

**Rhinoplasty
Medicare Medical Necessity Checklist**

Patient Name:	MR:
Checklist Effective Date: For services performed on or after 06/10/2020	
<p>Rhinoplasty Requires Prior Authorization when provided on or after 7/1/20; Affected CPT codes: 20912, 21210, 21235, 30490, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520.</p>	CMS Prior Authorization Initiatives - link with regulation
<p>Nasal surgery, including rhinoplasty, is defined as any procedure performed on the external or internal structures of the nose, septum, or turbinate to improve abnormal function, reconstruct congenital or acquired deformities, or to enhance appearance. It involves rearrangement or excision of the supporting bony and cartilaginous structures and incision or excision of the overlying skin of the nose.</p>	
INDICATIONS	
<p>Rhinoplasty Services are considered medically reasonable and necessary, and covered when A) or B) criteria are met and supported by the documentation:</p>	
<p>A) Reconstructive Surgery:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Signs and symptoms of functional impairment <ul style="list-style-type: none"> • few exceptions may apply, e.g. severe disfiguring w/o functional impairment (craniofacial anomalies in Treacher Collins syndrome), and <input type="checkbox"/> Conservative measures/treatment for a reasonable period of time failed to address signs and symptoms (when applicable); <ul style="list-style-type: none"> • e.g. nasal airway obstruction unresponsive to recent 6-week conservative medical management after or w/o septoplasty/turbinectomy, and <input type="checkbox"/> Indicated mainly to (at least one of the following): <ul style="list-style-type: none"> • repair defects caused by trauma (e.g., nasoseptal deviation, intranasal cicatrix, dislocated nasal bone fractures, turbinate hypertrophy); or • treat congenital defects (e.g., cleft lip nasal deformities, choanal atresia, oronasal or oromaxillary fistula); or • treat nasal cutaneous disease (e.g., rhinophyma, dermoid cyst); or • replace nasal tissue lost after tumor ablative surgery; or • improve nasal respiratory function (e.g., airway obstruction or stricture, synechia formation), while <input type="checkbox"/> Coincidentally may correct normal appearance and thus serve cosmetic purpose <ul style="list-style-type: none"> • e.g. burns or injuries following an accident or surgeries for therapeutic or reconstructive purpose 	
<p>B) Complication(s) During Cosmetic Surgery:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infection, Hemorrhage, or other serious medical condition, and <input type="checkbox"/> Patient has been discharged 	
LIMITATIONS	
<p>Rhinoplasty is NOT covered in the below scenarios :</p> <p>A. Cosmetic Surgery</p> <ul style="list-style-type: none"> • defined as reshaping normal structure of the body to improve the patient's appearance and self-esteem in the absence of signs and symptoms of the functional abnormalities • corrective facial surgery is cosmetic rather than reconstructive when there is no functional impairment • including when treating psychiatric or emotional problems • including when performed during the same operative session as another reconstructive surgery • any expense incurred in connection with the cosmetic surgery <p>B. Not reasonable and necessary surgery</p> <ul style="list-style-type: none"> • documentation does not meet criteria for services rendered, or • documentation does not establish medical necessity 	
DOCUMENTATION	
<input type="checkbox"/> Is maintained in medical records; legible including signatures of the treating physician or non-physician practitioner	
<input type="checkbox"/> Includes photographic documentation (frontal, lateral, and worm's eye view) of the condition	
<input type="checkbox"/> Includes procedure order	
<input type="checkbox"/> Includes Informed Consent	
<input type="checkbox"/> Includes operative note supporting correction or repair	
<input type="checkbox"/> Supports the selected diagnosis (ICD-10-CM) codes and procedure/item (CPT/HCPCS) codes for billing	
<input type="checkbox"/> Includes ABN when provided for non-covered services	
CODING and BILLING	
<ul style="list-style-type: none"> • No specific CPT codes to distinguish cosmetic versus reconstructive surgeries (based on presence or absence of signs and symptoms) • Refer to Correct Code Initiative (CCI) edits when billing combination of codes • Redetermination process can be utilized for denied cases; Provide documentation supporting medical necessity with high quality photographs • For denial of non-covered surgery use GY modifier with diagnoses code Z41.4 (encounter for cosmetic surgery); Not appropriate to bill as if covered • CMS Compliance is subject to monitoring by post payment data analysis and subsequent medical review 	
Checklist completed by:	Date:
<p><i>Disclaimer: Currently there are no active National or Florida Coverage Determination Policies. This checklist was created as an educational tool and is provided for general guidance based on local coverage determinations in other areas of the country. Coverage is based on documentation that supports medical necessity and is compatible with the accepted standards of medical care. Medicare policy changes frequently; Providers/Departments are reminded to stay abreast of new developments in National and Local Coverage Determinations.</i></p>	