


<b>MEDICAL POLICY</b>	<b>Rhinoplasty (Medicare Only)</b>	
<b>Effective Date: 12/1/2020</b>   12/1/2020	Section: SUR	Policy No: 444
	Medical Policy Committee Approved Date: 10/19; 4/2020; 11/2020	
Medical Officer	Date	

**See Policy CPT/HCPCS CODE section below for any prior authorization requirements**

## SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

## APPLIES TO:

Medicare Only

### MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Rhinoplasty</i>	<ul style="list-style-type: none"> <li>Local Coverage Determination (LCD): Plastic Surgery (<a href="#">L37020</a>)<sup>1</sup></li> <li>Local Coverage Article: Billing and Coding: Plastic Surgery (<a href="#">A57222</a>)<sup>2</sup></li> </ul>

*Per the Providence Health Assurance [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absences of an appropriate NCD, LCD, LCA, or CMS Coverage Manual.*

## BILLING GUIDELINES

*ICD-10 Codes that Support Medical Necessity*

Codes in the table below are the only covered ICD-10-CM codes that support medical necessity for rhinoplasty (CPT Codes 30400-30450), according to Local Coverage Article: Billing and Coding: Plastic Surgery ([A57222](#)).<sup>2</sup>

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Services billed with a diagnosis code that is not listed in the ICD-10-CM Codes That Support Medical Necessity section of this policy may be considered at redetermination on a case-by-case basis.

<b>ICD-10 Code</b>	<b>Description</b>
C30.0	Malignant neoplasm of nasal cavity
C41.0	Malignant neoplasm of bones of skull and face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C76.0	Malignant neoplasm of head, face and neck
D03.39	Melanoma in situ of other parts of face
D04.39	Carcinoma in situ of skin of other parts of face
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D16.4	Benign neoplasm of bones of skull and face
D22.39	Melanocytic nevi of other parts of face
D23.39	Other benign neoplasm of skin of other parts of face
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.89	Other specified disorders of nose and nasal sinuses
S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture
S02.2XXB	Fracture of nasal bones, initial encounter for open fracture
S02.2XXD	Fracture of nasal bones, subsequent encounter for fracture with routine healing
S02.2XXG	Fracture of nasal bones, subsequent encounter for fracture with delayed healing
S02.2XXK	Fracture of nasal bones, subsequent encounter for fracture with nonunion
S02.2XXS	Fracture of nasal bones, sequela

## CPT/HCPCS CODES

<b>Medicare Only</b>	
Prior Authorization Required	
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
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

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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)

## INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

## REGULATORY STATUS

### Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

## REFERENCES

- Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Plastic Surgery (L37020). Effective 10/1/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37020>. Accessed 9/24/2020.
- Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding: Plastic Surgery (A57222). Effective 10/1/2019. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57222>. Accessed 9/24/2020.