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The material presented in this ebook is for information only, and is not meant to replace medical advice. Because of the potentially serious health implications of a deviated septum, it is recommended that any treatment be discussed with your physician.

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What is a Nasal Septum?

A nasal septum is a wall inside the nose that is approximately 2 X 1.5 inches in size. This wall divides the right side of the nasal cavity from the left side (see image below).

The nasal septum is composed of cartilage in the front, and bone in the back, of the nose.

Ideally, the nasal septum should be straight, to allow symmetric airflow into both sides of the nose. If the septum is “deviated”, one side becomes more narrow, resulting in nasal obstruction.

It is possible that the septum could be deviated to BOTH sides if it first buckles over to one side and than buckles to the other side (shape of an "s") resulting in nasal obstruction on both sides.

Sometimes, the deviated septum can be quite obvious, as shown in the illustration below. More often, though, septal deviations are located further back in the nose, and not as readily apparent. Remember: the septum can extend as long as 2 inches from the face. The septal deviation can occur anywhere along this entire 2 inch length.
A septal deviation that occurs far back in the nose can only be seen through what is called “nasal endoscopy”. A nasal endoscopy is a procedure in which a flexible fiber-optic tube (called an “endoscope”) is threaded through the nasal passages.

An anaesthetic spray or liquid is applied to the throat area, and after the area is numb, the doctor threads the endoscope into a nostril and through the nasal passages as far as the vocal cords in the throat. The doctor then observes the inside of your nose.

Before performing a nasal endoscopy, however, your doctor will probably perform an examination to see if the deviation occurs closer to the end of your nose. They will do this using a bright light and an instrument called a nasal speculum to spread out the nostrils and examine the inside cavity of the nose.

**How Can I Tell if I Really Need Surgery for My Deviated Septum?**

As incredible as it may sound, according to the Mayo Clinic close to 80% of the entire population have a displaced septum. This means that the thin wall separating the nasal passage does not actually divide the nostrils into two equal halves – the septum is more inclined on one side, causing the septum to be deviated.

So how can you tell if you have a deviated septum? Here are 5 common deviated septum symptoms:

- **Nasal congestion.** If the deviated septum blocks one or both sides of the nose, it will disturb normal airflow, which may lead to frequent nasal congestion.

- **Nosebleeds and nasal discharge.** Because of deviated septum, the upper surface of the septum dries out causing nosebleeds. The mucus also gets stuck in the nasal cavity causing ‘drips’ down the throat. The blocked nasal discharge can also be the breeding ground for infection.

  When post-nasal drip is one of the deviated septum symptoms, sore throat may also be present that is often painful. The discomfort associated with common cold or seasonal allergies usually get heightened by a deviated septum.

- **Loud and noisy breathing.** One of the very common deviated septum symptoms, this is often seen with infants and small children.
Deviated septum symptoms may also show up in the form of **frequent sinus infections**, caused by blocked mucus in the sinus cavity.

**Facial pain.** Blocked sinus often causes facial pain, accompanied by headaches, and pain around the eyes.

You will only know with certainty if you need deviated septum surgery when you check with your doctor, and he/she performs an examination on your nasal passage. It is likely that they will recommend surgery if your symptoms are severe, e.g. your deviated septum is causing serious breathing difficulties, frequent sinus infections, chronic snoring, or other serious health problems that are caused by the deviated septum.

**How Can a Deviated Septum be Treated Without Surgery?**

There are two ways you can look at deviated septum treatment: the first is to get immediate relief from your deviated septum symptoms (preventative treatment), and the second is to opt for a permanent solution to the problem (curative treatment). Treatment options and methods largely depend on the severity of your condition.

Here are the most popular preventative treatments for deviated septum:

- **Decongestants** are usually the first line of therapy. These drugs reduce nasal congestion, clearing the nasal passages to ease breathing. Available in the form of pills or nasal spray, this form of deviated septum treatment has to be used with caution. This is because of increased dependency and adverse side effects, which result in the worsening of the condition (rebound effect) when the treatment is stopped.

- If your deviated septum combines with a cold or allergies, you can reduce the symptoms with the help of **antihistamines**. This is an important aspect of deviated septum treatment since the aim of this therapy is to prevent mucus from blocking the narrow nasal passage causing postnasal drip and ultimately a sinus infection.

- Inflammation within the nasal cavity, caused by deviated septum, can be reduced with **nasal cortisone sprays**. This can save you from nasal blockage as well as sinus infection.

But as mentioned previously, medications used for deviated septum treatment can only provide temporary relief, not provide a permanent solution. The only permanent solution is surgery.

**What are the Major Types of Surgery to Repair a Deviated Septum?**

1. **Septoplasty**. This is the main surgical method that can correct a deviated septum, and is by far the most common surgery to correct a deviated septum. This form of surgery involves repositioning the septum in the center of the nose. The surgeon (an ENT physician) normally cuts and removes parts of the septum before the replacing is done.

   Septoplasty is usually done under general anaesthesia. This means you will be asleep during the operation. Sometimes, septoplasty may be done under local anaesthesia. This completely blocks feeling in the nose area and you will stay awake during the procedure.

2. **Rhinoplasty** is another type of surgery that is done to correct deviated septum at the same time as septoplasty. This surgery involves readjusting the bone and cartilage of your nose in order to reshape and alter the size. Some people consider this type of deviated septum treatment a purely cosmetic surgery.

3. **Turbinate reduction** is another kind of deviated septum treatment that is sometimes done simultaneously with septoplasty. This procedure is done when your doctor diagnoses “enlarged turbinates” as a contributing factor to your nasal obstruction. A “turbinate” is a long, narrow and curled bone shelf (shaped like an elongated sea-shell) which protrudes into the breathing passage of the nose.
DEVIATED SEPTUM SURGERY PROCEDURE

What Steps are Taken During Deviated Septum Surgery?

As mentioned in the previous section, the most common surgery to correct a deviated septum is septoplasty surgery. In some cases, septoplasty is performed alone, or it is performed together with rhinoplasty, which is the surgery to correct the look and shape of the nose. When these two surgeries are performed together, it is called “septorhinoplasty”.

Septoplasty involves the following steps:

1. The doctor injects numbing medicine into the septum:

2. The nasal lining is cut, so it can be lifted off the septum.

Here is a picture of the nasal lining being cut with a scalpel during surgery:
3. After the cut in the nasal lining is made, the lining is carefully removed from the septum:

And here is a diagram illustrating how the nasal lining is removed from the septum:
4. The procedure is then repeated in the other nostril, to lift the nasal lining from the other side of the septum.

5. Once the septum has been isolated, the bone and cartilage of the septum is then removed from the nose.

Cartilage being removed from the nose:

![Image of cartilage being removed from the nose]

Cartilage completely removed from the nose:
Note the nasal bone and cartilage on the cloth (the cloth is sitting on the patient’s forehead):

6. Flat pieces of cartilage are then put back into the septum:
7. The septum is now “midline” (i.e. centered in the nose)

8. The septum is then “sutured” (stitched):
Here is another (less graphic) illustration of the steps in septoplasty surgery:

First an incision is made to expose the nasal septum (diagram C); pieces of septum that are obstructing air flow are removed (diagram D); and the incision is then closed (diagram E).

And here are two “before-and-after” pictures to show you the difference in the septum, once the surgery is complete:
How Long Does the Surgery Take?

The septoplasty procedure takes about 60 - 90 minutes, and is usually done on an “outpatient basis” (meaning that an overnight stay is not required).

What is the Best Way to Prepare for Surgery to Minimize Pain and Recovery Time?

Before scheduling septoplasty, you must meet with your surgeon to discuss benefits and risks of the surgery. This meeting generally includes:

- **Your medical history.** Your doctor asks questions about conditions you have or have had, as well as any current medications.

- **A physical examination.** Your doctor conducts a physical examination, including any laboratory tests, such as blood tests. He or she also inspects your skin and the inside and outside of your nose.

- **Photographs.** Someone from your doctor's office takes photographs of your nose from different angles. Your doctor uses these photos for before-and-after assessments, and reference during and after surgery.

- **A discussion of your expectations.** You and your doctor should talk about your expectations. He or she explains what septoplasty can and can't do for you and what your results might be.

Before septoplasty surgery, you may also need to:

- **Avoid certain medications.** Avoid medications containing aspirin or ibuprofen (Advil, Motrin IB, others) for two weeks before surgery and two weeks after surgery. These medications may increase bleeding. Take only those medications approved or prescribed by your surgeon.

- **If you smoke, stop smoking.** Smoking slows the healing process after surgery.

- **Make arrangements for the day of the surgery.** For the first 24 hours after sedation, you may have lapses of memory, slowed reaction time and impaired judgment. Therefore, arrange for someone to drive you home if you're having an outpatient procedure. Also, arrange for a family member or friend to stay with you for a night or two to help with personal care tasks as you recover from surgery.

- **You should have nothing to eat or drink after midnight on the night before your surgery.**

On the day of the surgery, you should:

- **Wear a loose button-down blouse or shirt; that is, one that does not need to be pulled over your head or face.**

RECOVERY PROCESS

How Long Does Recovery Typically Take?

Recovery from septoplasty generally takes 1 week.
What to Expect After Deviated Septum Surgery

Patients who receive septoplasty are usually sent home from the hospital later the same day or in the morning after the surgery. All dressings inside the nose are usually removed before the patient leaves. Aftercare usually includes a list of detailed instructions for the patient that focus on preventing trauma to the nose.

The head needs to be elevated while resting during the first 24-48 hours after surgery. Patients will have to breathe through the mouth while the nasal packing is still in place. A small amount of bloody discharge is normal but excessive bleeding should be reported to the physician immediately.

Antibiotics are usually not prescribed after septoplasty, unless the packing is left in place more than 24 hours. Most patients do not suffer significant amounts of pain, but those who do have severe pain are sometimes given narcotic pain relievers. Patients are often advised to place an ice pack on the nose to enhance comfort during the recovery period. Patients who have splint placement usually return seven to 10 days after the surgery for examination and splint removal.

1. Nasal Drainage

Following surgery, there may be nasal packing in the nose and a small “moustache dressing” under the nose to absorb the drainage. There may be internal splints in place, as well.

At first the drainage will be bright red, but should change to pink within 24 hours. You will be instructed on how to change the dressing by the Outpatient Department staff prior to being discharged. This dressing may need to be changed frequently for the first day. Once the packing is removed at the office several days after surgery, drainage may continue. Normally such drainage will be dark reddish brown in color or even a little yellow.

2. Nasal Congestion

For the first week after surgery, swelling of the mucous membranes of your nose will make your head feel stuffy. This stuffiness will gradually decrease over the next few weeks. After this, the improvement in your nasal breathing should be noticeable. Once the nasal packing/splints are removed at the first office visit following surgery, much of the initial pressure will be relieved.

3. Discomfort after Surgery

Discomfort after this type of surgery will consist more of an ache or pressure rather than actual pain. This pressure may increase somewhat during the first week. These symptoms arise from increased swelling and the accumulation of sinus secretions.

Take, as directed, the pain medication that has been prescribed for you. If this does not relieve the discomfort, contact your doctor for his/her advice on additional medications. DO NOT TAKE ASPIRIN or IBUPROFEN, or any products containing these ingredients, as they can increase risk of bleeding.
4. Medications

Take the medications, as directed, that have been prescribed for you. Generally these include an antibiotic to prevent infection, something for pain relief, and something for nausea.

5. Nasal Irrigation/Spray

At your pre-operation visit you should be given instructions for cleaning your nose with saline at home following the surgery, or you will be instructed by your physician after surgery. Use of saline in your nose is very important, and is the most important aspect of what you can do to make recovery as quick and easy as possible.

6. Post-Operation Visits

It is very important to keep all appointments after the surgery. At these visits, the surgeon will clean and examine your operative area. The frequency of these visits varies, depending on your rate of healing. It is recommended that you eat before arriving for your appointments and that you take your pain medication one hour prior to your first and second office visit. If you are taking a prescription pain medication with codeine, or something similar, please have someone drive you.

Precautions During the First Week

- Rest - even though your surgery may seem minor, your body needs additional time and rest for healing.
- Stay home the first few days and until you are seen in the office for the first post operative visit.
- Gradually increase your activity over a one week period. If approved by your physician, more intense physical activities such as swimming, jogging, aerobics, may be resumed after two to three weeks. But avoid bending over and lifting heavy objects (over 5 pounds) during the first two to three weeks. These activities place increased pressure on the operative site.
- Do not blow your nose! It is very important that you do not blow your nose. You may sniff back secretions. Blowing your nose places too much pressure on the operative site and may cause bleeding. Usually you may blow your nose after the first or second visit to the office. Please check with your doctor.
- Sneezing - if you must sneeze, do so with your mouth open. This will reduce pressure and discomfort to the operative site.

Suggestions for Comfort

- Keep your head elevated on 2 to 3 pillows. This position will help decrease swelling and allows for better drainage of secretions.
- Using a cool vapor humidifier at your bedside for the first week may aid in relieving dryness.
- Keep plenty of liquids available, such as juices, water, & tea.
- You may also want to have some lip balm and hard candy on hand to ease the dryness caused by increased mouth breathing.

Call Your Doctor Immediately If You Have Any of the Following:

1. Visual problems, such as loss of vision, double vision, black eyes or increased swelling of the eyes.
2. Neck stiffness (you are unable to touch your chin to your chest) accompanied by fever, extreme fatigue, and marked headache.
3. Fever over 101.5 degrees.
4. Excessive bleeding from the mouth or nose.
5. Increased anxiety or changes in behavior.

**How Much Pain is Involved in Recovery from Surgery?**

The pain associated with septoplasty is usually mild to moderate. The majority of patients do not need pain medication beyond the first or second day after surgery. Many patients are surprised by how little pain there is after surgery.

**SIDE EFFECTS OF THE SURGERY**

**What are the Most Common Health Complications Resulting from Surgery?**

The risks from septoplasty are similar to those from other operations on the face: postoperative pain with some bleeding, swelling, bruising, or discoloration. A few patients may have allergic reactions to the anesthetics.

The operation in itself, however, is relatively low-risk in that it does not involve major blood vessels or vital organs. Infection is unlikely if proper surgical technique is observed.

With septoplasty surgery there is a small risk of a hole (perforation) in the septum, but this rarely requires treatment. Additional surgery may be done if the perforation causes discomfort, or an infection such as “Toxic Shock Syndrome” develops (bacteria such as Streptococcus and staphylococcus are found usually in the nose of some people, and if nasal packing is done following septoplasty there is a chance of a patient developing toxic shock syndrome).

One of the extremely rare - but serious - complications of septoplasty is “cerebrospinal fluid leak”. This complication can be treated with proper nasal packing, bed rest, and antibiotic use. Follow-up surgery may be necessary if the nasal obstruction relapses.

Other risks of septoplasty are:

- Return of the nasal blockage. This would require another surgery.
- Scarring
- Changes in skin sensation
- Unevenness in the appearance of the nose
- Skin discoloration
- Fluid buildup in the nose

**Will the Surgery Affect My Ability to Smell and Taste, or Change the Shape of My Nose or Face?**

It is highly unlikely that deviated septum surgery will affect your sense of smell or taste, and there should be no change in your appearance after the surgery (unless you opt to have rhinoplasty surgery along with septoplasty, in which case there will be a change in your facial appearance – but hopefully for the better!)

**EFFECTIVENESS OF THE SURGERY**

**What is the Success Rate of Surgery for Deviated Septum?**

The success rate of septoplasty surgery is generally considered to be high, with most patients experiencing an improvement in their nasal passage following the surgery.

Here are the results of some studies that have been done to measure the effectiveness of septoplasty:
In a study featured in the July issue of Archives of Facial Plastic Surgery, information was gathered from the charts of over 2000 nose surgery patients over a twenty year period. All charts related to the removal of the nasal septum. The findings were as follows:

- Ninety-six percent had good to excellent functional improvement following nose surgery.
- Four percent sought after revision nose surgery.
- Twelve percent experienced complications.

A 2004 study entitled “Outcomes after nasal septoplasty: Results from the Nasal Obstruction Septoplasty Effectiveness (NOSE) study” looked at the post-operation quality of life of 59 patients who underwent septoplasty surgery. The study found that patient satisfaction with the surgery was very high, and patients used significantly fewer nasal medications after the surgery. The study concluded that in patients with septal deformity, nasal septoplasty results in significant improvement in disease-specific quality of life, high patient satisfaction, and decreased medication use.

In a 2000 study entitled “Outcomes of septoplasty”, it was found that 71% of patients had clinically significant improvement, as determined by at least a 50% decrease in the duration of nasal symptoms. As well, the general health of patients was not negatively affected by the surgery.

**COST OF THE SURGERY**

**What is the Price Range for Deviated Septum Surgery?**

Just like any other surgery procedure, the cost of deviated septum surgery is dependent upon a number of factors. The location of the clinic and the expertise of the surgeon are two most important factors that will determine the deviated septum surgery price. As well, the facilities offered by the clinic also contribute to the cost of this surgery. However, the exact cost of the surgery will be determined by your individual case and the complexities involved.

A basic septoplasty surgery costs, on average, about $2000. If you wish to go for other cosmetic surgery like rhinoplasty, then expect to pay even more. Sometimes, some other medical conditions may have to be treated prior to surgery. In that case, your septoplasty cost will go even higher.

**Steps to Determine the Cost of Surgery**

While the many factors involved in deviated septum surgery make it hard to estimate the exact cost in advance, there’s a way to determine the cost of septoplasty in your city. This can be done by searching on the American Medical Association website.

The American Medical Association (AMA) has developed a coding scheme to accurately identify most surgical procedures and their cost. The AMA assigns a code to each procedure, called a “CPT” (Current Procedural Terminology) code. The “terminology” is also assigned 5 digit numerical code numbers. Medicare uses the CPT coding scheme and has identified what it deems is reasonable payment to a surgeon for a given surgical procedure. This considers the stress the surgeon is under and even the financial risk the surgeon is taking for a given procedure. The AMA has consolidated this information into their web site, making it easy to find the cost of your surgery.

Keep in mind that the information on the AMA website only addresses the cost of the surgeon himself/herself, and the follow up post operative visits. It does not include the cost of the anaesthesiologist, surgical assistants, operating room, preparation, and recovery areas, and other medications, surgical gown, and of course miscellaneous, and overhead, etc.
How to Use the AMA Website to Find Your Cost of Surgery

As mentioned in the previous section, you can use the AMA site to determine CPT (surgery) cost for a given specific surgical procedure as set by Medicare. Here are the steps:

1. Click here to go to the CPT search page (if you’re reading this ebook offline, go to https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp)

2. Click “Accept” at the bottom of the page to accept the terms and conditions of the website

3. Once you've accepted this agreement, on the next page you simply enter your state, and select a likely surgical city from the list provided.

4. Make sure you select “CPT code” for question #3.

5. Enter the code 30520 for question #4, where it says “Enter 5 digit CPT code or keyword(s) here”.

6. Click “Search”

7. Once you have done that, the website will showed the estimated cost for septoplasty surgery in your city.

Remember: these codes represent the value that Medicare assigns to a given procedure for your area. Medicare is probably constantly reviewing these costs. Your surgeon may certainly charge more (or less), but that's what Medicare will pay.

Is Deviated Septum Surgery Covered by Insurance Companies in the U.S.? What Steps Do I Take to Get It Paid For?

Many patients considering nose surgery often wonder whether or not their health insurance covers septoplasty (and rhinoplasty, if they’re getting that type of cosmetic surgery done at the same time).

And if their health insurance does cover nose surgery, the question is whether or not it will cover the type of surgery that they are interested in having done. Unfortunately, this can be a very confusing topic for patients and surgeons alike. In the section below we cover health insurance as it relates to septoplasty and rhinoplasty.

What Type of Health Insurance Do You Have?

The first thing you have to clarify is what type of health insurance do you have? There are basically two different types of health insurance:

The first is called an HMO, which stands for health maintenance organization. This is the type of health plan where you pay a monthly ‘premium’ (your monthly payment) to see doctors that belong to the HMO group. These doctors have an agreement with the HMO to see patients having this type of HMO coverage. You, in turn, agree to only see doctors that have this agreement with the HMO.
A major issue with HMO health care plans is that you have to have your health care orchestrated through a primary care provider, or PCP. So if you have a deviated septum or fracture your nose, you must see your PCP before being ‘referred’ to a specialist. And the specialist you would see, for instance, a rhinoplasty specialist, would be a surgeon within the HMO plan.

If you happen to like a different rhinoplasty specialist who does not belong to the HMO (also phrased as being ‘outside’ of the HMO), you are, unfortunately, out of luck. In very rare cases, your HMO may grant permission to be treated by a surgeon outside of the HMO plan, but this is definitely the exception rather than the rule. So in a sense, you are stuck with seeking treatment by the surgeons that are listed in your HMO.

The second major type of health insurance is a PPO plan, or preferred provider plan. In a PPO health care plan, you pay a monthly premium to have your health care covered like in an HMO. The difference is that in a PPO health care plan, you do not have to go through a PCP in order to seek care with a specialist. So you do not need the PCP ‘referral’ that is so often a source of frustration in an HMO plan. You are free to seek out any physician that takes your PPO insurance to have care and treatment administered.

Nowadays most surgeons take most PPO health care plans. Meaning, these surgeons have an agreement, or contract, with the PPO to treat their patients. These surgeons are labeled as being ‘in network’ since they belong to the network of doctors that have the agreement with the PPO. There are, however, some surgeons who are not contracted with these particular PPO plans. These surgeons are considered ‘out of network’ since they do not have any formal agreements with the PPO.

When it comes to health care coverage, you will be covered more (meaning pay less) by having your care with a network PPO physician. If you go out of network, you will still have some degree of health care coverage. But you will pay more out of pocket to see the out of network versus the in network surgeon. **So make sure you clarify in advance of your visit whether or not your chosen surgeon is in network with the PPO plan.** This could translate into a significant cost savings for you and your family when it comes to nasal surgery.

There are a variety of other health insurance plans that fall somewhere in between an HMO and PPO plan, but the major differences are really between HMOs and PPOs. Keep in mind that it is ultimately the patient’s responsibility to understand their own health insurance coverage. So read your policy very carefully and if you have any questions, make sure you contact your health plan representative directly.

**Deductibles, Co-Insurance, Out of Pocket Max & Copays**

Most of the information in this section relates to PPO insurance plans.

A **deductible** is a term that refers to a threshold amount of money that a patient has to pay out of pocket before their health insurance policy kicks in. For instance, if you have a deductible of $1500 for a planned septoplasty surgery, you will be responsible for paying the $1500 before your insurance plan actually kicks in.

Most deductibles are considered annual deductibles and reset each calendar year. This is often times why many patients seek to have additional surgery towards the end of the year if their deductible has already been met for that year. If they wait until January of the following year, the deductible resets and they must meet this amount once again before insurance kicks in again.

Usually the higher the deductible, the lower your monthly premiums
are in a similar fashion as automobile insurance. Keep in mind that some insurance plans have different deductibles for different types of service being provided. For example, they might have a $2000 deductible for surgical services like septoplasty, but a $500 deductible for pharmacy prescription coverage.

A second term commonly used in the industry is **co-insurance**. Co-insurance refers to the amount of money, based on a percentage (not a fixed amount), that you are responsible for paying for each medical bill submitted by your surgeon. For example, a common co-insurance is what they call ‘80/20’ where the insurance company pays 80% of the medical bill and the patient pays 20% of the amount. Co-insurance applies to medical bills that are above and beyond your deductible amount and simply outlines how the patient and insurance company will share the bills up to the out of pocket maximum.

The **out of pocket maximum**, or cap, is a certain dollar amount that you have to pay before your insurance plan begins to pay 100% of your medical bills. Expenses that can be applied to your out of pocket max each year include your deductible and co-insurance that may have been paid. Usually, copays (see below) and monthly premiums do not apply to the out of pocket max.

**Copay** refers to a fixed amount of money that is paid by the patient every time they seek care or services. For example, if your PPO plan has a $30 copay, you are responsible for paying this amount of money every visit to the doctor, regardless of whether or not you have met your deductible and/or co-insurance.

**Types of Nose Surgery Covered By Health Insurance**

In general, health insurance typically will provide coverage for medical conditions that adversely impact nasal function and cannot be readily treated with medication. The most common problems that fit this description include a deviated nasal septum, enlarged or overactive turbinates, nasal valve stenosis (or narrowing), and nasal fractures (broken nose).

So, in a nutshell, **the most common surgeries for fixing a deviated septum – septoplasty and turbinate reduction – are often covered by health insurance.**

However, just because you are diagnosed with one or several of these conditions does not necessarily mean that you are automatically eligible to have surgery paid for by your insurance. You must first consult with a surgical specialist in this area – usually this is a board certified otolaryngologist (also known as an ENT or head and neck surgeon) or facial plastic surgeon. Once a qualified surgical specialist makes the diagnosis, they will then recommend a surgical treatment plan for your particular case.

**Getting Insurance to Cover Your Nose Surgery**

Once your nose specialist has properly diagnosed you with a certain condition that warrants surgery, they typically need to communicate this information to your health insurance carrier. Most nose specialists will write up a letter summarizing their findings and recommendations.

Every diagnosis (for example, deviated nasal septum) has what is called an ICD code. In the medical insurance industry, these ICD codes correspond to a specific diagnosis. For a deviated septum, for instance, this is 802.0. If you have more than one diagnosis, an ICD code has to be submitted for each one.

Every procedure (for example, septoplasty) has what is called a CPT code. In medical industry jargon, a CPT code corresponds to a specific procedure that is being performed. For instance, the CPT code for a septoplasty, or septal reconstruction, is 30520. Like the diagnoses codes, each proposed procedure requires a specific CPT code. The CPT codes are of more interest to the health insurance company since these codes determine what is being paid out to the surgeon, anaesthesiologist and surgery center.
The ICD and CPT codes are sent to your insurance company for what is called preauthorization. The preauthorization process is a requirement of your insurance company before you have surgery. It is sort of like them giving permission to your surgeon to perform the procedures that are being recommended.

Keep in mind, though, that the preauthorization process is not a guarantee that all the procedures will be covered by your insurance carrier. Also, not all surgical procedures require preauthorization, but it is always a good idea to submit all the codes being performed so your insurance company is well informed of what is going on with your care. A denial of coverage means that your insurance company is denying you coverage to have that particular procedure or combination of procedures performed. Fortunately, you have an option to appeal this decision if there is a denial.

Explanation of Benefits (EOB)

Once your surgery has been completed, your surgeon, anaesthesiologist and surgery center (also known as the facility fee) will submit bills to your insurance company for payment. After processing these, your insurance company will make payment individually to the surgeon, anaesthesiologist and facility. A copy of this payment will be sent to you as well in what is called an explanation of benefits, or EOB. This usually outlines what was billed to your insurance company, what your insurance is going to pay out, and your financial responsibility.

What About Cosmetic Nose Reshaping Done At The Same Time?

Quite a few people choose to have cosmetic reshaping of the nose, or “cosmetic rhinoplasty”, at the same time as functional nose surgery. There is an advantage in doing so since you will already be under an anaesthetic and you can combine the healing process into one recovery period.

But it is very important to understand that any reshaping of the nose done for strictly cosmetic reasons will not be covered by your health insurance. And despite paying for the cosmetic rhinoplasty portion, you will still be financially responsible for any and all deductibles, co-insurance, and copays that arise from the functional nose surgery. Meaning, any out of pocket money you pay for the cosmetic rhinoplasty cannot be applied to any of the fees that are due from your insurance company.