

JE PRIOR AUTHORIZATION CHECKLIST- RHINOPLASTY

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

Policy Reference

- [LCD - Plastic Surgery \(L35163\)](#)
- [Billing and Coding Article - Plastic Surgery \(A57221\)](#)

Documentation Reference

- [Part B Rhinoplasty Documentation Requirements](#)
- [Part B ASC Prior Authorization Request Coversheet](#)

General Documentation Requirements

- ☐ Procedure description detailed enough to verify correct coding
- ☐ The submitted medical record must support the use of the selected ICD10-CM code(s)
- ☐ Medical documentation, with evaluation and management, supporting medical necessity of the service that is to be performed
- ☐ Radiologic imaging, if done
- ☐ Photographs that document the nasal deformity (if applicable)
- ☐ Documentation supporting unresponsiveness to conservative medical management (if applicable)