

Corporate Medical Policy

Otoplasty

File Name: otoplasty
Origination: 2/1996
Last Review: 6/2002
Next Review: 6/2004

Active policy, no longer scheduled for routine literature review.

Description of Procedure or Service

Otoplasty is the surgical correction of protruding ears.

Policy

Active policy, no longer scheduled for routine literature review.

BCBSNC will provide coverage for otoplasty only when the medical criteria and guidelines below are met.

When the limited conditions of coverage are not met, the procedure is considered cosmetic.

BCBSNC does not cover services performed for the sole purpose of improving appearance if the defect has not been caused by trauma or disease.

Benefits Application

Please refer to certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

When Otoplasty is covered

- ◆ Otoplasty has **limited conditions for coverage**. It may be considered for coverage for the following reasons:
 - For absence of external ears
 - For deformed ears resulting from trauma or disease or reconstruction following trauma or disease

When Otoplasty is not covered

- ◆ For any purpose other than shown above.
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- ◆ Otoplasty performed for psychological indications is non-covered.

Policy Guidelines

n/a

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable Code: 69300

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: Otoplasty, Protruding ears, Ears

Medical Term Definitions

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual
Medical Policy Advisory Group Review 3/99
Specialty Matched Consultant Advisory Panel - 7/00
Medical Policy Advisory Group - 9/14/2000
Specialty Matched Consultant Advisory Panel-6/2002

Policy Implementation/Update Information

2/96	Original policy issued
8/96	Revised: Changed to reflect that when done for psychological reasons, otoplasty is non-covered. Added policy guidelines as stated above.
3/99	Reviewed by MPAG. Reaffirm
8/99	Reformatted. Medical Term Definitions added.

Policy: Otoplasty

- 7/00 Specialty Matched Consultant Advisory Panel. No change in criteria.
- 9/00 Medical Policy Advisory Group review. Approved. No change in criteria.
- 4/02 Format changes.
- 6/02 Specialty Matched Consultant Advisory Panel. No change in criteria.
- 1/04 Benefits Application and Billing/Coding sections updated for consistency. Policy status changed to: "Active policy, no longer scheduled for routine literature review".

See Also: Cosmetic Surgery

6/22/10 Policy Number(s) removed (amw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.