



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 or excision 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, alter the width of the nostrils and/or change the angle between the nose and the upper lip. It is performed alone or in combination with other procedures, such as septoplasty and turbinate hypertrophy, to correct deformities that result from nasal trauma, either acquired or iatrogenic, airway obstruction related to septal and bony deviations, turbinate hypertrophy 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 transcollellar incision is made in the columella and is connected to a rim incision that follows the caudal edge of the lateral crus.

**Closed Rhinoplasty** is a rhinoplasty technique in which an intercartilaginous incision is made between the ala and lateral cartilages or an intracartilaginous incision is made about the middle section of the 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 septum defects or deformities by alteration, splinting, or removal of obstructing supporting structures.

**Turbinate hypertrophy** is a surgical procedure that corrects nasal obstruction caused by inferior turbinate hypertrophy. The procedure can involve injections; mechanical manipulation by turbinate outfracture; destruction of turbinate tissue; partial, total, or submucous turbinate resection; and nerve resection.

### POLICY

Nasal surgery is considered reconstructive surgery and medically necessary to improve nasal respiratory 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 less subjective documentation. 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

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-9 CODE

##### Cosmetic:

Plastic surgery for unacceptable cosmetic appearance V50.1

##### Functional:

Saddle nasal deformity	095.5
Deviated nasal septum (acquired)	470.0
Hypertrophy of nasal turbinates	478.0
Nasal airway obstruction	478.1
Malunion of nasal/septal fracture	733.81
Acquired nasal deformity	738.0
Choanal atresia	748.0
Congenital nasal deformity	748.1
Congenital nasal/septal deformity	754.0
Late effect of fracture of skull or facial bones	905.0



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 symptoms.

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
Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)	30465
Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	30520

#### GRAFTS AND FLAPS

The surgical repair of nasal trauma and congenital defects often involves complex, staged procedures that require adjacent or distant skin tissues 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. 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
<b>Grafts:</b>	
Split graft face; 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) (Do not use in conjunction with 30420, 30462 or 30520)	*20912
Bone graft to nose (includes obtaining graft)	21210
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.

#### 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

#### PRIMARY REFERENCE

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

#### ADDITIONAL REFERENCES

- Constantian, M.B. Closed rhinoplasty: current techniques, theory, and applications. In: S. J. Mathes and V. R. Hentz, (Eds.), *Plastic Surgery*, Vol. 2(1), 2nd Ed. Philadelphia: Saunders, 2006. Pp. 517-572.
- Rohrich, R.J., Adams, W.P., and Gunter, J.P., (Eds.). Advanced rhinoplasty anatomy. In: *Dallas Rhinoplasty; Nasal Surgery by the Masters*, Vol. 1, St. Louis: Quality Medical Publishing, Inc., 2002. Pp. 5-19.
- Rohrich, R.J. and Muzaffar, A.R. Primary rhinoplasty. In: S. J. Mathes and V. R. Hentz, (Eds.), *Plastic Surgery*, Vol. 2(1), 2nd Ed. Philadelphia: Saunders, 2006. Pp. 427-471.
- Gorney, M. and Martello, J. Patient selection criteria. Medical-legal issues in plastic surgery. *Clin. Plast. Surg.* 26(1): 37, 1999.
- Rohrich, R.J., Deuber, M.A. and Adams, W.P. Pragmatic planning and postoperative management. In: R.J. Rohrich, W.P. Adams, and J.P. Gunter, (Eds.) *Dallas Rhinoplasty; Nasal Surgery by the Masters*, Vol. 1, St. Louis: Quality Medical Publishing, Inc., 2002. Pp. 72-104.
- Foda, H.M.T. Rhinoplasty for the multiply revised nose. *Am. J. Otolaryngol.* 26: 28, 2005.
- Hartley, J.H. Secondary rhinoplasty. In: S. J. Mathes and V. R. Hentz, (Eds.), *Plastic Surgery*, Vol. 2(1), 2nd Ed. Philadelphia: Saunders, 2006. Pp. 764-799.
- Han, S., Woo, H., and Kim, W. Extended incision in open-approach rhinoplasty for Asians. *Plast. Reconstr. Surg.* 109: 2087, 2002.
- Hubbard, T.J. Bridge narrowing in ethnic noses. *Ann. Plast. Surg.* 40: 214, 1998.
- Porter, J. Parker and Olson, K.L. Analysis of the African American female nose. *Plast. Reconstr. Surg.* 111: 620, 2003.
- Rollin, D. Hispanic rhinoplasty in the United States, with emphasis on the Mexican American nose. *Plast. Reconstr. Surg.* 112: 244, 2003.
- Hwang, P.H. Surgical rhinology: recent advances and future directions. *Otolaryngol. Clin. N. Am.* 37: 489, 2004.
- Chand, M.S. and Toriumi, D.M. Nasal physiology and management of the nasal airway. In: R.J. Rohrich, W.P. Adams, and J.P. Gunter, (Eds.) *Dallas Rhinoplasty; Nasal Surgery by the Masters*, Vol. 1, St. Louis: Quality Medical Publishing, Inc., 2002. Pp. 643-661.
- Constantian, M.B. Differing characteristics in 100 consecutive secondary rhinoplasty patients following closed versus open surgical approaches. *Plast. Reconstr. Surg.* 109(6): 2097, 2002.
- Constantian, M.B. Four common anatomic variants that predispose to unfavorable rhinoplasty results: a study based on 150 consecutive secondary rhinoplasties. *Plast. Reconstr. Surg.* 105(1): 316, 2000.
- Gruber, R.P., Wall, S.H. and Kaufman, D. Open rhinoplasty: concepts and techniques. In: S. J. Mathes and V. R. Hentz, (Eds.), *Plastic Surgery*, Vol. 2(1), 2nd Ed. Philadelphia: Saunders, 2006. Pp. 473-515.
- Watson, D. and Toriumi, D.M. Structural grafting in secondary rhinoplasty. In: R.J. Rohrich, W.P. Adams, and J.P. Gunter, (Eds.) *Dallas Rhinoplasty; Nasal Surgery by the Masters*, Vol. 2, St. Louis: Quality Medical Publishing, Inc., 2002. Pp. 691-709.
- Guyuron, B., Uzzo, C.D., and Scull, H. A practical classification of septonasal deviation and an effective guide to septal surgery. *Plast. Reconstr. Surg.* 104(7): 2202, 1999.
- Jackson, L.E., and Koch, R. J. Controversies in the management of inferior turbinate hypertrophy: a comprehensive review. *Plast. Reconstr. Surg.* 103(1): 300, 1999.

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