

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

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

Documentation References

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

Medical Documentation

- 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)