OTOPLASTY, UNILATERAL OR BILATERAL
SUR714.001

COVERAGE:

Otoplasty for minor deformities is considered a cosmetic procedure and not covered.

Severe malformations of the external ear are rare, and may be associated with serious renal anomalies, mandibulofacial dysostosis and other cranial-facial malformations. The following conditions will need to have medical necessity determination:

1. The unusually prominent or "lop" ear is a result of a lack of bending of the cartilage that created the antihelix. This condition may be termed outstanding ear, protruding ear, "mickey mouse" ear, bat ear, shell ear, cat ear, or "dumbo" ear. In these cases, the auricle may stand too far from the skull. This deformity can be corrected surgically by weakening the spring of the cartilage of the pinna so that an antihelical fold can be created. This deformity is ideally corrected at age five or six years.

2. A pit like cutaneous depression just in front of the helix and above the tragus may represent a cyst or an epidermis fistulous tract; these are common but do not require surgically removal unless they become recurrently infected.

3. Accessory skin tags on narrow pedicles about the ear may be removed by ligation. If the pedicles is broad based or contains cartilage, the defect should be corrected surgically. Neither of these cases should be considered reconstructive but should be viewed as cosmetic procedures and subject to the cosmetic exclusion.

4. Microtia are severe congenital deformities of the ear and are frequently associated with urinary tract malformations. There may be major developmental defects in the pinna resulting in relatively small and misshapen external ears. With absence of a major portion of the auricular cartilage, surgical reconstruction rarely produces a satisfactory cosmetic result. An artistic prosthesis is often the best solution to this cosmetic problem. Microtia is often associated with stenosis or atresia of the external auditory canal.

These defects may be associated with developmental abnormalities in the middle ear resulting in profound conductive hearing losses. In unilateral defects with normal hearing in the other ear, middle ear reconstruction is not recommended because of the danger of facial nerve injury. If however, there is a bilateral profound hearing loss, attempt at reconstruction should be made. Microtia includes cases of rudimentary auricles which besides being abnormally small in size, are often more anterior and inferior in placement than normal auricles. In rare instances, the auricles maybe totally absent (anotia).

For coverage determination in any of the above described conditions, the request should be documented with photographs and review of attending physician's detailed explanations of the anatomical defect.
DESCRIPTION:

Prominent ears are not considered a congenital anomaly but are an anatomic variance. These minor deformities are common and the correction of this problem should be considered cosmetic and subject to the cosmetic exclusion.

RATIONALE:

None

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.

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