


MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
1/9/2007	7/2012	7/2011
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

Septoplasty

B. BACKGROUND

A Septoplasty is an otolaryngological surgery to correct a significant functional nasal impairment to restore to normal or near normal function.

C. POLICY

For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD).

CareSource considers septoplasty medically necessary when **any** of the following clinical criteria is met:

1. Significant septal deviation causing continuous nasal airway obstruction resulting in nasal breathing difficulty not responding to appropriate medical therapy, *or*
2. Documented recurrent sinusitis felt to be due to a deviated septum not relieved by appropriate medical and antibiotic therapy, *or*
3. Recurrent epistaxis related to a septal deformity, *or*
4. Asymptomatic significant septal deformity that prevents access to other intranasal areas when such access is required to perform medical necessary surgical procedures (e.g., ethmoidectomy), *or*
5. When done in association with cleft palate repair

For Medicare NCD: CMS Publication 100-02, Medicare National Coverage Determinations, Chapter 16, Section 120

<http://www.cms.gov/manuals/Downloads/bp102c16.pdf>

D. REVIEW / REVISION HISTORY

Date Issued: 1/9/2007

Date Revised: 7/2007, 7/2009

Date Reviewed: 7/1/2009, 7/1/2011

E. REFERENCES

1. American Academy of Otolaryngology Head and Neck Surgery (AAOHNS). Septoplasty. Clinical Indicators Compendium. Alexandria, VA: AAOHNS; 1998.
2. Dinis PB, Haider H. Septoplasty: Long-term evaluation of results. Am J Otolaryngol. 2002; 23(2):85-90.
3. Lorente J, Jurado MJ, Romero O, et al. Effects of functional septoplasty in obstructive sleep apnea syndrome. Med Clin (Barc). 2005; 125(8):290-292.

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.