

Corporate Medical Policy

Septoplasty

File Name:	septoplasty
Origination:	4/1999
Last CAP Review:	8/2019
Next CAP Review:	8/2020
Last Review:	8/2019

Description of Procedure or Service

There are many potential causes for nasal obstruction (nose blockage). Blockage may occur when the lining of the nose swells, or when there is a deformity of the cartilaginous or bony structures that make up the framework of the nose. The two major components of the nasal passages are the septum and the turbinates. The nasal septum is the part of the nose that divides the right nasal cavity from the left nasal cavity. Generally, the septum lies directly in the center of the nose. When the septum is off-center or misaligned, septoplasty (surgical correction or reconstructive procedure performed on the nasal septum) is sometimes required to correct the breathing impairment that results from the misalignment. Septoplasty may also be referred to as a submucosal resection of the septum and may be performed for reasons other than to correct a breathing impairment.

The nasal passages can also be obstructed by enlarged turbinates. In the inside of each nostril there are bony projections called turbinates. Turbinates increase the surface area of the inside of the nose aiding its air-filtering functions. There are three turbinates (inferior, middle, and superior) on each side of the nose. The turbinates are lined with the nasal mucous membranes. The membranes can shrink and swell dramatically to regulate nasal air resistance, humidify the air and collect airborne particles on its surface to clean the air. Chronic nasal obstruction may be associated with inferior nasal turbinate hypertrophy (enlargement) and turbinate reduction surgery is often performed at the time of nasal septal surgery by many otolaryngologists.

Other nonanatomic causes of nasal obstruction are chronic sinusitis, allergies, overuse of nose sprays, birth control pills, thyroid abnormality and some medications for hypertension.

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

BCBSNC will provide coverage for septoplasty when it is determined to be medically necessary because the medical criteria and guidelines noted below are met.

BCBSNC will not provide coverage for septoplasty if the procedure is for cosmetic purposes.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

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When Septoplasty is covered

Septoplasty may be considered medically necessary to correct **functional breathing impairment** when **at least one of the following conditions exist:**

- I) Nasal septum trauma resulting in significant functional deformity that was not present prior to the injury.
- II) Need for reconstruction after the removal of a tumor, nasal polyps, or surgical removal of part of the ethmoid bone. The ethmoid bone is the bone in the nose through which the olfactory nerves pass. Olfactory nerves are connected with the sense of smell.
- III) A deviated (crooked) septum that produces chronic nasal obstruction and results in significant medical disabilities, such as:
 - A) Recurrent purulent sinusitis (more than 3 episodes per year) resulting from middle meatus complex obstruction on the same side. Purulent sinusitis is inflammation of the sinuses with evidence of pus in the drainage:
 - 1) Diagnosis documented by **both** of the following:
 - (a) Symptoms including purulent nasal discharge; **and**
 - (b) Radiologic evidence of chronic recurrent sinusitis (clouding of sinuses, thickening of sinus membranes on plain films or limited CT).
 - 2) Conservative management has failed to alleviate or prevent episodes of sinusitis, including all of the following:
 - (a) Appropriate antibiotics ; **and**
 - (b) Nasal sprays, decongestants, antihistamines and/or topical steroids; **and**
 - (c) Specific and sincere attempt to discontinue nasal irritants, including smoking, occupational exposure, drugs, and inadequate humidification.
 - B) A nasal septal deformity or nasal spur with significant airway obstruction. **All** of the following criteria must be met:
 - 1) There is evidence of clinically significant nasal airway obstruction or difficult nasal breathing (i.e., heavy snoring, mouth breathing, sleep apnea, interference with daily activities due to loss of sleep and accompanying fatigue, headache, poor concentration); **and**
 - 2) Allergic history and testing have been performed where indicated; **and**
 - 3) If allergic rhinitis is present, conservative measures have failed, including: allergic precautions, antihistamines, topical nasal steroids, plus/minus desensitization injections; **and**
 - 4) General conservative management has failed, including reduction of all nasal irritants, including smoking, occupational exposures, drugs, and inadequate humidification.
 - C) Recurrent nose bleeds (4 or more significant episodes):
 - 1) When conservative treatment measures have failed, such as: avoidance of medications affecting coagulation, adding humidity to the environment, and cauterization.
 - 2) Patient has nasal spur or septal deformity causing abnormal air flow.
 - D) Patient has unusual face pain that originates from the nasal area and is relieved by septal anesthesia.
 - E) Patient has an impending septal perforation (hole through the septum). **Both** of the following criteria must be met:
 - 1) There is significant septal deviation with airflow obstruction; **and**
 - 2) Conservative measures have failed, including humidification, desisting further digital trauma, reduction of nasal irritants (such as smoking, drugs), and drug therapy (such as decongestants, antihistamines, nasal steroids) if indicated.
 - F) Patient has obstructive sleep apnea, and septoplasty is being performed to enhance CPAP or BiPAP effectiveness with clinically significant nasal obstruction being documented as the cause of intolerance to CPAP. Diagnosis of obstructive sleep apnea should meet criteria as outlined in Corporate Medical Policy “Sleep Apnea: Diagnosis and Medical Management”.

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When Septoplasty is not covered

Septoplasty is not medically necessary when one of the medical conditions outlined above are not present, and/or the criteria for the conditions are not met.

Also, septoplasty is not covered when performed as a part of a cosmetic reconstructive procedure.

Laser-assisted septoplasty is not medically necessary.

Policy Guidelines

Clinical nasal examination should include rhinoscopy after mucosal decongestion, with description of nasal bony pyramid, septum and turbinates.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable code: 30520

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSNC Claims Policy Manual CMS 60-1A

3/99 Independent Consultant Review

5/99 Medical Policy Advisory Group

Specialty Matched Consultant Advisory Panel - 7/00

Medical Policy Advisory Group - 9/14/00

Specialty Matched Consultant Advisory Panel - 6/02

Specialty Matched Consultant Advisory Panel - 6/04

American Academy of Otolaryngology-Head and Neck Surgery (AAOHNS). Clinical Indicators. Septoplasty. Retrieved on March 7, 2006 from <http://www.entlink.net/practice/products/indicators/septoplasty.html>

Specialty Matched Consultant Advisory Panel - 6/1/06

Specialty Matched Consultant Advisory Panel - 6/23/08

See Also: Medical Policy titled, "Cosmetic and Reconstructive Surgery"

Specialty Matched Consultant Advisory Panel – 8/2012

Specialty Matched Consultant Advisory Panel – 8/2013

American Academy of Otolaryngology-Head and Neck Surgery (AAOHNS). Clinical Indicators. Septoplasty. Retrieved on October 1, 2014 from http://www.entnet.org/sites/default/files/Septoplasty-CI%20Updated%208-7-14_0.pdf

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Specialty Matched Consultant Advisory Panel – 9/2014

For Evidence Based Guideline changed to Corporate Medical Policy

Specialty Matched Consultant Advisory Panel – 8/2015

American Rhinologic Society (ARS). Septoplasty and Turbinate Surgery. Revised 2/17/2015. Retrieved on August 15, 2016 from http://care.american-rhinologic.org/septoplasty_turbinates .

American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS). Clinical Consensus Statement: septoplasty with or without inferior turbinate reduction. Otolaryngol Head Neck Surg. 2015; 153(5):708-720. Retrieved on August 15, 2016 from <http://oto.sagepub.com/content/153/5/708.full.pdf+html> .

Specialty Matched Consultant Advisory Panel – 8/2016

Specialty Matched Consultant Advisory Panel – 8/2017

American Academy of Otolaryngology-Head and Neck Surgery (AAOHNS). Deviated Septum. Retrieved on July 25, 2018 at <https://www.entnet.org/content/deviated-septum> .

Specialty Matched Consultant Advisory Panel – 8/2018

Specialty Matched Consultant Advisory Panel – 8/2019

Policy Implementation/Update Information

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|---------|---|
| 5/99 | Medical Policy Advisory Group |
| 6/99 | Reformatted, Definition of Procedure or Service changed, Medical Term Definitions added. |
| 7/00 | Specialty Matched Consultant Advisory Panel. Changed criteria statement in "When Septoplasty is covered" section to state "Nasal septum trauma (within the past year) that resulted in new and significant cosmetic deformity." |
| 8/00 | System coding changes. |
| 9/00 | Medical Policy Advisory Group review. Approve. Re-outlined criteria for clarity. Added topical nasal steroids as conservative measure under When Septoplasty is Covered. Removed nasal cromolyn sodium. Added phrase in description to indicate that submucosal resection is of the septum. |
| 9/02 | Specialty Matched Consultant Advisory Panel review 6/12/02. Under "When Septoplasty is Covered", changed criteria statement for A. to state "Nasal septum trauma (within the past 18 months) that resulted in new and significant functional deformity. Also clarified C.2.a." |
| 9/9/04 | Specialty Matched Consultant Advisory Panel review 6/21/04. Description, Benefits Application and Billing/Coding sections revised. Under "When Covered" section, B. removed "(ethmoidectomy or turbinate reduction)". Under "When Not Covered" section, added laser septoplasty is considered investigational and radiofrequency volumetric tissue reduction of nasal turbinates is considered investigational for treatment of chronic nasal obstruction due to mucosal hypertrophy of the inferior turbinate. Notification given 9/9/04. Effective date 11/11/04. |
| 10/2/06 | Under When Covered section: C.1. and C.2. - removed reference to greater than 50% obstruction; C.2.a. reworded - "There is evidence of clinically significant nasal airway obstruction or difficult nasal breathing (i.e., heavy snoring, mouth breathing, sleep apnea, interference with daily activities due to loss of sleep and accompanying fatigue, headache, poor concentration)"; added C.6.- "Patient has obstructive sleep apnea with a documented respiratory disturbance index (RDI) greater than 5, and septoplasty is being performed to enhance CPAP or BiPAP effectiveness with clinically significant nasal obstruction being documented as the cause of intolerance to CPAP." First entry under "Scientific Background" |

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- and Reference Sources" revised to indicate correct manual title. Reference sources added. (pmo)
- 7/14/08 Under When Covered section: C.1. - "Recurrent purulent sinusitis (more than 3 episodes per year) resulting ~~from~~ ~~in~~ middle meatus complex obstruction..." Specialty Matched Consultant Advisory Panel Review 6/23/08. Under "When Covered" section, A. removed 18 month time frame; reworded to "Nasal septum trauma resulting in significant functional deformity that was not present prior to the injury." Under "When Not Covered" section, removed fourth bullet re: radiofrequency volumetric tissue reduction of nasal turbinates. (pmo)
- 6/22/10 Policy Number(s) removed. (amw)
- 7/6/2010 Specialty Matched Consultant Advisory Panel Review 5/24/10. No change to policy statement or coverage criteria. (adn)
- 9/13/11 Specialty Matched Consultant Advisory Panel Review 8/31/11. Deleted statement in the Billing/Coding section regarding requirements for documentation of work or school absences. Medical Policy converted to Evidence Based Guideline. (adn)
- 9/4/12 Specialty Matched Consultant Advisory Panel Review 8/15/12. No change to policy statement or coverage criteria. (sk)
- 11/12/13 Specialty Matched Consultant Advisory Panel Review 8/21/13. No change to policy statement or coverage criteria. (sk)
- 10/14/14 Reference added. Specialty Matched Consultant Advisory Panel Review 9/30/14. No change to policy statement or coverage criteria. (sk)

For Corporate Medical Policy titled Septoplasty

- 10/1/15 Evidence based guideline converted to corporate medical policy. Medical Director review. Specialty Matched Consultant Advisory Panel Review 8/26/15. Notification given 10/1/2015 for policy effective date 12/30/2015. (sk)
- 9/30/16 References added. Specialty Matched Consultant Advisory Panel review 8/31/2016. (sk)
- 9/29/17 Specialty Matched Consultant Advisory Panel review 8/30/2017. (sk)
- 9/7/18 Reference added. Specialty Matched Consultant Advisory Panel review 8/22/2018. (sk)
- 11/12/19 Specialty Matched Consultant Advisory Panel review 8/21/2019. (sk)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.