

**Medical Coverage Policy**

Policy Number – MP22-018E

Original review date – 02/25/2022

Effective date – 10/23/2024

## Nasal surgeries

**Background**

Rhinoplasty is reconstructive surgery of the nose to correct an external nasal deformity or replace lost tissue.

Septoplasty is the surgical correction of the defects and deformities of the nasal septum. The procedure can be done using an open or endoscopic approach.

Functional Endoscopic Sinus Surgery (FESS) is a minimally invasive procedure in which sinus air cells and sinus ostia are opened using a rigid fiberoptic endoscope. This is achieved by removal of diseased tissue and bone, allowing drainage of the sinus cavities.

Balloon sinus ostial dilation, or balloon sinuplasty, is a procedure in which a small balloon is inserted into the opening of the blocked sinus, gradually inflated, deflated, and then removed. This creates additional space and facilitates the drainage of mucus. Balloon sinuplasty can be performed as either a stand-alone procedure or as a part of FESS.

**Policy statement**

*Disclaimer: This policy is applicable to TRICARE Prime and Select beneficiaries and may not apply to Active Duty Service Members (ADSM) under Supplemental Health Care Program (SHCP) or TRICARE Prime Remote (TPR) in accordance with TRICARE Operations Manual (TOM) Chapter 17, Section 3. Please review TOM Chapter 17, Section 3, Paragraph 2.0 onwards, regarding SHCP coverage and any TRICARE-specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs.*

**Rhinoplasty** may be covered for the following conditions:

- I. Cleft lip nasal deformity
- II. Congenital defects such as choanal atresia
- III. Repair of nasal fractures
- IV. Correction of functional impairment caused by tumors such as nasal dermoid
- V. Nasal airway obstruction, as indicated by all of the following:
  - a. Clinical findings of collapsed internal nasal valve at rest or collapsed external nasal valve with inspiration
  - b. Airway obstruction will not respond to septoplasty and turbinectomy alone
  - c. Clinically significant nasal obstruction refractory to maximal medical treatment
  - d. Nasal obstruction documented by imaging or clinical examination and nasal endoscopy

**Septoplasty** may be covered for the following conditions:

- I. Cleft palate repair
- II. Septal deviation causing continuous or intermittent airway obstruction not responding to four or more weeks of appropriate medical therapy
- III. Nasal airway obstruction documented by imaging or clinical examination and endoscopy, along with at least three or more episodes of sinus infections in the past 12 months

**Functional Endoscopic Sinus Surgery (FESS)** may be covered for the following conditions:

- I. Allergic fungal sinusitis and all of the following:
  - a. Positive findings on CT scan such as bony erosion, partial or complete opacification
  - b. Nasal airway obstruction symptoms
  - c. Positive fungal smear or culture of sinus discharge
- II. Chronic rhinosinusitis with nasal polypsis unresponsive to four consecutive weeks of medical treatment
- III. Chronic rhinosinusitis greater than twelve consecutive weeks
- IV. Recurrent rhinosinusitis, four or more times in 12 months
- V. Mucocele
- VI. Odontogenic sinusitis
- VII. Foreign body removal
- VIII. Uncontrolled posterior epistaxis
- IX. Cerebrospinal fluid rhinorrhea
- X. Tumor, suspected, as seen on imaging, physical examination, or endoscopy
- XI. Uncomplicated rhinosinusitis and all of the following:
  - a. Radiographic confirmation showing objective evidence of disease such as abnormal air fluid levels, mucosal thickening, opacification, taken after completion of medical therapy
  - b. Inadequate response to maximal medical therapy that included all of the following:
    - i. Nasal corticosteroids
    - ii. Nasal lavage
    - iii. Trial of antibiotic therapy of at least two weeks duration

**Balloon sinuplasty (balloon ostial dilation)** may be covered for the following if the following criteria are met:

- I. Frontal, maxillary, or sphenoid sinus to be treated
- II. Uncomplicated sinusitis without involvement of neurologic, soft tissue, or bony structures
- III. No nasal polypsis
- IV. Four or more documented episodes of acute rhinosinusitis in 12 months OR Chronic sinusitis greater than twelve weeks in duration
- V. Inadequate response to maximal medical therapy that included all of the following:
  - a. Nasal corticosteroids
  - b. Nasal lavage
  - c. Trial of antibiotic therapy of at least two weeks duration
- VI. Radiographic confirmation showing objective evidence of disease such as abnormal air fluid levels, mucosal thickening, opacification, taken after completion of medical therapy

## Limitations of Coverage

- I. Rhinoplasty done for cosmetic reasons (to improve form without material impact on function) is excluded from coverage per [TRICARE](#) policy
- II. Septoplasty done for cosmetic reasons (to improve form without material impact on function) is excluded from coverage per [TRICARE](#) policy

## TRICARE Policy Manual Chapter 4, section 2.1

### 3.0 EXCLUSIONS

3.10 Rhinoplasties except when performed to correct a bodily function. Septoplasty is covered when performed to correct airway obstruction.

### Coding information

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
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
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)
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy
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
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)

## References

1. TRICARE Policy Manual Chapter 4, Section 2.1 [TRICARE Manuals - Manual Information \(health.mil\)](#)
2. MCG Health. Ambulatory Care. 28<sup>th</sup> edition. Rhinoplasty ACG: A-0184 (AC). Last reviewed: 03/14/2024
3. MCG Health. Ambulatory Care. 28<sup>th</sup> edition. Septoplasty ACG: A-0182 (AC). Last reviewed: 03/14/2024
4. MCG Health. Ambulatory Care. 28<sup>th</sup> edition. Functional Endoscopic Sinus Surgery (FESS) ACG: A-0185 (AC). Last reviewed: 03/14/2024
5. MCG Health. Ambulatory Care. 28<sup>th</sup> edition. Sinuplasty. ACG: A-0478 (AC). Last reviewed: 03/14/2024
6. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) L38914. Cosmetic and Reconstructive Surgery. Effective Date 07/11/2021
7. Centers for Medicare and Medicaid Services. Local Coverage Article. A58573 Billing and Coding: Cosmetic and Reconstructive Surgery Effective Date 07/11/2021

## Revision History

October 2024: Updated references

November 2023: Updated references

## Approved by:



Joseph F. McKeon, MD, MPH

Chief Medical Officer

**Date of approval: 10/23/2024**