



## **Clinical Indicators: Rhinoplasty**

<b><u>Procedure</u></b>	<b>CPT</b>	<b>Days<sup>1</sup></b>
Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	30400	90
Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	30410	90
Rhinoplasty, primary; including major septal repair	30420	90
Rhinoplasty, secondary; minor revisions	30430	90
Rhinoplasty, secondary; intermediate	0435	90
Rhinoplasty, secondary; major	30450	90
Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	30460	90
Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	30462	90
<b><u>Additional Procedures*</u></b>	<b>CPT</b>	<b>Days<sup>1</sup></b>
Cartilage graft; costochondral	20910	90
Cartilage graft; nasal septum	20912	90
Fascia lata graft; by stripper	20920	90
Fascia lata graft; by incision and area exposure, complex	20922	90
Tendon graft, from a distance (e.g., palmaris, toe extensor, plantaris)	20924	90
Tissue grafts, other	20926	90
Graft, bone, nasal, maxillary or malar areas (includes obtaining graft)	21210	90
Graft rib cartilage, autogenous, to face, chin nose or ear (includes obtaining graft)	21230	90
Graft rib cartilage, autogenous, to nose or ear (includes obtaining graft)	21235	90

*\*Note: The ICD-9 procedure codes would be the same as the actual procedure performed because these are in-addition codes.*



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**Indications**

**1. History** (one or more required)

- a) Obstructed breathing (functional).
- b) Unsatisfactory appearance.
- c) Nasal injury (trauma) causing unsatisfactory breathing and/or appearance.
- d) Nasal birth defect impairing nasal function.
- e) Acquired deformity due to trauma, tumor or infection.

**2. Physical Examination** (all required)

- a) External nasal anatomy including description of deformity.
- b) P Internal nasal anatomy including description of septum and inferior turbinates.
- c) Patency of nasal passages including estimate of percentage obstruction for each side.

**3. Tests** (required & dated within 3 mo. of surgery)

- a) Pre operative photographs.

**Postoperative Observations**

- a) Skin edema and ecchymosis--documented observation.
- b) Nasal packing in desired location or removed?
- c) Pain--does patient require discharge prescription?
- d) Bleeding--how managed? Surgeon informed?

**Outcome Review**

**1. One Week**

- a) Healing--Did patient require treatment for bleeding, infection or obstruction?
- b) Healing of graft donor site when appropriate.

**2. Beyond One Month**

- a) Appearance--Appraisal of result comparing post operative and pre-operative photographs.
- b) Airway--Are nasal passages patent?
- c) Healing of graft donor site when appropriate.



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### **Associated ICD-9 Diagnostic Codes** (Representative, but not all-inclusive codes)

- 090.5 Syphilitic saddle nose
- 470 Deviated nasal septum
- 507.0 Late effect, skull, face fracture
- 738.0 Acquired deformity of nose
- 748.1 Other congenital anomalies of nose
- 754.0 Congenital musculoskeletal deformities of skull, face, and jaw (pediatric only)

*Also see associated ICD-9 codes under [Septoplasty](#)*

### **Additional Information**

Assistant Surgeon -- N  
Supply Charges -- N  
Prior Approval -- Y  
Anesthesia Code(s) -- 00160

### **Patient Information**

Rhinoplasty or reconstruction of the nose is performed to improve appearance and/or function. Consequently, the risks of this surgery involve not only failure to attain a desirable cosmetic result but also failure to maintain or improve the breathing function. Examples of undesirable functional results are noisy or obstructed breathing and nasal crusting. Judging the cosmetic result is subjective. In the best result, the nose has a natural look. As every face is different, so is every nose. A nose that may be attractive on one person may be unattractive for another; it must be tailored to the individual. The training of surgeons, who perform rhinoplasty, should include both rhinology and plastic surgery techniques, so they may be familiar with the internal anatomy and function of the nose, as well as with reconstruction and appearance of the external nose.

### ***Important Disclaimer Notice (Updated 8/7/14)***

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