



**Kaiser Foundation Health Plan
of Washington**

**Clinical Review Criteria
Rhinoplasty**

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	Plastic Surgery (L37020)
Local Coverage Article	Cosmetic vs. Reconstructive Surgery (A52729)

For Non-Medicare Members

Kaiser Permanente has elected to use the (MCG)* Rhinoplasty (KP-0184) for medical necessity determinations.

***MCG Manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

If requesting this service, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, KPWA will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

The nose is responsible for almost 2/3 of the resistance to airflow during breathing, with most of the resistance occurring in the anterior part of the nose, called the nasal valve, comprised of the external and internal valves. External valve collapse may be idiopathic or associated with a history of trauma or previous surgery; common causes of internal valve collapse are septal deviation and previous surgery. Restoration of the normal aperture of the internal and external components of the nasal valve are important treatment strategies for the correction of nasal obstruction.

Date Created	Date Reviewed	Date Last Revised
06/04/2013	06/04/2013 ^{MPC} , 03/03/2015 ^{MPC} , 01/05/2016 ^{MPC} , 11/01/2016 ^{MPC} , 09/05/2017 ^{MPC} , 08/07/2018 ^{MPC}	06/04/2013

^{MPC} Medical Policy Committee

Revision History	Description
09/08/2015	Revised LCD L35008
12/2/2015	Added LCA
12/19/2017	Added the Plastic Surgery LCD

Codes

CPT: 30400, 30410, 30420, 30430, 30435, 30450

