

## SEPTOPLASTY

Policy Number: CP-IFP21-019A

Effective Date: December 1, 2021

***This policy does not apply to services involving the management of birth defects for cleft lip or cleft palate repair per MN Statute 62A. 042 Subdivision 1. (b)***

### DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

### PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCARE PRODUCT	APPLIES TO
Individual and Family Plans (IFP), IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview and North Memorial, UCare Advocate (I-SNP), EssentiaCare	
Minnesota Senior Health Options (MSHO)	
UCare Prepaid Medical Assistance (PMAP), MNCare	
Connect	
Connect +Medicare	
MSC +	

### Benefit Category:

**OUTPATIENT FACILITY (E.G. AMBULATORY SURGERY CENTER) AND OUTPATIENT SURGERY PHYSICIAN SERVICES**

**Definitions or Summary**

**Deviated septum**-exists when the bone and cartilage of the nasal septum is out of alignment/crooked due to an injury or deformity that blocks one or both nostrils and impairs breathing.

**Septoplasty**- surgical correction of defects and deformities of the nasal septum (partition between the nostrils) by altering, splinting, or removing obstructive tissue while maintaining or improving the physiological function of the nose.

**Rhinoplasty**-surgery that changes the shape of the nose and results in changes in the appearance of the nose. May be performed for functional or cosmetic reasons.

**Septorhinoplasty**-repair of the nasal septum to open the nasal passages by straightening the septum, combined with functional rhinoplasty to correct various breathing constriction issues due to weak nasal walls, nasal valve deformities or previous trauma. Changes in the appearance of the nose may occur but the primary purpose of the procedure is to improve breathing and correct deformities.

**Coverage Policy**

**COVERED**

- Septoplasty for a deviated septum is covered when deviation causes continuous nasal airway obstruction resulting in nasal breathing difficulty *\*see CPT/HCPCS/ICD-10 Codes for procedure code that is covered.*

**NON-COVERED**

- Cosmetic surgery to improve or change appearance (other than reconstructive surgery) that is not necessary to treat a related illness or injury.
- Rhinoplasty (alone) to change the appearance of the nose.

**CPT/ HCPCS/ICD-10 Codes** *\*Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	MODIFIER	NARRATIVE DESCRIPTION
30520		Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft.

\*CPT is a registered trademark of the American Medical Association.

**Prior Authorization**

- Prior authorization is not required for Septoplasty.
- Septorhinoplasty and Rhinoplasty may be considered cosmetic procedures and require prior authorization through UCare Medical Services.

**References and Source Documents**

**LINKS TO UCARE CONTRACT, CMS, MHCP, MINNESOTA STATUTE AND OTHER RELEVANT DOCUMENTS USED TO CREATE THIS POLICY.**

2021 Individual & Family Plans Member Contract

<https://home.ucare.org/en-us/health-plans/ifp/benefit-documents/>

24<sup>th</sup> edition Taber’s Online Medical Dictionary

<https://www.tabers.com/tabersonline/>

2021 Authorization and Notification Requirements-Medical Services

[https://media.ucare.org/-/media/documents/provider/general/medauth\\_ifp\\_2021\\_medicalservices.pdf](https://media.ucare.org/-/media/documents/provider/general/medauth_ifp_2021_medicalservices.pdf)

**Coverage Policy Development and Revision History**

VERSION	DATE	NOTE/S
V1	12/01/2021	New policy