore not medically necessary due to a lack of controlled studies and long-term follow-up observation of the technique.

**D. Variations**

N/A

**E. References**

1. American Society of Plastic and Reconstructive Surgeons. Position Paper: Nasal Surgery, Recommended Criteria for Third Party Payer Coverage. 1994.  
<http://www.plasticsurgery.org/profinfo/pospap/nas2k.htm>.
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3. Cantrell H. Limited Septoplasty for Endoscopic Sinus Surgery. Otolaryngology – Head and Neck Surgery. 1997; 116(2): 274-7.
4. Kamami YV, Pandraud L, Bougara A. Laser-assisted Outpatient Septoplasty: Results in 703 Patients. Otolaryngology – Head and Neck Surgery. 2000; 122(3): 445-9.
5. Tardy ME, Dayan S, Hecht D. Office-Based Procedures in Facial Plastic Surgery. Otolaryngologic Clinics of North America. 2002; 35(1): 1-27.
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7. Interqual® Care Planning Criteria, Oro-Maxillo-Facial, Dental and Otolaryngoscopy: Septoplasty, Copyright 2007 McKesson Corporation and/or one of its subsidiaries.

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