

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 References

- [Plastic Surgery LCD Policy \(L35163\)](#)
- [Policy Article \(A57221\)](#)

Documentation References

- [Part B Rhinoplasty Documentation Requirements](#)
- [Part A Prior Authorization for Rhinoplasty](#)
- [Part A Prior Authorization Coversheet](#)

Medical Documentation

Written order

Signed physician's or non-physician practitioner recommendations

Documentation contains a valid and legible signature from the performing provider

The submitted medical record must support the use of the selected ICD10-CM code(s).

The submitted CPT/HCPCS code must describe the service performed.

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)