

Corporate Medical Policy

Septoplasty

File Name: septoplasty
Policy Number: SUR6640
Origination: 4/1999
Last Review: 6/2008
Next Review: 6/2010

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.

Policy

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

Benefits Application

Please refer to certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the 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:**

- A. Nasal septum trauma resulting in significant functional deformity that was not present prior to the injury.
- B. 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.
- C. A deviated (crooked) septum that produces chronic nasal obstruction and results in significant medical disabilities, such as:
 1. 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:
 - a. Diagnosis documented by **both** of the following:
 - i. Symptoms including purulent nasal discharge; **and**
 - ii. Radiologic evidence of chronic recurrent sinusitis (clouding of sinuses, thickening of sinus membranes on plain films or limited CT).
 - b. Conservative management has failed to alleviate or prevent episodes of sinusitis, including **all** of the following:
 - i. Appropriate antibiotics (specify); **and**
 - ii. Nasal sprays, decongestants, antihistamines and/or topical steroids; **and**
 - iii. Specific and sincere attempt to discontinue nasal irritants, including smoking, occupational exposure, drugs, and inadequate humidification.
 2. A nasal septal deformity or nasal spur with significant airway obstruction. **All** of the following criteria must be met:
 - a. 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**
 - b. Allergic history and testing have been performed **where indicated**; **and**
 - c. If allergic rhinitis is present, conservative measures have failed, including: allergic precautions, antihistamines, topical nasal steroids, plus/minus desensitization injections; **and**
 - d. General conservative management has failed, including reduction of all nasal irritants, including smoking, occupational exposures, drugs, and inadequate humidification.
 3. Recurrent nose bleeds (4 or more significant episodes):
 - a. When conservative treatment measures have failed, such as: avoidance of medications affecting **coagulation**, adding humidity to the environment, and **cauterization**.
 - b. Patient has nasal spur or septal deformity causing abnormal air flow.
 4. Patient has unusual face pain that originates from the nasal area and is relieved by septal anesthesia.
 5. Patient has an impending septal perforation (hole through the septum). **Both** of the following criteria must be met:
 - a. There is significant septal deviation with airflow obstruction; **and**
 - b. Conservative measures have failed, including humidification, desisting further digital trauma,

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reduction of nasal irritants (such as smoking, drugs), and drug therapy (such as decongestants, antihistamines, nasal steroids) if indicated.

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.

When Septoplasty is not covered

- When one of the above medical conditions is not present, and/or the medical necessity criteria for the conditions are not met.
- When Septoplasty is performed as a part of a [cosmetic](#) reconstructive procedure.
- Laser-assisted septoplasty is not covered. It is considered investigational. BCBSNC does not cover investigational services/procedures.

Policy Guidelines

Not Applicable.

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

If medical records (or a summary letter) are requested to document medical necessity for septoplasty, the following should be documented:

The frequency, severity, and description of symptoms;

Radiologic evidence of chronic recurrent sinusitis (clouding of the sinuses, thickening of sinus membranes, evident on plain films or on a limited CT scan), if appropriate,

Specific description of what activities cannot be performed and how they are related to breathing difficulties - documentation of work or school absences

Documentation that general conservative management has failed to alleviate or prevent episodes of sinusitis, including the elimination of nasal irritants, smoking, occupational exposures, drugs, and inadequate humidity levels in the environment. A specific and sincere attempt on the part of the patient to discontinue or reduce nasal irritants is requested.

Indicate actual treatments that were rendered - antibiotics, antihistamines, nasal sprays, decongestants or topical steroids. Note duration, dose, and compliance with the treatment plan.

Allergic history and testing should be documented (if medically indicated).

If allergic history or testing is positive, show conservative measures that have failed, including:

- allergic precautions taken
- antihistamines used

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- nasal cromolyn sodium or steroids if used
- plus/minus desensitization injections given

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.

Policy Key Words

Key Words: Septoplasty, Nasal surgery, Nose, turbinate, blocked nose, SUR6640

Medical Term Definitions

Cauterization

the use of heat, electricity, or a caustic substance to destroy tissue.

Coagulation

the process of clot formation in the blood.

Cosmetic

a procedure that is primarily intended to improve appearance, not restore bodily function.

Polyp

a benign growth protruding from a mucous membrane.

Submucosal

pertaining to the submucosa, or situated beneath the mucous membrane.

Turbinate

an extension of the ethmoid bone and it is located along the lateral wall of the nose. It is covered by a mucous membrane.

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. Septo-

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plasty. 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: Cosmetic and Reconstructive Surgery policy (SUR 6170)

Policy Implementation/Update Information

- 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 and Reference Sources" revised to indicate correct manual title. Reference sources added.
- 7/14/08 Under When Covered section: C.1. - "Recurrent purulent sinusitis (more than 3 episodes per year) resulting ~~in~~ from 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.

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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.