

Ear, Nose, and Throat Procedures

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[Instructions for Use](#)

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Related Policies
None

Coverage Guidelines

Nasal and sinus procedures may be covered when Medicare criteria are met.

Septoplasty (CPT Code 30520)

Medicare does not have a National Coverage Determination for septoplasty. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. Refer to the LCDs for cosmetic and reconstructive surgery. For specific LCDs/LCAs, refer to the table for [Septoplasty](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Procedures, Septoplasty.

Click [here](#) to view the InterQual® criteria.

Note: After checking the [Septoplasty](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
 (Accessed February 26, 2024)

Rhinoplasty (CPT Codes 30120, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, and 30465)

Medicare does not have a National Coverage Determination for rhinoplasty. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Rhinoplasty](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

Note: After checking the [Rhinoplasty](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed February 26, 2024)

Vestibular Stenosis Repair (CPT Code 30465)

Medicare does not have a National Coverage Determination for vestibular stenosis repair. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed February 26, 2024)

Balloon Sinus Ostial Dilation (also known as Balloon Dilation Sinuplasty) (CPT Codes 31295, 31296, 31297, 31298, and 31299)

Medicare does not have National Coverage Determination (NCD) for balloon sinus ostial dilation. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Balloon Sinus Ostial Dilation](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed February 26, 2024)

Functional Endoscopic Sinus Surgery (FESS) (CPT Codes 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, and 31288)

Medicare does not have National Coverage Determination (NCD) for FESS. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Functional Endoscopic Sinus Surgery \(FESS\)](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed February 26, 2024)

Intranasal Repair (CPT Codes 30540, 30545, and 30620)

Medicare does not have an NCD for intranasal repair. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Cosmetic and Reconstructive Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed February 26, 2024)

Extensive Nasal Polypectomy (CPT Code 30115)

Medicare does not have an NCD for extensive nasal polypectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Polypectomy, Nasal.

Click [here](#) to view the InterQual® criteria.

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed February 26, 2024)

Nasal Septal Swell Body (NSB) Reduction (CPT Code 30117)

Medicare does not have National Coverage Determination (NCD) for nasal septal swell body (NSB) reduction. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed February 26, 2024)

Posterior Nasal Nerve Ablation Using Radiofrequency or Cryoablation (e.g., Clarifix) (CPT Codes 30999, 31242, and 31243)

Medicare does not have National Coverage Determination (NCD) for posterior nasal nerve ablation. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed February 26, 2024)

Repair of Nasal Valve Collapse with Subcutaneous/Submucosal Lateral Wall Implant (CPT Code 30468)

Medicare does not have a National Coverage Determination for repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Repair of Nasal Valve Collapse with Subcutaneous/Submucosal Lateral Wall Implant](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

Note: After checking the [Repair of Nasal Valve Collapse with Subcutaneous/Submucosal Lateral Wall Implant](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed February 26, 2024)

Repair of Nasal Valve Collapse with Radiofrequency (CPT Code 30469)

Medicare does not have National Coverage Determination (NCD) for repair of nasal valve collapse with radiofrequency. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Rhinoplasty and Other Nasal Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed February 26, 2024)

Turbinectomy (CPT Codes 30130 and 30140)

Medicare does not have an NCD for turbinectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Turbinectomy, Inferior, Partial.

Click [here](#) to view the InterQual® criteria.

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.

(Accessed February 26, 2024)

Ethmoidectomy (CPT Code 31200)

Medicare does not have an NCD for ethmoidectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Ethmoidectomy.

Click [here](#) to view the InterQual® criteria.

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.

(Accessed February 26, 2024)

Rhinophototherapy (CPT Code 30999)

Medicare does not have National Coverage Determination (NCD) for rhinophototherapy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed February 26, 2024)

Eustachian Tube Dilation (CPT Codes 69705, 69706, and 69799)

Medicare does not have National Coverage Determination (NCD) for eustachian tube dilation. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed February 26, 2024)

Lithotripsy for Salivary Stones (CPT Code 42699)

Medicare does not have an NCD for lithotripsy for salivary stones. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Lithotripsy for Salivary Stones](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed February 26, 2024)

Supporting Information

Septoplasty				
Accessed February 26, 2024				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39506 (A59299)	Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38914 (A58573)	Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35090 (A56587)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation *	IA, IN, KS, MI, MO, NE
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Accessed February 26, 2024				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38914 (A58573)	Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35163 (A57221)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, GU, HI, MP, NV
L37020 (A57222)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35090 (A56587)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation*	IA, IN, KS, MI, MO, NE

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Repair of Nasal Valve Collapse with Subcutaneous/Submucosal Lateral Wall Implant

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38914 (A58573)	Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35090 (A56587)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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MACs with Corresponding States/Territories

MACs	States/Territories
CGS	KY, OH
First Coast	FL, PR, VI
NGS	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian	AK, AS, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas	AR, DC, CO, DE, LA, MD, MS, NJ, NM, OK, PA, TX
Palmetto	AL, GA, NC, SC, TN, VA, WV
WPS*	IA, IN, KS, MI, MO, NE

***Note:** Wisconsin Physicians Service Insurance Corporation Contract Number 05901 - applies only to WPS Legacy Mutual of Omaha MAC A Providers

Policy History/Revision Information

Date	Summary of Changes
03/13/2024	<p>Coverage Guidelines</p> <p>Posterior Nasal Nerve Ablation Using Radiofrequency or Cryoablation (e.g., Clarifix) (CPT Codes 30999, 31242, and 31243)</p> <ul style="list-style-type: none"> Modified service heading <p>Repair of Nasal Valve Collapse with Subcutaneous/Submucosal Lateral Wall Implant (CPT Code 30468) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination for repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the <i>Supporting Information</i> section of the policy] For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Rhinoplasty and Other Nasal Procedures</i>

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ After checking the table [in the policy] and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines <p>Supporting Information</p> <ul style="list-style-type: none"> ● Added list of applicable <i>Medicare Administrative Contractors (MACs) with Corresponding States/Territories</i> ● Updated lists of applicable LCDs/LCAs to reflect the most current information: <ul style="list-style-type: none"> ○ Added notation to indicate the Wisconsin Physicians Service Insurance Corporation (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers ○ Added reference information for <i>Repair of Nasal Valve Collapse with Subcutaneous/Submucosal Lateral Wall Implant</i> <p>Administrative</p> <ul style="list-style-type: none"> ● Archived previous policy version MCS060.08

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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