OTOLPLASTY
SUR714-001
BlueReview POSTED DATE: 3/23/2004
EFFECTIVE DATE: 7/1/2004

COVERAGE:

Otoplasty is considered reconstructive and medically necessary when the ears are absent or deformed from trauma, surgery, disease or congenital defects.

Otoplasty to correct large or protruding ears is considered cosmetic.

In order to determine medical necessity for an Otoplasty, the following information must be provided:

1) History and physical with complete documentation of anatomical defects; AND
2) Photographs of anatomical defects.

DESCRIPTION:

Otoplasty is a surgical procedure to repair, reshape or reposition the ear in attempt to improve appearance. The vast majority of otoplasties are performed on ears that are excessively protruding secondary to congenital absence of an antihelical cartilaginous fold.

Otoplasty may also be performed on patients with a congenital absence of an external ear, or an external ear with significantly altered appearance due to trauma, surgery, disease or congenital defects. Microtia is the smallness of the auricle of the ear with a blind or absent external auditory meatus.

RATIONALE:

Otoplasty can be a medically necessary procedure with complete documentation provided by the physician showing improvement of hearing function. If the procedure is done to improve or alter appearance, the otoplasty is considered a cosmetic procedure and is not medically necessary.

PRICING:

None

REFERENCES:

• Johnson, P.E. “Otoplasty: Shaping the Antihelix.” Aesthetic


DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.