

Septoplasty

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Definition

Septoplasty (submucosal resection of the septum) is the surgical correction or reconstruction of the nasal septum, which divides the right and left cavities. The septum is generally situated in the direct center of the nose; however, when the septum is off-center or misaligned, corrective surgery is sometimes required to correct the breathing impairment that results from the misalignment.

Related Guidelines

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Guideline

Members are eligible for coverage of septoplasty when **at least 1** of the following conditions exists:

- I. Reconstruction post tumor or polyp removal or surgical excision of part of the ethmoid bone (ethmoidectomy or turbinate reduction).
- II. Chronic nasal obstruction attributable to deviated septum that results in significant medical disabilities, such as:
 1. **Recurrent purulent sinusitis**¹ (> 3 episodes per year) with clinically significant obstruction. Conservative management has failed to alleviate or prevent episodes of sinusitis, including **all**:
 - Antibiotics
 - Antihistamines, decongestants, nasal sprays or topical steroids
 - Attempts to discontinue nasal irritants such as smoking, drugs and inadequate humidification

¹ Diagnosis must be documented by both of the following: Symptoms (including purulent nasal drainage) and radiologic evidence of either recurrent acute sinusitis (> 3 episodes per year) or chronic rhinosinusitis (symptoms > 12 weeks (clouding of sinuses, thickening of sinus membranes on limited CT).

2. **Nasal septal deformity or spur (congenital or acquired)** with clinically significant obstruction; **all:**
 - Assessment and testing, if appropriate, for allergic conditions completed
 - Conservative management failure in the presence of allergic rhinitis (i.e., allergic precautions, antihistamines, topical nasal steroids and plus/minus desensitization injections)
 - General conservative management failure (i.e., reduction of all nasal irritants such as smoking, occupational exposures, drugs and inadequate humidification)
 3. **Recurrent Epistaxis** (at least 4, or an episode of severe epistaxis associated with a septal deviation or spur seen on exam); **both:**
 - Conservative treatment measure failure, such as avoidance of medications affecting coagulation, addition of environmental humidity and cauterization
 - Nasal spur or septal deformity etiology of abnormal airflow
 4. **Unusual facial pain** originating from the nasal area and relieved by septal anesthesia.
 5. **Impending septal perforation (hole through the septum); both:**
 - Significant septal deviation with airflow obstruction
 - Conservative measure failure, including humidification, desisting further digital trauma, reduction of nasal irritants (smoking, drugs) and drug therapy (decongestants, antihistamines, nasal steroids), if indicated
- III. Asymptomatic deformity that prevents surgical access to other intranasal or paranasal areas (e.g., sinuses, turbinates)
- IV. When performed in association with cleft palate repair
- V. Obstructive sleep apnea (to aid in ability to utilize CPAP and help upper airway obstruction) (Eff. 2/12/2022)

Limitations/Exclusions

Septoplasty is not considered medically necessary for any indications other than those listed above. Absorbable nasal implants for the treatment of nasal valve collapse (e.g., Latera[®] Absorbable Nasal Implant, CPT 30468) are considered investigational for Commercial and Medicaid.

Revision History

Nov. 12, 2021	Added obstructive sleep apnea (to aid in ability to utilize CPAP and help upper airway obstruction) as a covered indication (eff. 2/12/2022)
Jun. 1, 2021	Added investigational language for absorbable nasal implants to Limitations/Exclusions section.
Sept. 14, 2018	Substituted language pertaining to "50 percent obstruction" for sinusitis and nasal deformity with "clinically significant obstruction".
Aug. 12, 2016	Added septoplasty coverage when performed with cleft palate repair, as well as when an asymptomatic deformity impacts surgical access to other intranasal/paranasal areas.

Applicable Procedure Codes

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)

Applicable Diagnosis Codes

C30.0	Malignant neoplasm of nasal cavity
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C41.0	Malignant neoplasm of bones of skull and face
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D16.4	Benign neoplasm of bones of skull and face
G47.30	Sleep apnea, unspecified
G47.31	Primary central sleep apnea
G47.32	High altitude periodic breathing
G47.33	Obstructive sleep apnea (adult) (pediatric)
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.3	Chronic sphenoidal sinusitis
J32.4	Chronic pansinusitis
J32.8	Other chronic sinusitis
J32.9	Chronic sinusitis, unspecified
J33.0	Polyp of nasal cavity
J33.1	Polypoid sinus degeneration
J33.8	Other polyp of sinus
J33.9	Nasal polyp, unspecified
J34.0	Abscess, furuncle and carbuncle of nose

J34.1	CYST and mucocele of nose and nasal sinus
J34.2	Deviated nasal septum
J34.89	Other specified disorders of the nose and paranasal sinuses
M95.0	Acquired deformity of nose
Q30.3	Congenital perforated nasal septum
Q30.8	Other congenital malformations of the nose
R04.0	Epistaxis
R09.81	Nasal congestion

References

- Dinis PB, Haider H. Septoplasty: long-term evaluation of results. *Am J Otolaryngol.* 2002;23:85-90.
- Doyle RL. *Healthcare Management Guidelines.* Vol 1. 2nd ed. Seattle: Milliman and Robertson; 1997.
- Godley FA, Nemeroff RF, Josephson JS. Current trends in rhinoplasty and the nasal airway. *Med Clin North Am.* 1993;77:643-656.
- Grossman ZD, Katz DS, Santelli ED, et al. Sinusitis. In: *Cost-Effective Diagnostic Imaging: The Clinician's Guide.* 3rd ed. St. Louis: Mosby; 1995:376-377.
- Huerter JV. Functional endoscopic sinus surgery and allergy. *Otolaryngol Clin North Am.* 1992;25:231-238.
- Lund VJ. Office evaluation of nasal obstruction. *Otolaryngol Clin North Am.* 1992;25:803-815.
- Marshall, KG, Elhamy LA. *Disorders of the Nose and Paranasal Sinuses.* Littleton, Mass: PSG Publishing Co.; 1987.
- Schuller DE, Schleuning AJ. *DeWeese and Saunders' Otolaryngology: Head and Neck Surgery.* 8th ed. St. Louis: Mosby; 1994.
- Specialty-matched clinical peer review.