Rule Category:
Medical

Ref: No:
2012-MN-0015

Version Control:
Version No. 3.0

Effective Date:
December 2012

Revision Date:
August 2015

Septoplasty Indications

Adjudication Rule

Table of content

Approved by:
Daman

Responsible:
Medical Strategy & Development Department

Related Adjudication Rules:
None

Abstract

For Members

Septoplasty is a corrective surgical procedure done to straighten the nasal septum, which is the partition between the two nostrils. Ideally, the septum should run down the centre of the nose but sometimes it deviates into one of the nostrils, narrowing the space in that nostril and obstructing the airflow. Daman covers septoplasty for all plans administered by Daman if medically necessary except visitors plan and Basic (Abu Dhabi plan).

For Medical Professionals

Septoplasty, if medically necessary is covered for all health insurance plans administered by Daman except for the Visitors Plan and Basic Plan.

Scope

This guideline explains the medical necessity and coverage of Septoplasty for all health insurance plans administered by Daman.

Septoplasty is a corrective surgical procedure done to straighten the nasal septum, which is the partition between the two nasal cavities. Ideally, the septum should run down the centre of the nose. When it deviates into one of the cavities, it narrows that cavity and impedes airflow.

Adjudication Policy

Eligibility / Coverage Criteria

Septoplasty, if medically necessary is covered for all health insurance plans administered by Daman except for the Visitors Plan and Basic Plan.

Daman considers Septoplasty as medically necessary in any of the following indications:

1. Nasal airway obstruction due to Septal Deviation with the following additional findings:
   - With symptoms of mouth breathing, nasal congestion and sleep apnea; AND
   - There is absence of other causes of obstruction (for example nasal polyp, hypertrophic turbinates, tumor etc.); AND
   - There is failure of conservative management.
     All the above findings should be documented
2. Sinus ostium obstruction by impacted septal deviation
3. Recurrent epistaxis related to septal deformity
4. Documented recurrent sinusitis secondary to deviated septum where conservative management has failed
5. Traumatic fracture
6. Surgical Access required to perform medically necessary surgical procedures
7. In association with cleft lip/palate repair.

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage

Septoplasty is not covered for those health insurance plans which do not have the benefit of coverage.

Daman does not cover septoplasty in the following conditions**:**

1. Deviated nasal septum with no symptoms and/or no surgical access required.
2. Trial of conservative management not documented.
3. Nasal obstruction caused by conditions other than deviated nasal septum (e.g. polyps, turbinate hypertrophy, tumors etc.) unless surgical access is required for the procedure (For example, surgical access required for polyp excision).
4. Allergic Rhinitis.
5. Snoring not associated with any other conditions causing airway obstruction.

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Adjudication Examples

Example 1

Question: 35 year old male, holding Thiqa Plan, was diagnosed with the Deviated Nasal Septum. He was advised to undergo septoplasty. Will this service be covered for the patient?

Answer: Septoplasty will not be covered for this patient. Claim will be rejected as MNEC-004.

Example 2

Question: 23 year old female, holding Basic Plan, was diagnosed with Epistaxis and Deviated Nasal Septum. She was advised to undergo septoplasty. Will this service be covered for the patient?

Answer: Deviated nasal septum is not covered for the Basic Plan. Claim will be rejected as NCOV-001.

Example 3

Question: 56 year old man, holding UAE SEHA Plan, was diagnosed with closed fracture of nasal bones and deviated nasal septum. He was advised to undergo septoplasty. Will this service be covered for the patient?

Answer: The service will be covered for this patient.

Denial codes

Code	Code description
NCOV-003	Service(s) is (are) not covered
NCOV-001	Diagnosis(es) is (are) not covered
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities

Appendices

A. References

1. Daman Schedule of Benefits and General Exclusions.
2. American Academy of Otolaryngology – Head and Neck Surgery. (2012). Clinical Indicators: Septoplasty. Available: http://www.entnet.org/Practice/upload/Septoplasty-CI_May-2012.pdf
3. American Academy of Otolaryngology – Head and Neck Surgery. (2012). Fact sheet: Deviated Septum. Available: http://www.entnet.org/HealthInformation/deviatedSeptum.cfm
4. Medical Disability Guidelines. (2012). Septoplasty. Available: http://www.mdguidelines.com/septoplasy
5. British Medical Journal, Evidence Centre
6. PubMed- NCBI.

B. Revision History

Date	Change(s)
01-07-13	V 1.1: New template
15-07-14	1. V 3.0 2. Disclaimer updated as per system requirements