

# Ear, Nose, and Throat Procedures

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[Instructions for Use](#)

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Related Commercial Policies
<ul style="list-style-type: none"> <li><a href="#">Rhinoplasty and Other Nasal Procedures</a></li> <li><a href="#">Sinus Surgeries and Interventions</a></li> </ul>

## Coverage Rationale

### Balloon Sinus Ostial Dilation (Also Known as Balloon Dilation Sinuplasty)

Medicare does not have a National Coverage Determination (NCD) for balloon sinus ostial dilation. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Sinus Surgeries and Interventions](#).

### Functional Endoscopic Sinus Surgery (FESS)

Medicare does not have an NCD for FESS. LCDs/LCAs do not exist.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Sinus Surgeries and Interventions](#).

### Intranasal Repair

Medicare does not have an NCD for intranasal repair. LCDs/LCAs do not exist.

Intranasal repair may be cosmetic; review is required to determine if considered cosmetic or reconstructive.

**For coverage guidelines**, refer to the Centers for Medicare and Medicaid Services (CMS) [Definitions](#) for Cosmetic and Reconstructive Surgery.

### Radiofrequency Treatment of Nasal Valves for the Treatment of Nasal Airway Obstruction (e.g., VivAer ARC Stylus)

Medicare does not have an NCD for radiofrequency treatment of nasal valves for the treatment of nasal airway obstruction. LCDs/LCAs do not exist.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

### Rhinophyma Excision

Medicare does not have an NCD for rhinophyma excision. LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

## Rhinoplasty

Medicare does not have an NCD for rhinoplasty. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Rhinoplasty](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the coverage rationale below.

- Rhinoplasty is considered reasonable and necessary when there is photographic documentation (**all** of the following: frontal, lateral, and worm's eye view) of the individual's condition, and the procedure is performed for correction or repair of any of the following:
  - Secondary to trauma, disease, or congenital defect with nasal airway obstruction that has not resolved after previous septoplasty/turbinectomy or would not be expected to resolve with septoplasty/turbinectomy alone
  - Nasal deformity secondary to a cleft lip/palate or other congenital craniofacial deformity causing a functional impairment
  - Chronic, non-septal, nasal obstruction due to vestibular stenosis (i.e., collapsed internal valves)
- Rhinoplasty/nasal surgery is not reasonable and necessary when performed for either of the following:
  - Solely to improve the patient's appearance in the absence of any signs and/or symptoms of functional abnormalities
  - As a primary treatment for an obstructive sleep disorder
- Rhinoplasty tip is primarily cosmetic. However, it is considered reconstructive and medically necessary when all of the following criteria are present:
  - Prolonged, persistent obstructed nasal breathing due to tip drop that is the primary cause of an anatomic mechanical nasal airway obstruction (this code is usually cosmetic); and
  - Photos clearly document tip drop as the primary cause of an anatomic mechanical nasal airway obstruction and are consistent with the clinical exam (acute columellar-labial angle); and
  - The proposed procedure is designed to correct the anatomic mechanical nasal airway obstruction and relieve the nasal airway obstruction by lifting the nasal tip; and
  - Nasal airway obstruction is causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing); and
  - Obstructive symptoms persist despite conservative management for 4 weeks or greater, which includes, where appropriate, nasal steroids or immunotherapy

## Septoplasty

Medicare does not have an NCD for septoplasty. LCDs/LCAs exist and compliance with these policies is required where applicable. Refer to the LCDs for Cosmetic and Reconstructive Surgery. For specific LCDs/LCAs, refer to the table for [Septoplasty](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Procedures, Septoplasty.

[Click here to view the InterQual® criteria.](#)

## Vestibular Stenosis Repair

Medicare does not have an NCD for vestibular stenosis repair. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Vestibular Stenosis Repair](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service; however, language may be included in the listing below to indicate if a code is non-covered. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
<b>Balloon Sinus Ostial Dilation (Also Known as Balloon Dilation Sinuplasty)</b>	
31295	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); maxillary sinus ostium, transnasal or via canine fossa
31296	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); frontal sinus ostium
31297	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); sphenoid sinus ostium
31298	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); frontal and sphenoid sinus ostia
31299	Unlisted procedure, accessory sinuses
<b>Functional Endoscopic Sinus Surgery (FESS)</b>	
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
<b>Intranasal Repair (The following codes may be Cosmetic; review is required to determine if considered Cosmetic or Reconstructive.)</b>	
30540	Repair choanal atresia; intranasal
30545	Repair choanal atresia; transpalatine
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
<b>Radiofrequency Treatment of Nasal Valves for the Treatment of Nasal Airway Obstruction (e.g., VivAer ARC Stylus)</b>	
30469	Repair of nasal valve collapse with low energy, temperature-controlled (i.e., radiofrequency) subcutaneous/submucosal remodeling [Refer to the UnitedHealthcare Commercial Medical Policy titled <a href="#">Rhinoplasty and Other Nasal Procedures</a> ]
<b>Rhinophyma Excision</b>	
30120	Excision or surgical planing of skin of nose for rhinophyma [Refer to the UnitedHealthcare Commercial Medical Policy titled <a href="#">Rhinoplasty and Other Nasal Procedures</a> ]
<b>Rhinoplasty</b>	
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
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)
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
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)
<b>Septoplasty</b>	
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

CPT Code	Description
<b>Vestibular Stenosis Repair</b>	
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)

*CPT® is a registered trademark of the American Medical Association*

Diagnosis Code	Description
<b>Rhinoplasty Always Cosmetic: The following ICD-10 Diagnosis Codes are not covered.</b>	
Z40.89	Encounter for other prophylactic surgery
Z40.9	Encounter for prophylactic surgery, unspecified
Z41.1	Encounter for cosmetic surgery
Z41.3	Encounter for ear piercing
Z41.8	Encounter for other procedures for purposes other than remedying health state
Z41.9	Encounter for procedure for purposes other than remedying health state, unspecified
<b>Rhinoplasty: CPT Codes 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, and 30468</b>	
C30.0	Malignant neoplasm of nasal cavity
C41.0	Malignant neoplasm of bone and articular cartilage of other and unspecified sites
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.390	Other specified malignant neoplasm of skin of unspecified 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 other and ill-defined sites
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D04.30	Carcinoma in situ of skin of unspecified part 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
D22.30	Melanocytic nevi of unspecified part of face
D22.39	Melanocytic nevi of other parts of face
D23.30	Other benign neoplasm of skin of unspecified part of face
D23.39	Other benign neoplasm of skin of other parts of face
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis

Diagnosis Code	Description
<b>Rhinoplasty: CPT Codes 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, and 30468</b>	
J32.3	Chronic sphenoidal sinusitis
J32.4	Chronic pansinusitis
J32.8	Other chronic sinusitis
J32.9	Chronic sinusitis, unspecified
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.2	Deviated nasal septum
J34.8201	Internal nasal valve collapse, static (Effective 10/01/2024)
J34.8202	Internal nasal valve collapse, dynamic (Effective 10/01/2024)
J34.8211	External nasal valve collapse, static (Effective 10/01/2024)
J34.8212	External nasal valve collapse, dynamic (Effective 10/01/2024)
J34.89	Other specified disorders of nose and nasal sinuses
J34.9	Unspecified disorder of nose and nasal sinuses
Q30.0	Choanal atresia
Q30.8	Other congenital malformations of nose
Q35.1	Cleft hard palate
Q35.3	Cleft soft palate
Q35.5	Cleft hard palate with cleft soft palate
Q35.7	Cleft uvula
Q35.9	Cleft palate, unspecified
Q36.0	Cleft lip, bilateral
Q36.1	Cleft lip, median
Q36.9	Cleft lip, unilateral
Q37.0	Cleft hard palate with bilateral cleft lip
Q37.1	Cleft hard palate with unilateral cleft lip
Q37.2	Cleft soft palate with bilateral cleft lip
Q37.3	Cleft soft palate with unilateral cleft lip
Q37.4	Cleft hard and soft palate with bilateral cleft lip
Q37.5	Cleft hard and soft palate with unilateral cleft lip
Q67.0	Congenital facial asymmetry
Q67.1	Congenital compression facies
Q67.2	Dolichocephaly
Q67.3	Plagiocephaly
Q67.4	Other congenital deformities of skull, face and jaw
R04.0	Epistaxis
R09.81	Nasal congestion
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
Z85.820	Personal history of malignant melanoma of skin
Z85.821	Personal history of Merkel cell carcinoma

Diagnosis Code	Description
<b>Rhinoplasty: CPT Codes 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, and 30468</b>	
Z85.828	Personal history of other malignant neoplasm of skin
<b>Surgery for Rhinophyma: CPT Code 30120</b>	
L71.1	Rhinophyma

## Definitions

**Cosmetic Surgery:** Cosmetic Surgery is surgery performed to reshape normal structures of the body to improve the patient's appearance and self-esteem. Refer to multiple LCDs for Cosmetic and Reconstructive Surgery at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.

Cosmetic Surgery or expenses incurred in connection with such surgery is not covered. Cosmetic Surgery is only covered when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. For example, this exclusion does not apply to surgery in connection with treatment of severe burns or repair of the face following a serious automobile accident, or to surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose. Refer to the [Medicare Benefit Policy Manual, Chapter 16, §120 – Cosmetic Surgery](#).

**Reconstructive Surgery:** Reconstructive Surgery is surgery performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, tumors, or disease. Reconstructive Surgery is generally performed to improve function, but may also be done to approximate normal appearance. Refer to multiple LCDs for Cosmetic and Reconstructive Surgery at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.

## Centers for Medicare and Medicaid Services (CMS) Related Documents

After checking the table below and searching the [Medicare Coverage Database](#), if no NCD, LCD, or LCA is found, refer to the criteria as noted in the [Coverage Rationale](#) section above.

NCD	LCD	LCA	Contractor Type	Contractor Name
<b>Rhinoplasty</b>				
N/A	<a href="#">L39506 Cosmetic and Reconstructive Surgery</a>	<a href="#">A59299 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	CGS
	<a href="#">L38914 Cosmetic and Reconstructive Surgery</a>	<a href="#">A58573 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	First Coast
	<a href="#">L35163 Plastic Surgery</a>	<a href="#">A57221 Billing and Coding: Plastic Surgery</a>	Part A and B MAC	Noridian
	L37020 Plastic Surgery <b>Retired 10/16/2025</b> (See LCD L35163)	A57222 Billing and Coding: Plastic Surgery <b>Retired 10/16/2025</b> (See LCA A57221)		
	<a href="#">L35090 Cosmetic and Reconstructive Surgery</a>	<a href="#">A56587 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	Novitas**
	<a href="#">L33428 Cosmetic and Reconstructive Surgery</a>	<a href="#">A56658 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	Palmetto**
	<a href="#">L39051 Cosmetic and Reconstructive Surgery</a>	<a href="#">A58774 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	WPS*

NCD	LCD	LCA	Contractor Type	Contractor Name
<b>Septoplasty</b>				
N/A	<a href="#">L39506 Cosmetic and Reconstructive Surgery</a>	<a href="#">A59299 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	CGS
	<a href="#">L38914 Cosmetic and Reconstructive Surgery</a>	<a href="#">A58573 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	First Coast
	<a href="#">L35090 Cosmetic and Reconstructive Surgery</a>	<a href="#">A56587 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	Novitas**
	<a href="#">L33428 Cosmetic and Reconstructive Surgery</a>	<a href="#">A56658 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	Palmetto**
	<a href="#">L39051 Cosmetic and Reconstructive Surgery</a>	<a href="#">A58774 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	WPS*
<b>Vestibular Stenosis Repair</b>				
N/A	<a href="#">L39506 Cosmetic and Reconstructive Surgery</a>	<a href="#">A59299 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	CGS
N/A	<a href="#">L38914 Cosmetic and Reconstructive Surgery</a>	<a href="#">A58573 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	First Coast
N/A	<a href="#">L35090 Cosmetic and Reconstructive Surgery</a>	<a href="#">A56587 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Part A and B MAC	Novitas**

#### Medicare Administrative Contractor (MAC) With Corresponding States/Territories

MAC Name (Abbreviation)	States/Territories
CGS Administrators, LLC (CGS)	KY, OH
First Coast Service Options, Inc. (First Coast)	FL, PR, VI
National Government Services, Inc. (NGS)	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian Healthcare Solutions, LLC (Noridian)	AS, AK, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas Solutions, Inc. (Novitas)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX, VA**
Palmetto GBA (Palmetto)	AL, GA, NC, SC, TN, VA**, WV
Wisconsin Physicians Service Insurance Corporation (WPS)*	IA, IN, KS, MI, MO, NE

#### Notes

\*Wisconsin Physicians Service Insurance Corporation: Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers.

\*\*For the state of Virginia: Part B services for the city of Alexandria and the counties of Arlington and Fairfax are excluded for the Palmetto GBA jurisdiction and included within the Novitas Solutions, Inc. jurisdiction.

## CMS Benefit Policy Manual

[Chapter 16; § 10 General Exclusions from Coverage, § 120 Cosmetic Surgery, § 180 Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare.](#)

## CMS Claims Processing Manual

[Chapter 1, § 60.1 General Information on Noncovered Charges.](#)

[Chapter 32, § 260 Dermal Injections for Treatment of Facial Lipodystrophy Syndrome \(LDS\).](#)

### Rhinoplasty

Yuan and An (2024) conducted a systematic review to evaluate the improvement in nasal airway obstruction after secondary rhinoplasty for cleft lip. The review included 29 studies (15 case series, seven prospective cohort, five retrospective cohort and two case reports) with a total population of 1031 patients with cleft lip. Nasal ventilation outcomes were measured using subjective methods in 21 studies and with objective methods in eight studies. Comparison groups were included in six of the studies that used subjective methods and all of the studies that used objective methods to assess nasal ventilation outcomes. All of the studies included human patients undergoing secondary rhinoplasty with cleft lip nasal deformity (CLND) and were published between 2004 and 2023. The authors reported that all 29 studies consistently demonstrated that secondary rhinoplasty can effectively eliminate or alleviate symptoms of nasal airway obstruction with improvement seen in the domains of snoring, trouble breathing through the nose and the ability to get enough air through the nose during physical exertion. The authors also reported that it is generally recommended to perform definitive rhinoplasty after complete facial development as it had a higher improvement rate and avoided potential subsequent anatomical changes in nasal structure; however, if severe nasal obstruction caused by caudal septal deviation is present, or significant emotional distress due to peer psychological pressure is present, intermediate rhinoplasty can be considered as an early intervention. Limitations of the study included the heterogeneity of the study designs, measurement tools, and surgical techniques and the overall Io, The authors concluded that the review posits that secondary cleft lip rhinoplasty can effectively ameliorate nasal airway obstruction and recommended larger scale comparative studies be conducted to address more specific inquiries including surgical techniques and optimal measurement methodologies.

In a single-center, retrospective cohort study of patients who underwent closed nasal reduction of nasal bone fractures, Besmens et al., (2023) determined the rate of rhinoplasty after fracture reduction and analyzed the factors affecting the outcome and need for revision rhinoplasty. The study included a record review of 417 consecutive patients (306 male and 111 female patients) with a median age of 30 years. There were 371 (89%) patients who had a closed fracture and 46 (11%) who had open fractures. One third of all patients (n = 139, 33.3%) had an associated nasal septum fracture and septal deviation was visible via CT or was clinically present in 135 patients (32.4%), and a dislocated septum was noted in 56 patients (13.4%). There were 46 patients who had sustained at least one prior nasal fracture and these patients were more likely to require revision rhinoplasty. Closed reduction was performed on average of 6 days post trauma with gauze removal 2 days post operatively and cast removal occurred after seven days. The authors reported that 47 patients (11.3%) required revision rhinoplasty after fracture healing, which was performed on average of 398 days (range 214 to 592 days) after the initial reduction. The authors reported that patients who suffered an additional septum fracture or septal deviation were more likely to undergo rhinoplasty and that the risk of the need for open revision rhinoplasty after fracture healing was significantly increased for patients complaining of airway obstruction at the time of cast removal after closed reduction. Limitations of the study include the retrospective design, the inclusion of cases operated on by multiple surgeons, the lack of medical records related to possible existence of airway obstruction prior to the nasal fracture and the lack of medical records for patients lost to follow up who may have undergone revision rhinoplasty elsewhere. The authors concluded that a significant number of patients will require secondary revision rhinoplasty even though closed reduction of nasal fractures is frequently considered a straightforward procedures. The authors recommended prospective studies to support the findings of their investigation.

A meta-analysis by Zhao et al. (2022) was performed to evaluate the effects of functional rhinoplasty (FRP) on nasal obstruction in patients with nasal valve problems. A total of 57 cohorts from 43 studies involving 2024 patients were included in the current meta-analysis. Level of Evidence III. The Nasal Obstruction Symptom Evaluation (NOSE) scores indicated significant improvement in nasal obstruction at the 1-month, 3-month, 6-month, 12-month, and the last follow-up with respect to the preoperative baseline. The Visual Analogue Scale (VAS) scores indicated a similar trend at the 1-month, 3-month, 6-month, and last follow-up. Nasal obstruction was demonstrated as relieved through rhino-manometry but not through peak nasal inspiratory flow (PNIF). The authors concluded that FRP may have a positive effect on nasal obstruction caused by nasal valve problems. The findings of this study need to be validated by broader, well-designed studies.

Martin et al. (2022) completed a prospective randomized controlled trial (RCT) to evaluate the subjective and objective outcome of septoplasty (SPL) and septorhinoplasty (SRP) on patient satisfaction. Patients with functional indication for SPL (n = 19) or SRP (n = 54) were included and randomized for additional turbinoplasty. Preoperative clinical symptoms were collected with SNOT-20 GAV (Sinu-nasal outcome test-20 – German adapted version) and NOSE® (nasal obstruction symptom evaluation) questionnaires. The final evaluation of treatment success was performed 9 months after surgery with SNOT-20 GAV, NOSE® and a self-established feedback questionnaire. Nasal breathing and obstruction were objectively measured with rhinomanometry and acoustic rhinometry [minimum cross-sectional area 2 (MCA2)]. Minimum

cross-sectional area 2 was statistically improved compared to the pre-treatment value in SPL ( $p = 0.0004$ ) and SRP ( $p = 0.0001$ ). Regarding MCA2 values of matched patient groups, similar findings were detected (SPL:  $p = 0.0013$ , SRP:  $p < 0.0001$ ). Sinu-nasal outcome test-20 GAV and NOSE<sup>®</sup> scores were reduced after both surgical procedures (NOSE<sup>®</sup>: SPL:  $p < 0.0001$ , SRP:  $p < 0.0001$ ; SNOT-20 GAV: SPL:  $p = 0.0068$ , SRP:  $p < 0.0001$ ). Evaluation of patient satisfaction in a self-established feedback questionnaire revealed a motivation of 81% of patients to redo the surgery (SPL 13/16, SRP 34/42) and a notably general satisfaction of 86% for SPL and 80% for SRP. The authors concluded that rhinosurgery leads improved nasal breathing and increased disease-specific satisfaction quantitatively. Further research with randomized controlled trials is needed to validate these findings.

Floyd et al. (2017) completed a systematic review and meta-analysis of studies evaluating functional rhinoplasty outcomes with the Nasal Obstruction Symptom Evaluation (NOSE) score. A search by the authors was performed with the terms “nasal obstruction” and “rhinoplasty.” Studies were included if they evaluated the effect of functional rhinoplasty on nasal obstruction with the NOSE score. Case reports, narratives, and articles that did not use the NOSE score were excluded. Functional rhinoplasty was defined as surgery on the nasal valve. The search resulted in 665 articles. After dual-investigator independent screening, 16 articles remained. Study results were pooled with a random effects model of meta-analysis. Change in NOSE score after surgery was assessed via the mean difference between baseline and postoperative results and the standardized mean difference. Heterogeneity was assessed and reported through the  $I^2$  statistic. Patients in the included studies had moderate to severe nasal obstructive symptoms at baseline. The NOSE scores were improved at 3-6, 6-12, and  $\geq 12$  months, with absolute reductions of 50 points (95% CI, 45-54), 43 points (95% CI, 36-51), and 49 points (95% CI, 39-58), respectively. All these analyses showed high heterogeneity. The authors concluded that nasal obstruction as measured by the NOSE survey is reduced by 43 to 50 points (out of 100 points) for 12 months after rhinoplasty. However, the study is limited due to a heterogeneous patient population, large variability in outcomes beyond 12 months, and the potential for bias in observational studies.

## **Clinical Practice Guidelines**

### ***American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS)***

A clinical practice guideline developed by the AAO-HNS states that rhinoplasty is often performed to enhance function by improving nasal respiration and relieving congenital or acquired obstruction. The AAO-HNS definition of rhinoplasty documented by Ishii et al. (2017) states that rhinoplasty as a surgical procedure that alters the shape or appearance of the nose while preserving or enhancing the nasal airway. The change in appearance may be a consequence of addressing a functional abnormality (e.g., deviated septum, nasal valve compromise) and for cosmetic purposes (e.g., an incidental cosmetic procedure). The primary reason for surgery can be aesthetic, functional, or both, and it may include adjunctive procedures on the nasal septum, nasal valve, nasal turbinates, or the paranasal sinuses. When these adjunctive procedures are performed without an impact on the nasal shape or appearance, they do not meet the definition of rhinoplasty and are therefore excluded from further consideration in the guideline.

### ***American Cleft Palate-Craniofacial Association (ACPA)***

The ACPA developed standards for the evaluation and treatment of patients with cleft lip/palate or other craniofacial differences under a project funded by the U.S. Public Health Service Department of Health and Human Services. They advise that rhinoplasty and nasal septal surgery are usually advocated only after completion of nasal growth; however, primary rhinoplasty may be done at the time of the primary cleft/lip palate repair surgery depending on the severity of the nasal difference. They further advise that earlier intervention including rhinoplasty and nasal septal surgery may be indicated for reasons of airway problem or nasal tip difference and that the timing of the nasal surgery should be discussed with the patient and parents so that the goals are understood and expectations are realistic (2018).

### ***American Society of Plastic Surgeons (ASPS)***

The ASPS published a Nasal Policy Statement (2021) indicating that nasal surgery is considered Reconstructive Surgery and medically necessary to improve nasal airway function, to treat or revise anatomic abnormalities caused by birth defects or disease, and to revise structural deformities resulting from trauma.

## **References**

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## Policy History/Revision Information

Date	Summary of Changes
05/01/2026	<p><b>Applicable Codes</b></p> <p><b>Diagnosis Codes</b></p> <p>For Rhinoplasty (Always Cosmetic)</p> <ul style="list-style-type: none"> <li>Added list of applicable non-covered codes: Z40.89, Z40.9, Z41.1, Z41.3, Z41.8, and Z41.9</li> </ul> <p>For Rhinoplasty (CPT Codes 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, and 30468)</p> <ul style="list-style-type: none"> <li>Added C4A.31, C4A.39, Z85.820, Z85.821, and Z85.828</li> </ul> <p><b>Centers for Medicare and Medicaid Services (CMS) Related Documents</b></p> <ul style="list-style-type: none"> <li>Updated list of documents available in the <i>Medicare Coverage Database</i> to reflect the most current information</li> </ul> <p><b>CMS Benefit Policy Manual</b></p> <ul style="list-style-type: none"> <li>Added reference link to Chapter 16; § 10 General Exclusions from Coverage, § 120 Cosmetic Surgery, § 180 Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare</li> </ul> <p><b>CMS Claims Processing Manual</b></p> <ul style="list-style-type: none"> <li>Added reference link to: <ul style="list-style-type: none"> <li>Chapter 1, § 60.1 General Information on Noncovered Charges</li> <li>Chapter 32, § 260 Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS)</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>Clinical Evidence</i> and <i>References</i> sections to reflect the most current information</li> <li>Archived previous policy version MMP060.15</li> </ul>

## Instructions for Use

The Medicare Advantage Policy documents are generally used to support UnitedHealthcare coverage decisions. It is expected providers retain or have access to appropriate documentation when requested to support coverage. This document may be used as a guide to help determine applicable:

- Medical necessity coverage guidelines; including documentation requirements, and/or
- Medicare coding or billing requirements.

Medicare Advantage Policies are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates. This Policy is provided for informational purposes and does not constitute medical advice. It is intended to serve only as a general reference and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes this policy. For more information on a specific member's benefit coverage, call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).

Medicare Advantage Policies are developed as needed, are regularly reviewed, and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policies at any time by publishing a new version on this website. Medicare source materials used to develop these policies may include, but are not limited to, CMS statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and manuals. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. The information presented in this Policy is believed to be accurate and current as of the date of publication. Where there is a conflict between this document and Medicare source materials, the Medicare source materials apply. Medicare Advantage Policies are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing certain items or services referenced in this Medical Policy have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, in these circumstances, UnitedHealthcare applies internal coverage criteria as referenced in this Medical Policy. The internal coverage criteria in this Medical Policy was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Providers are responsible for submission of accurate claims. Medicare Advantage Policies are intended to ensure that coverage decisions are made accurately. UnitedHealthcare Medicare Advantage Policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

For members in UnitedHealthcare Medicare Advantage plans where a delegate manages utilization management and prior authorization requirements, the delegate's requirements need to be followed.