

2017 Rhinoplasty Coding and Reimbursement Guide

Profile™ Costal Cartilage Allograft

A Pre-shaped costal cartilage allograft for rhinoplasty procedures

HCPCS	Description	*Status Indicator	APC	HOPPS ¹	ASC ¹	Physician ²
J3590	Unclassified biologics	N	N/A	Packaged	Packaged	N/A

When reporting J3590, hospitals should provide the following information in Field 80 of the CMS 1450 (UB-04) claim form:

- The name of the product; the size of the product; the actual cost of the product. Profile is available in 3 sizes: L < 3.0cm, L = 3.5-4.0cm, and L = 4.1-5.0cm.
- Private payers may require additional information such as relevant documentation to support medical necessity, invoice, and/or prescribing information. Please check with your individual payers to determine their requirements.

Rhinoplasty Procedure Codes

Please note the CPT codes listed below include all of the rhinoplasty repair codes. Only those codes in **bold** map to ICD-10-PCS procedure codes involving use of a non-autologous skin substitute such as Profile™.

CPT-4®	Description	*Status Indicator	APC	*HOPPS ¹	*ASC ¹	*Physician ²
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	J1	5164	\$2,172.76	\$939.56	\$744.33
21336	Open treatment of nasal septal fracture, with or without stabilization	J1	5113	\$2,437.31	\$1,217.75	\$663.58
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	J1	5165	\$4,129.20	\$2,036.52	\$1,027.49
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	J1	5165	\$4,129.20	\$2,036.52	\$1,196.89
30420	Rhinoplasty, primary; including major septal repair	J1	5165	\$4,129.20	\$2,036.52	\$1,394.63
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	J1	5165	\$4,129.20	\$2,036.52	\$870.66
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	J1	5165	\$4,129.20	\$2,036.52	\$1,280.87
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	J1	5165	\$4,129.20	\$2,036.52	\$1,519.17
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	J1	5165	\$4,129.20	\$2,036.52	\$832.26
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	J1	5165	\$4,129.20	\$2,036.52	\$1,437.34
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	J1	5165	\$4,129.20	\$2,036.52	\$998.06

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CPT-4®	Description	*Status Indicator	APC	*HOPPS ¹	*ASC ¹	*Physician ²
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	J1	5164	\$2,172.76	\$939.56	\$633.44
30540	Repair choanal atresia; intranasal	J1	5165	\$4,129.20	\$2,036.52	\$704.14
30545	Repair choanal atresia; transpalatine	J1	5165	\$4,129.20	\$2,036.52	\$903.68
30560	Lysis, intranasal synechia	T	5162	\$442.43	\$238.97	\$139.61
30630	Repair nasal septal perforations	J1	5164	\$2,172.76	\$939.56	\$632.72
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	J1	5165	\$4,129.20	\$2,036.52	\$635.23

Notes:

N = Payment is packaged into payment for other services (no separate payment). Verify appropriate CPT code and documentation requirements with payer.

T = Paid separately under Medicare OPSS, multiple procedure reduction applied

J1 = Comprehensive APC; all services reported on hospital claim will be packaged with payment for J1 procedure except services with a status indicator of F, G, H, L, & U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Medicare Part B inpatient services. Please note that in the ASC setting, services reported on the same claim will continue to be paid separately according to the ASC payment indicator.

ICD-10 CM Diagnosis Codes

The ICD-10 diagnostic codes listed below include only those that map to a CPT code provided in the previous table.

ICD-10 CM	Description
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C30.0	Malignant neoplasm of nasal cavity
C43.31	Malignant melanoma of nose
C44.301	Unspecified malignant neoplasm of skin of nose
C44.311	Basal cell carcinoma of skin of nose
C44.321	Squamous cell carcinoma of skin of nose
C44.391	Other specified malignant neoplasm of skin of nose
C76.0	Malignant neoplasm of head, face and neck
D03.39	Melanoma in situ of other parts of face
D04.39	Carcinoma in situ of skin of other parts of face
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D16.4	Benign neoplasm of bones of skull and face
D22.39	Melanocytic nevi of other parts of face
D23.39	Other benign neoplasm of skin of other parts of face
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D49.1	Neoplasm of unspecified behavior of respiratory system
J32.0	Chronic maxillary sinusitis
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.2	Deviated nasal septum
J34.3	Hypertrophy of nasal turbinates
J34.89	Other specified disorders of nose and nasal sinuses
J34.9	Unspecified disorder of nose and nasal sinuses
K12.2	Cellulitis and abscess of the mouth
M95.0	Acquired deformity of nose

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ICD-10 CM	Description
Q30.0	Choanal atresia
Q30.1	Agenesis and underdevelopment of nose
Q30.2	Fissured, notched and cleft nose
Q30.3	Congenital perforated nasal septum
Q30.8	Other congenital malformations of nose
Q30.9	Congenital malformation of nose, unspecified
Q35.1	Cleft hard palate
Q35.3	Cleft soft palate
Q35.5	Cleft hard palate with cleft soft palate
Q35.7	Cleft uvula
Q35.9	Cleft palate, unspecified
Q36.0	Cleft lip, bilateral
Q36.1	Cleft lip, median
Q36.9	Cleft lip, unilateral
Q37.0	Cleft hard palate with bilateral cleft lip
Q37.1	Cleft hard palate with unilateral cleft lip
Q37.2	Cleft soft palate with bilateral cleft lip
Q37.3	Cleft soft palate with unilateral cleft lip
Q37.4	Cleft hard and soft palate with bilateral cleft lip
Q37.5	Cleft hard and soft palate with unilateral cleft lip
Q37.8	Unspecified cleft palate with bilateral cleft lip
Q37.9	Unspecified cleft palate with unilateral cleft lip
Q67.4	Other congenital deformities of skull, face and jaw
R06.00	Dyspnea, unspecified
R06.09	Other forms of dyspnea
R06.3	Periodic breathing
R06.83	Snoring
R06.89	Other abnormalities of breathing
S01.20XA	Unspecified open wound of nose, initial encounter
S01.21XA	Laceration without foreign body of nose, initial encounter
S01.22XA	Laceration with foreign body of nose, initial encounter
S01.23XA	Puncture wound without foreign body of nose, initial encounter
S01.24XA	Puncture wound with foreign body of nose, initial encounter
S01.25XA	Open bite of nose, initial encounter
S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture
S02.2XXB	Fracture of nasal bones, initial encounter for open fracture
S07.0XXA	Crushing injury of face, initial encounter
S08.812A	Partial traumatic amputation of nose, initial encounter
T20.24XA	Burn of second degree of nose (septum), initial encounter
T20.34XA	Burn of third degree of nose (septum), initial encounter
T20.64XA	Corrosion of second degree of nose (Septum), initial encounter
T20.74XA	Corrosion of third degree of nose (septum), initial encounter
T34.02XA	Frostbite with tissue necrosis of nose, initial encounter
T85.89XA	Other specified complication of internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter
T86.820	Skin graft (allograft) rejection
T86.821	Skin graft (allograft) (autograft) failure
T86.822	Skin graft (allograft) (autograft) infection

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ICD-10 CM	Description
T86.828	Other complications of skin graft (allograft) (autograft)
T86.829	Unspecified complication of skin graft (allograft) (autograft)
Z41.1	Encounter for cosmetic surgery
Z42.8	Encounter for other plastic and reconstructive surgery following medical procedure or healed injury

ICD-10-PCS Procedure Codes and Descriptors

Please note the CPT codes listed after each ICD-10-PCS code are those which map to the CPT codes provided previously in this guide and is not intended to be a comprehensive list of all the CPT codes that may map to this ICD-10-PCS code.

ICD-10-PCS	Description
09NKXZZ	Release Nose, External Approach (CPT 30560)
090K0ZZ	Alteration of Nose, Open Approach (CPT 30400, 30410, 30420, 30430, 30435, 30450, 30460, and 30462)
09RK0KZ	Replacement of Nose with Nonautologous Tissue Substitute, Open Approach (CPTs 21335, 30430, 30435, 30450)
09RM07Z	Replacement of Nasal Septum with Autologous Tissue Substitute, Open Approach (CPTs 30420, 30462, 30520, 30630)
09SMOZZ	Reposition Nasal Septum, Open Approach
09TM0ZZ	Resection of Nasal Septum, Open Approach (CPT 30420 and 30520)
09RK07Z	Replacement of Nose with Autologous Tissue Substitute, Open Approach (CPTs 30410, 30460, 30462, 30465, and 30620)
09RK0KZ	Replacement of Nose with Nonautologous Tissue Substitute, Open Approach (CPTs 30430, 30435, and 30450)
09UK07Z	Supplement Nose with Autologous Tissue Substitute, Open Approach (CPTs 30410, 30460, 30462, 30465, and 30620)
09UK0KZ	Supplement Nose with Nonautologous Tissue Substitute, Open Approach (CPTs 30420, 30435, 30450, and 30620)
09UM07Z	Supplement Nasal Septum with Autologous Tissue Substitute, Open Approach (CPTs 30462, 30520, 30630, and 30620)
09UM0JZ	Supplement Nasal Septum with Synthetic Substitute, Open Approach (CPT 30520 and 30620)
09UM0KZ	Supplement Nasal Septum with Nonautologous Tissue Substitute, Open Approach (CPTs 30420, 30520, and 30620)
0NQB0ZZ	Repair Nasal Bone, Open Approach (CPTs 30450, 30462, and 30465)
09QK0ZZ	Repair Nose, Open Approach (CPTs 30430, 30435, 30450, 30460, 30462, 30465 and 30620)
09QM0ZZ	Repair Nasal Septum, Open Approach (CPTs 30435, 30462, 30520, 30630, and 30620)
09QN7ZZ	Repair Nasopharynx, Via Natural or Artificial Opening (CPT 30540)
09QN8ZZ	Repair Nasopharynx, Via Natural or Artificial Opening Endoscopic (CPT 30540)
09QN0ZZ	Repair Nasopharynx, Open Approach (CPT 30945)
09QQ0ZZ	Repair Right Maxillary Sinus, Open Approach (CPT 30630)
09QR0ZZ	Repair Left Maxillary Sinus, Open Approach (CPT 30630)
0NRB07Z	Replacement of Nasal Bone with Autologous Tissue Substitute, Open Approach (CPT 30410)
09RM07Z	Replacement of Nasal Septum with Autologous Tissue Substitute, Open Approach (CPTs 30420, 30462, 30520, 30630, and 30620)
09RM0JZ	Replacement of Nasal Septum with Synthetic Substitute, Open Approach (CPT 30620)
09RM0KZ	Replacement of Nasal Septum with Nonautologous Tissue Substitute, Open Approach (CPT 30620)
0CQ20ZZ	Repair Hard Palate, Open Approach (CPT 30630)
0NSB04Z	Reposition Nasal Bone with Internal Fixation Device, Open Approach (CPT 21335)
0NSB0ZZ	Reposition Nasal Bone, Open Approach (CPT 21335 and 21336)
0NUB07Z	Supplement Nasal Bone with Autologous Tissue Substitute, Open Approach (CPT 30410)

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Diagnostic Related Group (DRG)

DRG	Description	Payment ³
133	Other Ear, Nose, Mouth and Throat O.R. Procedures with CC/MCC	\$11,418.20
134	Other Ear, Nose, Mouth and Throat O.R. Procedures without CC/MCC	\$6,270.56
154	Other Ear, Nose, Mouth and Throat Diagnoses with MCC	\$8,490.15
155	Other Ear, Nose, Mouth and Throat Diagnoses with CC	\$5,311.04
156	Other Ear, Nose, Mouth and Throat Diagnoses without CC/MCC	\$3,968.67
564	Other Musculoskeletal System and Connective Tissue Diagnoses with MCC	\$9,475.91
565	Other Musculoskeletal System and Connective Tissue Diagnoses with CC	\$5,760.68
566	Other Musculoskeletal System and Connective Tissue Diagnoses without CC/MCC	4,321.70
515	Other Musculoskeletal System and Connective Tissue O.R. Procedures with MCC	18,698.37
516	Other Musculoskeletal System and Connective Tissue O.R. Procedures with CC	\$12,349.69
517	Other Musculoskeletal System and Connective Tissue O.R. Procedures without CC/MCC	\$10,704.97
579	Other Skin, Subcutaneous Tissue and Breast Procedures with MCC	\$16,219.36
580	Other Skin, Subcutaneous Tissue and Breast Procedures with CC	\$9,829.54
581	Other Skin, Subcutaneous Tissue and Breast Procedures without CC/MCC	\$7,553.29
907	Other O.R. Procedures for Injuries with MCC	\$23,067.18
908	Other O.R. Procedures for Injuries with CC	\$12,275.14
909	Other O.R. Procedures for Injuries without CC/MCC	\$7,818.07
919	Complications of Treatment with MCC	\$10,573.18
920	Complications of Treatment with CC	\$6,007.57
921	Complications of Treatment without CC/MCC	\$4,144.59
957	Other O.R. Procedures for Multiple Significant Trauma with MCC	\$41,098.24
958	Other O.R. Procedures for Multiple Significant Trauma with CC	\$23,013.51
959	Other O.R. Procedures for Multiple Significant Trauma without CC/MCC	\$15,072.59
963	Other Multiple Significant Trauma with MCC	\$15,398.79
964	Other Multiple Significant Trauma with CC	\$8,454.37
965	Other Multiple Significant Trauma without CC/MCC	\$5,776.19

REFERENCES:

1. Medicare Hospital Outpatient Prospective Payment – Final Rule with Comment and Final CY2017 Payment Rates (CMS-1656-FC); Addendum B and Final ASC Addenda.
2. CY 2017 revisions to Payment Policies under the Medicare Physician Fee Schedule and Other Revisions to Part B; Addendum B.
3. DRG values calculated using a base rate of \$5516.63 and Capital Standard Payment of \$446.81. The national average hospital Medicare base rate is the sum of the full update labor-related and nonlabor-related amount published in the Federal Register, FY 2017 IPPS Final Rule (Tables 1A, 1D and 5).
4. 2017 AMA CPT Professional
5. ICD-10-CM Expert for Physicians 2017, ©20165 Optum360, LLC. All rights reserved.
6. ICD-10-PCS 20176, ©20165 Optum360, LLC. All rights reserved.

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REIMBURSEMENT SUPPORT

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