## Rhinoplasty Coding, Part II: Complex Procedures

**By Raymond Janeway, MD**

The rhinoplasty coding information published in “CPT Corner” in the previous issue of PSN (“Rhinoplasty Coding, Part I: Basic Procedures”) addresses primary and secondary rhinoplasty procedures. This month’s column discusses more complex procedures, as well as combined procedures.

### Vestibular Stenosis

Procedures for airway obstruction secondary to nasal septal defects are reported with septoplasty (30520) and septorhinoplasty (30420) codes as discussed in the last month’s issue (an archive of “CPT Corner” columns is available online at the Plastic Surgery Education Network [PSEN] website at psenetwork.org/resources/cptcorner). Procedures for vestibular stenosis are reported with code 30465, which was introduced in 2001. Code 30465 is global and describes the soft tissue and cartilaginous surgery necessary to correct vestibular stenosis, including lateral nasal wall reconstruction and placement of spreader grafts and composite grafts. The harvest of these grafts via a separate incision, however, is separately reported.

**Finding CPT Corner Online**

We are often asked about obtaining copies of current and previous “CPT Corner” columns. All current columns and most previous columns are available on the ASPS Plastic Surgery Education Network (PSEN) website at psenetwork.org/resources/cptcorner.

### CPT CORNER

### Rhinoplasty Coding, Part II: Complex Procedures

### ICD-9 Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>470</td>
<td>Deviated nasal septum</td>
</tr>
<tr>
<td>478.19</td>
<td>Nasal airway obstruction</td>
</tr>
<tr>
<td>733.81</td>
<td>Malunion nasal/septal fracture</td>
</tr>
<tr>
<td>738.0</td>
<td>Acquired nasal deformity</td>
</tr>
<tr>
<td>754.0</td>
<td>Congenital nasal/septal deformity</td>
</tr>
<tr>
<td>905.0</td>
<td>Late effect of fracture of skull or facial bones</td>
</tr>
</tbody>
</table>

### Cosmetic versus Reconstructive Procedures

Rhinoplasty CPT codes do not distinguish between cosmetic and reconstructive procedures. Codes 30400, for example, describes cosmetic reduction of a dorsal hump with osteotomies, but 30410 is also used to report a dorsal straightening after trauma that requires osteotomies. ICD-9 codes indicate the reasons procedures are performed. For cosmetic procedures use code V50.1 (“plastic surgery for unacceptable cosmetic appearance”). For reconstructive procedures (e.g., post-traumatic), use ICD-9 codes 738.0 (acquired nasal deformity), 733.81 (malunion of nasal fracture) or 905.0 (late effect of nasal fracture). Cosmetic procedures are not submitted for insurance reimbursement, whereas reconstructive procedures are often insurance reimbursable.

When performing a procedure that is both cosmetic and part reconstructive, however, itemize which procedure is done and for what reason — this is not unbundling. The reasons for each procedure are indicated with appropriate ICD-9 codes.

The septoplasty may be preauthorized in writing with the insurance company prior to surgery. The cosmetic portion of the procedure should not be submitted for third-party reimbursement. Only one operative report is dictated, which describes both procedures. The operative report must clearly distinguish which parts of the procedure are cosmetic and which are reconstructive, including operating times for each portion. (See “Code of the Month” below.)

Dr. Janeway is the Society’s representative to the AMA CPT Advisory Committee.

### Code of the Month

Septorhinoplasty is performed for breathing obstruction post-trauma. At the same operative session, a cosmetic tip refinement is performed.

**Procedures**

<table>
<thead>
<tr>
<th>Reconstructive (submitted to insurance)</th>
<th>Cosmetic (not submitted to insurance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30520 Septoplasty</td>
<td>30400 Tip rhinoplasty</td>
</tr>
</tbody>
</table>

**ICD-9 codes:** 470, 478.19, 905.0

**Note:** The septoplasty is a reconstructive procedure, reported with code 30520, and should be preauthorized in writing prior to surgery. This is submitted to insurance.

The tip rhinoplasty, 30400, is cosmetic, and is not to be submitted for insurance reimbursement. Separating the procedures in this way is not unbundling, as it itemizes each procedure to distinguish between reconstructive and cosmetic portions of surgery.

Since the tip rhinoplasty is coded for office tracking only, many practices have created “dummy” codes for internal use. This prevents the accidental (or sometimes intentional) submission of a cosmetic procedure to an insurance company. Thus:

**TIPRH**

**Tip rhinoplasty** (ICD-9 code: V50.1)

Some practice management information systems require the use of the CPT code with an alpha character following, such as 30400C, to reflect cosmetic procedures.

**Only one operative report, describing the complete operative procedure, is dictated. It is critical to indicate that the procedure involves both cosmetic and reconstructive components. Clearly delineate which portion of the procedure is cosmetic and which is reconstructive. Indicate what proportion of the procedure is cosmetic also, since combined procedures are not always 50 percent-50 percent.**

**Sample operative dictation:**

This is a 50-year-old woman who is undergoing a septoplasty for breathing obstruction secondary to trauma from a vehicular accident three months ago. She also requests cosmetic correction of a tip deformity at the same operative session...

The patient was placed under satisfactory general endotracheal anesthesia...

The septoplasty was performed through a hemitransfixion incision...

At the completion of the septoplasty the hemitransfixion incision was closed with 5-0 chromic suture. This completed the reconstructive portion of the surgical procedure...

At this point the cosmetic tip rhinoplasty was begun with an interscitangious incision...

**Operative reports are scrutinized by payers, especially in gray areas such as nasal and breast surgery. The more clear the operative report and the more straightforward the differentiation between reconstructive and cosmetic components, the better.**