Authorization criteria:
Septoplasty
For Medicare Plus BlueSM, Blue Care Network commercial and
BCN AdvantageSM

Clinical review is required for adult members (age ≥18). The medical necessity criteria are outlined below.

CPT code: *30520

Adjunct to planned dacryocystorhinostomy
Surgery is planned adjunct to dacryocystorhinostomy procedure

Adjunct to planned septorhinoplasty
Surgery is planned adjunct to septorhinoplasty procedure

Deviated septum by physical examination or endoscopy with nasal obstruction
Documented absence of other causes of obstruction and at least ONE of the following:
1. Difficulty breathing through the nose
2. Nasal blockage or obstruction
3. Nasal congestion or stuffiness
4. Unable to get enough air through the nose during exercise or exertion

Deviated septum by physical examination or endoscopy with obstructive sleep apnea (OSA)
All the following must be met:
1. Intolerance to continuous positive airway pressure (CPAP)
2. Medical management ineffective after at least 6 weeks with BOTH of the following:
   a. Topical corticosteroids
   b. Decongestants

Deviated septum by physical examination or endoscopy with chronic rhinosinusitis
All the following must be met:
1. At least ONE of the following findings:
   a. Septum touching middle turbinate
   b. Septum blocking middle meatus
2. Two or more symptoms of sinusitis continue for at least 12 weeks:
   a. Purulent nasal discharge
   b. Nasal obstruction, blockage or congestion
   c. Facial pain, pressure, or fullness
   d. Decreased or altered sense of smell
3. Rhinosinusitis confirmed by CT and ONE of the following:
   a. Air fluid levels
   b. Mucosal thickening greater than 2 mm
   c. Opacification
4. Continued symptoms or findings after treatment during a course of illness with BOTH:
   a. Antibiotic treatment for at least 3 weeks or not indicated or not tolerated
   b. Oral corticosteroid therapy for at least 5 days or intranasal corticosteroid therapy for at least 3 weeks or corticosteroid therapy contraindicated or not tolerated

Current authorization criteria effective date: January 2023
Authorization criteria: Septoplasty

For Medicare Plus BlueSM, Blue Care Network commercial and BCN AdvantageSM

Deviated septum by physical examination or endoscopy with recurrent acute rhinosinusitis
All the following must be met:
1. At least ONE of the following findings:
   a. Septum touching middle turbinate
   b. Septum blocking middle meatus
2. BOTH of the following:
   a. At least four episodes of rhinosinusitis within one year
   b. Rhinosinusitis confirmed by CT

Deviated septum by physical examination or endoscopy with recurrent epistaxis
Patient has deviated septum by physical examination or endoscopy with recurrent epistaxis

References
Change Healthcare’s InterQual® 2022 Procedures Adult Criteria, Septoplasty

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