



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	Billing and Coding: Plastic Surgery (A57222) Cosmetic vs. Reconstructive Surgery (A52729) Medicare retired Article for Cosmetic vs. Reconstructive Surgery (A52729). These services still need to meet medical necessity as outlined in the LCA and will require review. LCAs are retired due to lack of evidence of current problems, or in some cases because the material is addressed by a National Coverage Decision (NCD), a coverage provision in a CMS interpretative manual or an article. Most LCAs are not retired because they are incorrect. Therefore, continue to use LCA A52729 for determining medical necessity.

For Non-Medicare Members

Kaiser Permanente has elected to use the (MCG)* Rhinoplasty (KP-0184 10172023) for medical necessity determinations. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.

***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 or access the MCG Guideline Index using the link provided above.

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, Kaiser Permanente 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.

Haye's Technology Assessment

Absorbable Nasal Implant (Latera, Stryker) for the Treatment of Nasal Valve Collapse

May 10, 2022; Annual Review May 04, 2023

Health Technology

Rationale

Absorbable nasal implants are synthetic grafts designed to provide reinforcement to weakened nasal cartilage, thereby obviating the impact of lateral wall insufficiency on risk for developing nasal valve collapse (NVC) (Stryker, 2021).

Technology Description

Only 1 absorbable nasal implant cleared for marketing in the United States was identified: the Latera absorbable nasal implant (Stryker, 2021). Latera is a cylindrically shaped device composed of a bioresorbable poly-L-lactide acid and poly-D-lactic acid (PLLA-PDLA; mix of chiral isomers/molecular orientations) copolymer with dimensions 1 millimeter (mm) x 20 or 24 mm. One end is forked for anchoring purposes (i.e., above the maxilla), while the other end is narrower to increase flexibility. The implant is made to support the upper and lower cartilage on the sides of the nose (K192661; Stryker, 2021).

Insights

Clinical evidence suggests absorbable nasal implants are technically feasible to implant and are associated with reductions in nasal airway obstruction symptoms and pain; however, evidence is of generally very poor quality and there is a paucity of studies with control groups to inform whether absorbable nasal implants have clinical performance that is better, worse, or similar to competing technologies, such as nonabsorbable nasal implants. Additionally, many patients received adjunctive treatment with the nasal implants, which confounds interpretation of results. There is no applicable Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) for absorbable nasal implants for NVC; payers generally consider them experimental or investigational and therefore noncovered.

Hayes. Hayes Technology Assessment. Absorbable Nasal Implant (Latera, Stryker) for the Treatment of Nasal Valve Collapse. Dallas, TX: Hayes; May 10, 2022. Retrieved September 25, 2023, from <https://evidence.hayesinc.com/report/eer.latera4372>

References

ECRI. Latera Absorbable Nasal Implant (Stryker Corp.) for treating nasal valve collapse. Clinical Evidence Assessment. 2022 Sept. Retrieved September 25, 2023, from: <https://www.ecri.org/components/ProductBriefs/Pages/24952.aspx#>

Applicable Codes

Rhinoplasty:

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® Codes	Description
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)

Nasal Mesh Implant (Latera®) Requires Medical Director Review:

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® Codes	Description
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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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} , 08/06/2019 ^{MPC} , 08/04/2020 ^{MPC} , 08/03/2021 ^{MPC} , 08/02/2022 ^{MPC} , 08/01/2023 ^{MPC}	10/03/2023

^{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
08/04/2020	Added Medicare LCA A57222
10/03/2023	Updated the criteria to clarify the language in the policy regarding photographic requests.