BlueCross BlueShield of Alabama

Name of Blue Advantage Policy:

Otoplasty

Policy #: 116
Category: Surgical

Latest Review Date: March 2021
Policy Grade: **Active policy but no longer scheduled for regular literature reviews and updates.**

BACKGROUND:

Blue Advantage *medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:*

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
   - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
   - *Furnished in a setting appropriate to the patient's medical needs and condition;*
   - *Ordered and furnished by qualified personnel;*
   - *One that meets, but does not exceed, the patient's medical need; and*
   - *At least as beneficial as an existing and available medically appropriate alternative.*

In accordance with Title XVIII of the Social Security Act, Section 1862 (a)(10) cosmetic surgery or expenses incurred in connection with such surgery is not covered except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member.

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill* ***Original Medicare* *for covered services that are related to* ***clinical trials*** *that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

POLICY:

Blue Advantage will treat **otoplasty** as a **covered** benefit 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; 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 Advantage 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 Advantage administers benefits based on the members' contract and 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.

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.

Prominent ears are a congenital abnormality in which the ears tend to project excessively from the skull. This condition may occur as a result of an inadequately formed antihelix (i.e., the outer frame of the auricle), an overdeveloped or excessively deep concha (i.e., hollow portion of the outer ear), or a combination of these conditions. Normal prominence is defined as 1.2–2.0 cm from the post-auricular scalp to the lateral aspect of the superior helix. Ear prominence is typically defined as a protrusion of the helix 2 cm or more from the postauricular scalp. Otoplasty performed to correct prominent ears involves recreating an antihelical fold and possibly in setting or resecting the concha to decrease the prominence. 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 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.

KEY POINTS:
Literature review performed through March 2, 2021.

Summary of Evidence:
The primary goal of surgical correction for prominent/protruding ears is improvement of physical appearance (i.e., cosmesis). Complications associated with otoplasty and/or external ear reconstructive procedures include bleeding, infection and possibly pneumothorax if a rib graft is used.

Practice Guidelines and Position Statements:
American Academy of Pediatrics (AAP): Guidelines and/or position statements from the AAP do not comment on the performance of otoplasty for treatment of external ear deformities.
American Society of Plastic Surgeons (ASPS): According to the ASPS, otoplasty is considered a reconstructive surgery that may be performed in children or adults, although the procedure is more common in children (ASPS, 2005; Reaffirmed June 2015).

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.

CURRENT CODING:
CPT codes:

69300	Otoplasty, protruding ear, with or without size reduction

REFERENCES:

1. American Academy of Facial Plastic and Reconstructive Surgery. (2016). Ear surgery. Retrieved March 22, 2016 from http://www.aafprs.org.
2. American Society of Plastic and Reconstructive Surgeons. Position Paper: Ear Deformity: Prominent Ears, adopted January, 1998, http://www.plasticsurgery.org/medical_professionals/publications.

3. American Society of Plastic Surgeons (ASPS). Ear deformity: prominent ears: recommended criteria for third-party payer coverage [position paper]. Socioeconomic Subcommittee. Approved by ASPS Board of December 2005. Reaffirmed June 2015. Accessed October 1, 2019. Available at URL address: http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policyresources/recommended-insurance-coverage-criteria.html
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5. Furnas, David W. Ear, prominent ear, http://www.emedicine.com/plastic/topic454.htm.
6. Furnas, David W. Otoplasty, Grabb and Smith's Plastic Surgery, Fifth Edition, Chapter 36, pp. 431-438.
7. National Institute for Health and Care Excellence. (2012, March). Incisionless otoplasty. https://www.nice.org.uk.
8. Pawar, S., Koch, C. and Murakami, C. (2015). Treatment of prominent ears and otoplasty: a contemporary review. JAMA Facial & Plastic Surgery, 17 (6), 449-54.
9. Sclafani, Anthony P. and Ranaudo, Jeffrey. Otoplasty, http://www.emedicine.com/ent/topic110.htm.
10. Spira, Melvin. Otoplasty: What I do now-A 30-year perspective, Plastic Reconstructive Surgery, September 1999, Vol. 104(3), pp. 834-840, http://www.gateway1.ovid.com/ovidweb.cgi.

POLICY HISTORY:

Adopted for Blue Advantage, March 2005
Available for comment May 1-June 14, 2005
Medical Policy Group, May 2006
Medical Policy Group, November 2008
Medical Policy Group, April 2010
Medical Policy Group, September 2012
Medical Policy Group, November 2019
Medical Policy Group, March 2021