



MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 10/08/10
LAST REVIEW DATE: 09/04/13
LAST CRITERIA REVISION DATE: 01/01/14
ARCHIVE DATE:

EAR RECONSTRUCTION (OTOPLASTY)

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Otoplasty refers to surgical procedures to reshape or reconstruct the external ear.



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EAR RECONSTRUCTION (OTOPLASTY) (cont.)

Criteria:

COVERAGE FOR TREATMENT TO CORRECT A CONGENITAL DEFECT OR BIRTH ABNORMALITY IS DEPENDENT UPON BENEFIT PLAN LANGUAGE AND IS SUBJECT TO THE PROVISIONS OF THE RECONSTRUCTIVE BENEFIT AND THE COSMETIC BENEFIT EXCLUSION. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS AND THE FUNCTIONAL IMPAIRMENT REQUIREMENT.

- Otoplasty for the treatment of external ear deformity is considered **medically necessary** with documentation of **ANY** of the following:
 1. Abnormality of the external auditory canal opening (e.g., stenosis) results in a hearing loss of 15 decibels or more and reconstruction of the external ear will improve the hearing impairment
 2. Otoplasty is part of a staged reconstruction that involves a cochlear implant, and reconstruction of the external ear is required for proper functioning of the device
- Otoplasty for all other indications not previously listed is considered **cosmetic** and **not eligible for coverage**, even when the procedure will improve emotional, psychological or mental condition or performance, based upon **ANY** of the following:
 1. Intent to enhance or improve appearance
 2. Absence of a functional physical impairment

Cosmetic indications include, *but are not limited to*:

- Complications from piercing
- Constricted ears
- Cupped ears
- Prominent/protruding ears

Resources:

1. Thorne CH. Chapter 30 - Otoplasty and Ear Reconstruction. *Grabb and Smith's Plastic Surgery*. 2006:297-312.