



AMERICAN SOCIETY OF
PLASTIC SURGEONS

ASPS Recommended Insurance Coverage Criteria for Third-Party Payers

Nasal Surgery

BACKGROUND

Nasal surgery is defined as any procedure performed on the external or internal structures of the nose, septum or turbinates. It generally involves rearrangement, reinforcement or resection of the supporting bony and cartilaginous structures, and incision or excision of the overlying skin of the nose. Rhinoplasty is a surgical procedure to change the appearance of the nose (cosmetic), or to improve a functional abnormality such as airway obstruction (functional). It is performed alone or in combination with other procedures, such as septoplasty and turbinate resection. Functional abnormalities such as airway obstruction can result from nasal trauma, septal and bony deviations, turbinate hypertrophy and/or congenital defects. Timing of surgery is dependent on the occurrence of injury and the patient's preference.

DEFINITIONS

For reference, the following definitions of cosmetic and reconstructive surgery were adopted by the American Medical Association in 1989:

Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem.

Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

Rhinoplasty is a surgical procedure that is performed to change the shape and/or size of the nose or to correct a broad range of nasal defects. Cosmetic rhinoplasty can transform normal nasal structures to a more satisfactory appearance. Reconstructive rhinoplasty transforms nasal abnormalities or damaged nasal structures to a more normal state.

Open Rhinoplasty is a rhinoplasty technique in which a transcolumellar incision is made in the columella and is connected to marginal incisions on each side that follows the caudal edge of the lateral crura of the lower lateral cartilages.

Closed Rhinoplasty is a rhinoplasty technique in which an intercartilaginous incision is made between the lower lateral (alar) cartilages and the upper lateral cartilages or an intracartilaginous incision is made through the middle section of the lower lateral (alar) cartilage. A transfixion incision is made at the caudal end of the septum to obtain exposure to the septum and the columella.

Septoplasty is a surgical procedure that corrects nasal septal defects or deformities by resection, cartilage rearrangement or grafting (splinting).

Turbinate resection is a surgical procedure that corrects nasal obstruction caused by inferior turbinate hypertrophy. The procedure can involve using energy such as cautery, laser or radiofrequency to shrink the turbinate mucosa; or submucous turbinate resection of the turbinate tissue and bone; and/or on occasion turbinate outfracture of the turbinate. On occasion a total turbinectomy is performed where the turbinate mucosa and bone are resected.

Vestibular Reconstruction repairs/supports the nasal valve with grafting, or subcutaneous/submucosal lateral wall support with implants.

POLICY

Nasal surgery is considered reconstructive surgery and medically necessary to improve nasal airway function, treat anatomic abnormalities caused by birth defects or disease and revise structural deformities resulting from trauma.

When reconstructive nasal surgery is performed, indications for surgery should be documented by the surgeon in the history and physical and reiterated in the operative note. Photographs are usually taken to document the preoperative condition and aid the

surgeon in planning surgery. In some cases, the pictures may record physical signs. However, they do not substantiate symptoms and should only be used by third-party payers in conjunction with other documentation of symptoms and physical findings.

In circumstances where photographs may be useful to a third-party payer, the plastic surgeon should provide them. The patient must sign a specific release and confidentiality must be honored. It is the opinion of ASPS that a board-certified plastic surgeon employed or commissioned by a third-party payer must evaluate all submitted photographs.

Documentation of the severity of the symptoms of nasal deformities and/or the impact on health-related quality of life issues listed below should be noted.

- Presence of deformity in the nasal area
- Deviated septum by nasal speculum exam
- Turbinate hypertrophy
- Difficulty breathing at rest
- Difficulty breathing with exercise
- Recurrent nose bleeds
- Nasal Valvular Weakness
- Recurrent acute or chronic sinusitis
- Constant mouth breathing and dry mouth
- Snoring and/or sleep apnea
- History of nasal fracture or radiological evidence of previous fracture

Diagnostic studies, as clinically indicated, should be performed and noted.

- Nasal air flow studies
- Facial X-rays and CT scans
- Nasal endoscopy

It is the position of the ASPS that when nasal surgery is performed solely to enhance a patient's appearance, in the absence of any signs or symptoms of functional abnormalities or nasal defects, the surgery should be considered cosmetic in nature. It is the opinion of the ASPS that cosmetic nasal surgery is not compensable by third-party payers unless specified in the patient's policy.

If two surgical procedures (one reconstructive and one cosmetic) are performed on the nose during the same operative session, the surgeon should accurately distinguish which components of the procedure are reconstructive and which are cosmetic. The surgeon should also clearly delineate what percentage of the procedure and fees are reconstructive. Third-party payers should pay for the reconstructive portion of the surgery.

CODING

DIAGNOSIS	ICD-10 CODE
Cosmetic:	
Plastic surgery for unacceptable cosmetic appearance	Z41.1
Functional:	
Syphilitic Saddle nasal deformity	A50.57
Acquired Deformity of nose	M95.0
Deviated nasal septum (acquired)	J34.2
Hypertrophy of nasal turbinates	J34.3
Nasal airway obstruction	J34.89
Malunion of nasal/septal fracture	S02.2xxK
Acquired nasal deformity	M95.0
Choanal atresia	Q30.0
Congenital nasal deformity	Q30.8
Congenital nasal/septal deformity	Q30.3
Other congenital deformities of skull, face and jaw	Q67.4

S02.0XXS Fracture of vault of skull, sequela

SØ2.1ØXS	Unspecified fracture of base of skull, sequela
SØ2.11ØS	Type I occipital condyle fracture, sequela
SØ2.111S	Type II occipital condyle fracture, sequela
SØ2.112S	Type III occipital condyle fracture, sequela
SØ2.113S	Unspecified occipital condyle fracture, sequela
SØ2.118S	Other fracture of occiput, sequela
SØ2.119S	Unspecified fracture of occiput, sequela
SØ2.19XS	Other fracture of base of skull, sequela
SØ2.2XXS	Fracture of nasal bones, sequela
SØ2.3XXS	Fracture of orbital floor, sequela
SØ2.4ØØS	Malar fracture unspecified, sequela
SØ2.4Ø1S	Maxillary fracture, unspecified, sequela
SØ2.4Ø2S	Zygomatic fracture, unspecified, sequela
SØ2.411S	LeFort I fracture, sequela
SØ2.412S	LeFort II fracture, sequela
SØ2.413S	LeFort III fracture, sequela

SØ2.42XS	Fracture of alveolus of maxilla, sequela
SØ2.5XXS	Fracture of tooth (traumatic), sequela
SØ2.6ØØS	Fracture of unspecified part of body of mandible, sequela
SØ2.6Ø9S	Fracture of mandible, unspecified, sequela
SØ2.61XS	Fracture of condylar process of mandible, sequela
SØ2.62XS	Fracture of subcondylar process of mandible, sequela
SØ2.63XS	Fracture of coronoid process of mandible, sequela
SØ2.64XS	Fracture of ramus of mandible, sequela
SØ2.65XS	Fracture of angle of mandible, sequela
SØ2.66XS	Fracture of symphysis of mandible, sequela
SØ2.67XS	Fracture of alveolus of mandible, sequela
SØ2.69XS	Fracture of mandible of other specified site, sequela
SØ2.8XXS	Fractures of other specified skull and facial bones, sequela
SØ2.91XS	Unspecified fracture of skull, sequela
SØ2.92XS	Unspecified fracture of facial bones, sequela

Specific CPT codes alone do not differentiate cosmetic from reconstructive procedures. Categorization of each procedure is to be distinguished by the presence or absence of specific signs and/or

Rib cartilage graft to nose	21230
Ear cartilage graft to nose	21235

*The marked code is either an add-on code or modifier -51 exempt. These codes are always performed along with another procedure and are not normally reported by themselves. Automatic payment reductions for multiple procedures should not apply in these codes because the RVUs have already been reduced to reflect this distinction.

PROCEDURE CPT CODE

Rhinoplasty, primary	
Lateral and alar cartilages and or tip	30400
Bony pyramid, lateral and alar cartilages and/or tip	30410
Bony pyramid, lateral and alar cartilages and/or tip, including major septal repair	30420
Rhinoplasty, secondary	
Minor revision (nasal tip)	30430
Intermediate revision (bony work with osteotomies)	30435
Major revision (nasal tip and osteotomies)	30450
Cleft lip rhinoplasty, including columellar lengthening	
Tip only	30460
Tip, septum, osteotomies	30462
Cleft lip rhinoplasty, including columellar lengthening	
Tip only	30460
Tip, septum, osteotomies	30462
Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)	30465
Repair of Nasala Valve Collapse with subcutaneous/submucosal lateral wall implants	30468
Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	30520

Flaps:

Adjacent tissue transfer or rearrangement, eyelids, nose, ears, and/or lips; defect 10 sq cm or less	14060
Defect 10.1 sq cm to 30 sq cm	14061
Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	15576
Delay of flap or section of flap; at eyelids, nose, ears, or lips	15630

GRAFTS AND FLAPS

The surgical repair of nasal trauma and congenital defects often involves complex, staged procedures that require adjacent or distant skin tissue transfers such as flaps or grafts to be brought to the deformed nose. Cartilage grafts from the ears or ribs and bone grafts from the skull, ribs or iliac crest of the hip are often necessary to provide support to the skin in the reconstructed nose. On occasion the use of, cadaveric costal cartilage is needed as an alternative option. Because of the disordered growth potential of nasal birth defects and childhood nasal trauma, secondary surgery may be required after the child reaches adulthood to compensate for growth of the surrounding normal tissues.

PROCEDURE CPT CODE

Grafts:	
Split-thickness autograft face; first 100 sq cm or less, or each one percent of body area of infants and children	15120
Each additional 100 sq cm, or each one percent of body area of infants and children	*15121
Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids and/or lips; 20 sq cm or less	15260
Each additional 20 sq cm	*15261
Flap; island pedicle	15740
Graft; composite	15760
Septal cartilage graft (septal donor site)	*20912
(Do not use in conjunction with 30420, 30462, 30520, 21335 or 21336)	
Bone graft to nose (includes obtaining graft)	21210

PRIMARY REFERENCE

American Society of Plastic Surgeons. *Practice Parameter for Nasal Surgery*. July 2006.

ADDITIONAL REFERENCES

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