**Name of Policy:**
Otoplasty

Policy #: 116
Category: Surgical

Latest Review Date: May 2010
Policy Grade: **Active Policy but no longer scheduled for regular literature reviews and updates.**

**Background/Definitions:**
As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

1. The technology must have final approval from the appropriate government regulatory bodies;
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;
3. The technology must improve the net health outcome;
4. The technology must be as beneficial as any established alternatives;
5. The improvement must be attainable outside the investigational setting.

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

1. **In accordance with generally accepted standards of medical practice; and**
2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient’s illness, injury or disease; and
3. **Not primarily for the convenience of the patient, physician or other health care provider; and**
4. **Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.**
Description of Procedure or Service:
Otoplasty is a description of surgical procedures designed to give the auricle a more natural and anatomic appearance. Otoplasty is specifically designed to “pin back” or reposition protruding ears and create natural looking folds and convolutions. All current otoplasties are effective in reducing the prominence of the ear but one technique may be better than another for a special problem, and each technique is characterized by certain incidental changes in the nature or the shape of the auricle.

Policy:
Otoplasty meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage when the following medical criteria are met:
- Ear protrudes more than 20mm or more than 30 degrees from the temporal/temporomastoid surface of the head
- Pre-operative photos to include right and left laterals of head, facial frontal views to demonstrate protrusion are required
- Must be at least 4 years of age (Effective August 21, 2003 for change of age requirement); or
- Lop ear deformity will require photographs to include right and left laterals of head, facial frontal views and must be at least 4 years of age

Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members' contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

Key Points:
Protruding ears are genetic; 59% of affected individuals have a family history and transmission is in an autosomal dominant pattern with variable penetrance. Five percent of white individuals are affected. Reconstructive surgery is any surgery done primarily to restore or improve the way the body works or correct deformities that result from disease, trauma or birth defects. Prominent ears may occur for several reasons including an inadequately formed helix, an enlarged concha or abnormal conchal angle, an enlarged lobe or combination of these abnormalities. Usually one ear is more prominent than the other. The defects may be unilateral or bilateral. Individuals with prominent ears generally have normal hearing, but other congenital deformities may be present (such as genito-urinary). The auricle is fully shaped at birth and achieves 85% of adult size by age 3 and nearly adult size by age 5 or 6 years.

The normal external ear forms an angle of about 23 degrees with the temporal surface of the head. If the angle is more obtuse, the ears may appear excessively prominent on a full-face view. The normal protrusion of the ear is between 1.5 cm to 2.0 cm from the post-auricular scalp to the lateral aspect of the superior helix. The ear is prominent when the helix protrudes 2 cm or more.
from the post-auricular scalp. Evaluation of the character of the auricular cartilage is an important diagnostic step because the type of cartilage affects the surgeon’s choice of treatment. Generally, prominent ears are treated surgically. Proper preoperative management includes a detailed medical history, a psychological assessment, careful physical examination and photography.

The constricted ear deformity, often called “cup ear” or “lop ear”, involves a loss of height of the ear. The constriction may be mild to severe and each deformity should be addressed individually. This may also be referred to as prominent ear deformity.

**November 2008 Update**
A literature search revealed no new studies that would alter the coverage statement of this policy.

**May 2010 Update**
A literature search revealed no new studies that would alter the coverage statement of this policy.

**Key Words:**
Otoplasty, protruding ears, prominent ears, ears, lop ear

**Approved by Governing Bodies:**
Not applicable

**Benefit Application:**
Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply
FEP contracts: FEP does not consider investigational. Will be reviewed for medical necessity
Pre-certification/Pre-determination requirements: Not applicable

**Current Coding:**
CPT codes: 69300 Otoplasty, protruding ear, with or without size reduction

**References:**


**Policy History:**
Medical Policy Group, May 2003 (1)
Medical Policy Administration Committee, May 2003
Available for comment July 1-August 14, 2003
Available for comment August 28-October 13, 2003
Medical Policy Group, November 2004
Medical Policy Group, May 2006 (1)
Medical Policy Group, November 2008 (1)
Medical Policy Group, May 2010 (1) No policy changes
Medical Policy Group, September 2012 (3): Active Policy but no longer scheduled for regular literature reviews and updates.

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member’s plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield’s administration of plan contracts.