

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



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

# Authorization criteria: Septoplasty

For Medicare Plus Blue<sup>SM</sup>, Blue Care Network commercial and  
BCN Advantage<sup>SM</sup>

## **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<sup>®</sup> 2022 Procedures Adult Criteria, Septoplasty

\*CPT Copyright 2022 American Medical Association. All rights reserved. CPT<sup>®</sup> is a registered trademark of the American Medical Association.