# Rhinoplasty

Policy Number: **M20260826045**

Effective Date: **10/1/2026**

Sponsoring Department: **Health Care Services**

Impacted Department(s): **Health Care Services**

**Type of Policy:** ☒ Internal ☒ External

**Data Classification:** ☐Confidential ☐Restricted ☒Public

## Applies to (Line of Business):

☐ Corporate (All)

✦ State Products, if yes which plan(s): ☒MediSource; ☒MediSource Connect; ☒Child Health Plus; ☒Essential Plan

✦ Medicare, if yes, which plan(s): ☒MAPD; ☒PDP; ☒ISNP; ☒CSNP

✦ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual

☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

## Excluded Products within the Selected Lines of Business (LOB)

This section is intended to list specific LOB products that are excluded from adhering to this policy (due to differences in law/regulations). If not applicable, please indicate N/A.

**Applicable to Vendors?** Yes ☐ No☒

## Purpose and Applicability:

To set forth the medical necessity criteria for rhinoplasty.

## Policy:

**Background**

Rhinoplasty is a surgical procedure which is usually performed in order to improve the function or the appearance of a person's nose. It can change the shape of the tip or the bridge, narrow the span of the nostrils, or change the angle between your nose and your upper lip. Rhinoplasty may also correct an aesthetically unpleasing nose, birth defects, injury caused by an accident, or some breathing problems.

When performed solely to enhance the appearance of the nose, rhinoplasty is considered to be cosmetic in nature. It is sometimes performed in conjunction with a septoplasty to correct nasal structures when there is a deformity of the nose that may be affecting breathing.

The Medical Director must review requests not meeting criteria.

**Commercial and Self-Funded:** rhinoplasty, may be covered utilizing the criteria below.

**Medicare Advantage:** In the absence of CMS criteria, the commercial criteria below will be utilized for rhinoplasty.

**MediSource, MediSource Connect, Child Health Plus and Essential Plan:** MediSource, MediSource Connect, Child Health Plus and Essential Plan cover rhinoplasty utilizing the Commercial and Self-Funded criteria below.

**Clinical Indications**

Rhinoplasty is covered under **1 or more** of the following conditions:

- Correction or repair of a nasal deformity secondary to a cleft lip/palate or other congenital craniofacial deformity in a child five years of age or younger
- **ALL** of the following:
    - Correction or repair of a nasal deformity secondary to **1 or more** of the following:
        - A cleft lip/palate or other congenital deformity in a child that is six years of age or older with photographic evidence and functional impairment
        - Trauma that is causing a functional impairment
    - **1 or more** of the following documentation requirements:
        - Submitted documentation, as a primary procedure, should include **ALL** of the following:
            - The date the trauma was sustained or request is for congenital deformity in a child that is six years of age or older
            - A description of the trauma or congenital deformity and related complications
            - Failure of a six-week trial of conservative medical management (e.g., topical/nasal corticosteroids, antihistamines)
            - The request for the surgery is being made within the one-year time frame, if there has been trauma, or when medically advisable
            - Photographs of the nose have been taken within two (2) months of the proposed surgery
        - Requests for a rhinoplasty to be performed as a secondary procedure must include medical documentation demonstrating **ALL** of the following:
            - The primary procedure will not result in a good outcome without the rhinoplasty
            - The rhinoplasty must be performed at the same time as the primary procedure

**Exclusions**

Rhinoplasty, when done as a primary procedure, is considered not medically necessary and **NOT COVERED** for **ANY** of the following:

- Solely for cosmetic reasons
- In cases when the trauma occurred prior to one (1) year before the proposed surgery
- When the trauma cannot be substantiated by medical record documentation
- Repair of nasal valve collapse with absorbable nasal implants
- Vivaer procedure is considered to be investigational because there is a low-quality body of evidence regarding the safety and effectiveness of the procedure compared with other treatments

## **Pre-Authorization Required?** Yes ☒ No ☐

## Definitions

Enter definitions here. Remember to **bold** words throughout Policy section that require definitions. Definitions should be included when: 1) The word may be unclear or may mean something different, in different situations/contexts; 2) The word is not commonly used or known. Please refer to the Policy Writing Toolkit for additional information and direction.

## References

### Related Policies, Processes and Other Documents

Enter name of all Independent Health policies, processes or other documents that relates or that is referenced within this policy.

### Non-Regulatory References


American Society of Plastic Surgeons (ASPS) (Feb 2000) Position Paper: Nasal surgery. Available: www.plasticsurgery.org.

American Academy of Otolaryngology Head and Neck Surgery. Clinical Indicator: Rhinoplasty (2019). Available: https://www.entnet.org/?q=node/522.

Cannon DE, Rhee JS. Evidence-based practice: functional rhinoplasty. Otolaryngol Clin North Am. 2012 Oct;45(5):1033-43.

Fraser L, Kelly G. An evidence-based approach to the management of the adult with nasal obstruction. Clin Otolaryngol. 2009 Apr;34(2):151-5.

Kantas I, Balatsouras DG, Papadakis CE, Marangos N, Korres SG, Danielides V. Aesthetic reconstruction of a crooked nose via extracorporeal septoplasty. J Otolaryngol Head Neck Surg. 2008 Apr;37(2):154-9.

Tasman, Abel-Jan. "Rhinoplasty - indications and techniques." *GMS current topics in otorhinolaryngology, head and neck surgery* vol. 6 (): Doc09. Epub 2008 Mar 14.

Hayes Evolving Evidence Review Absorbable Nasal Implants for the Treatment of Nasal Valve Collapse. Hayes Inc. March 10, 2022. Annual Review March 13, 2024. Accessed 8/3/2026.

Hayes Evolving Evidence Review VivAer (Aerin Medical Inc.) for Nasal Airway Remodeling to Treat Nasal Obstruction. Hayes Inc. January 13, 2023. Annual Review January 26, 2024. Accessed 8/3/2026.


### Regulatory References


New York State Department of Health [web site]. New York State Medicaid Program Physician Surgery Procedure Codes. April 2026. Available at: https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician%20Procedure%20Codes%20Sect5.pdf Accessed August 3, 2026.

## Version Control

Signature / Approval on File? Yes ☒ No☐

| Revision Date | Policy Author / Owner | Notes |
|---|---|---|
| 10/1/2026 | Health Care Services | New Policy |
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