

Dubai Standards of Care - 2017

(Rhinoplasty)



Preface

Ear, nose and throat disorders are the most common problem dealt with in daily practice. In Dubai, the management of ear, nose and throat disorders were done through various different strategies. The following guidelines were established in order to create a unified approach to the management of these disorders. In addition to that, these guidelines were developed to act as a guide for clinical practice, based on the best available evidence at the time of development.

Adherence to these guidelines may not necessarily guarantee the best outcome in every case. Every health care provider is responsible for the management of his or her unique patient based on the clinical picture presented by the patient and the management options available locally.

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Acknowledgment

“Dubai standards of care – Ear, nose and Throat”

These guidelines were established in order to achieve effective management of ear, nose and throat disorders as well as increase awareness and prevention. In addition to that, these guidelines aim to improve evidence based approaches especially appropriate medication prescribing.

These guidelines were prepared and approved by the Dubai Standard of Care (Ear, nose and Throat)Taskforce.

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Dubai Standards of Care- Rhinoplasty

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Dubai Standards of Care- Rhinoplasty

DESCRIPTION:

Nasal surgery is defined as any procedure performed on the external or internal structures of the nose, septum or turbinate. This surgery may be performed to improve abnormal function, reconstruct congenital or acquired deformities, or to enhance appearance. It generally involves rearrangement or excision of the supporting bony and cartilaginous structures and incision or excision of the overlying skin of the nose.

Nasal surgery, including rhinoplasty, may be reconstructive or cosmetic in nature. Categorization of each procedure is to be distinguished by the presence or absence of specific signs and/or symptoms.

Cosmetic Nasal Surgery

When nasal surgery is performed solely to improve the patient's appearance in the absence of any signs and/or symptoms of functional abnormalities, the procedure should be considered cosmetic in nature.

Reconstructive Nasal Surgery

When nasal surgery, including rhinoplasty, is performed to improve nasal respiratory function, correct anatomic abnormalities caused by birth defects or disease, or revise structural deformities produced by trauma, the procedure should be considered reconstructive.



Rhinoplasty may be considered medically necessary only in the following limited circumstances:

- When it is being performed to correct a nasal deformity secondary to congenital cleft lip and/or palate
- When rhinoplasty for nasal airway obstruction is performed as an integral part of a medically necessary septoplasty and there is documentation of gross nasal obstruction on the same side as the septal deviation
- Upon individual case review, to correct chronic non-septal nasal airway obstruction from vestibular stenosis (collapsed internal valves) due to trauma, disease, or congenital defect, when all of the following criteria are met:
 - Prolonged, persistent obstructed nasal breathing
 - Physical examination confirming moderate to severe vestibular obstruction
 - Airway obstruction will not respond to septoplasty and nasal turbinates reduction alone.
 - Nasal airway obstruction is causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing)
- Obstructive symptoms persist despite conservative management for 4 weeks or greater, which includes, where appropriate, nasal steroids.
- Photographs demonstrate an external nasal deformity
- There is significant obstruction of one or both nares), documented by nasal endoscopy, or computed tomography (CT) scan or other appropriate imaging modality.

Documentation of these criteria should include:

- Documentation of duration and degree of symptoms related to nasal obstruction, such as chronic rhinosinusitis, mouth breathing, etc.
- Documentation of results of conservative management of symptoms
- If there is an external nasal deformity, preoperative photographs showing the standard 4-way view: anterior-posterior, right and left lateral views, and base of nose (also known as worm's eye view confirming vestibular stenosis; this view is from the bottom of nasal septum pointing upwards)



- Relevant history of accidental or surgical trauma, congenital defect, or disease (e.g., Wegener's granulomatosis, choanal atresia, nasal malignancy, abscess, septal infection with saddle deformity, or congenital deformity)
- Results of nasal endoscopy, CT or other appropriate imaging modality documenting degree of nasal obstruction

Rhinoplasty is considered cosmetic for all other indications.

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.

Ohio Department of Medicaid <http://jfs.ohio.gov/>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.