

Policy Number: CP-IFP20-019B

Original Effective Date: December 1, 2021
Last Review Date: October 1, 2025

Septoplasty

The purpose of this policy is to provide clarity and specificity for coverage of Septoplasty.

This policy does not apply to services involving the management of birth defects for cleft lip or cleft palate repair per MN Statute 62A. 042 Subdivision 1. (b)

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Outpatient Facility (E.G. Ambulatory Surgery Center) and Outpatient Surgery Physician Services

Definitions or summary

Deviated septum-exists when the bone and cartilage of the nasal septum is out of alignment/crooked due to an injury or deformity that blocks one or both nostrils and impairs breathing.

Septoplasty- surgical correction of defects and deformities of the nasal septum (partition between the nostrils) by altering, splinting, or removing obstructive tissue while maintaining or improving the physiological function of the nose.

Rhinoplasty-surgery that changes the shape of the nose and results in changes in the appearance of the nose. May be performed for functional or cosmetic reasons.

Septorhinoplasty-repair of the nasal septum to open the nasal passages by straightening the septum, combined with functional rhinoplasty to correct various breathing constriction issues due to weak nasal walls, nasal valve deformities or previous trauma. Changes in the appearance of the nose may occur but the primary purpose of the procedure is to improve breathing and correct deformities.

Coverage policy

COVERED

- Septoplasty for a deviated septum is covered when deviation causes continuous nasal airway obstruction resulting in nasal breathing difficulty
- Repair of vestibular stenosis

**See CPT/HCPCS/ICD-10 Codes for procedure code that is covered.*

Services not covered include but not limited to:

- Cosmetic surgery to improve or change appearance (other than reconstructive surgery)
- Surgery that is not necessary to treat a related illness or injury.

CPT/ HCPCS/ICD-10 Codes

**Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
30520		Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft.
30465		Repair of vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)

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Prior authorization

- **Prior authorization is Not required for Septoplasty or repair of vestibular stenosis.**
- **Septorhinoplasty and Rhinoplasty may be considered cosmetic. Cosmetic procedures require prior authorization.**

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description
None	

References and source documents

Links to the Ucare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy

[Individual & Family Plans Member Contract](#)

Coverage policy development and revision history

Version	Date	Note(s)
V1	Dec.1,2021	New policy
V2	July 1, 2022	Updated policy to include Medicare and Medicaid plans and the procedure code 30465 (repair of vestibular stenosis) per the Medical Directors and approved by the Coverage Policy Oversight Group
V3	Oct.17, 2023	Annual review: removed reference to CPT/HCPCS/ICD-10 codes.
V4	Oct. 7, 2024	Annual review; no substantive changes.
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1 2025	Annual Review; aligned language with 2026 contract updated non covered heading "Services not covered include but not limited" to match 2026 contract