Rhinoplasty (outpatient)

Blue Care Network provides coverage for this procedure for pediatric and adult members who meet medical necessity criteria. Submit prior authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.


*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2018 American Medical Association. All rights reserved.

See below for the questions you’ll encounter in the e-referral system.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Does the patient have a functional deficit that interferes with breathing that requires surgery to correct?

Possible answers: □ Yes □ No □ N/A

Does the patient have a nasal deformity due to trauma or accidental injury affecting the nasal structures that requires surgery to correct?

Possible answers: □ Yes □ N/A □ No

Does the patient have a nasal deformity due to a chronic condition (for example, Wegener’s granulomatosis, a multisystem autoimmune disease that affects blood vessels) affecting the nasal structures that requires surgery to correct?

Possible answers: □ Yes □ N/A □ No
See below for the questions you'll encounter in the e-referral system. (continued)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the patient have a nasal deformity due to a congenital anomaly (for example, cleft lip or palate, choanal atresia, polyrhinia, tumors, lumps or masses) affecting the nasal structures that requires surgery to correct?</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Is this surgery being performed SOLELY to improve physical appearance OR to alleviate mental health problems associated with physical appearance?</td>
<td>□ Yes □ N/A □ No</td>
</tr>
</tbody>
</table>