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 turbinoplasty, 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 transcolumnellar 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.

Turbinoplasty 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
- Difficultly breathing at rest
- Difficultly 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

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>ICD-9 CODE</th>
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<tbody>
<tr>
<td>Cosmetic: Plastic surgery for unacceptable cosmetic appearance</td>
<td>V50.1</td>
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<tr>
<td>Functional:</td>
<td></td>
</tr>
<tr>
<td>Saddle nasal deformity</td>
<td>095.5</td>
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<tr>
<td>Deviated nasal septum (acquired)</td>
<td>470.0</td>
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<tr>
<td>Hypertrophy of nasal turbinites</td>
<td>478.0</td>
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<tr>
<td>Nasal airway obstruction</td>
<td>478.1</td>
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<tr>
<td>Malunion of nasal/septal fracture</td>
<td>733.81</td>
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<tr>
<td>Acquired nasal deformity</td>
<td>738.0</td>
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<tr>
<td>Choanal atresia</td>
<td>748.0</td>
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<tr>
<td>Congenital nasal deformity</td>
<td>748.1</td>
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<tr>
<td>Congenital nasal/septal deformity</td>
<td>754.0</td>
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<tr>
<td>Late effect of fracture of skull or facial bones</td>
<td>905.0</td>
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Each additional 100 sq cm, or each one percent of body area of infants and children

**PROCEDURE**

- **Rhinoplasty, primary**
  - Lateral and alar cartilages and/or tip
  - Bony pyramid, lateral and alar cartilages and/or tip
  - Bony pyramid, lateral and alar cartilages and/or tip, including major septal repair
  - Cleft lip rhinoplasty, including columellar lengthening
  - Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
  - Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

**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**

**Grafts:**

- Split graft face; 100 sq cm or less, or each one percent of body area of infants and children
- Each additional 100 sq cm, or each one percent of body area of infants and children
- Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids and/or lips; 20 sq cm or less
- Each additional 20 sq cm
- Flap: island pedicle
- Flap; composite
- Septal cartilage graft (septal donor site)
- Bone graft to nose (includes obtaining graft)
- Rib cartilage graft to nose
- Ear cartilage graft to nose

**Flaps:**

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

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**ADDITIONAL REFERENCES**


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Approved by the Executive Committee of the American Society of Plastic Surgeons®, July 2006.