

# Medical Policy



## Otoplasty

Policy Number: PG0376  
Last Reviewed Date: 03/01/2025  
Last Revised: 03/01/2025

HMO AND PPO  
ELITE (MEDICARE ADVANTAGE)  
MARKETPLACE

### GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

### SCOPE:

- Professional
- Facility

### DESCRIPTION:

Otoplasty includes surgical procedures intended to reshape or restore the appearance of an external ear. Otoplasty may be performed to correct prominent or protruding ears, or to construct/alter an absent or deformed ear due to congenital malformation, trauma or disease. Otoplasty may be utilized to improve auditory acuity or to improve cosmetic appearance (e.g., protruding ears, prominent ears).

### POLICY:

**Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

- **Otoplasty (69300) requires prior authorization for all product lines.**

### COVERAGE CRITERIA:

**Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

**Medical Necessity:** Paramount considers otoplasty (CPT Code 69300 and applicable ICD-10-PCS Codes) medically necessary and eligible for reimbursement providing that at least one of the following medical criteria is met:

- Severe congenital malformation of the ear, causing a significant, reversible, functional deficit of normal hearing†; or
- Trauma or disease involving the ear, causing a significant, reversible, functional deficit of normal hearing†; or
- Ear is misshapen or absent, causing a significant, reversible, functional deficit of normal hearing†. AND
- At least one of the following:
  1. Procedure is necessary to improve a hearing impairment that exists because of an absent or misshapen ear; or
  2. Procedure is necessary to permit effective use of a hearing aid or device.

†Paramount considers “a significant, reversible, functional deficit of normal hearing” to be a >15 decibel loss of hearing in the affected ear(s) that is documented by audiometry.

Note: Paramount does not consider symmetrically prominent or protruding ears to be a severe congenital

malformation.

Paramount considers otoplasty in all other circumstances cosmetic and not eligible for reimbursement.

**Medical record documentation:** Submitted medical record documentation must include all of the following:

- Medical records; and
- Photographs; and
- Audiometry results.

Cosmetic surgery performed to reshape normal structures of the body to improve the patient's appearance and self-esteem are not considered eligible for coverage. Otoplasty is considered cosmetic when performed solely to improve physical appearance.

Non-surgical external ear molding is considered medically necessary for a congenital external ear malformation with a functional impairment of hearing as evidenced by diagnostic testing (e.g., diagnostic auditory brain stem response [ABR]).

- Nonsurgical treatment (e.g., ear molds) is employed as treatment shortly after birth when infant ear cartilage is soft and moldable. Ear molds used to improve the appearance of the external ear in the absence of a functional deficit is considered cosmetic.

**CODING/BILLING INFORMATION:**

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODE	
69300	Otoplasty, protruding ear, with or without size reduction

**REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 09/13/2016**

Date	Explanation & Changes
09/13/2016	<ul style="list-style-type: none"><li>• Policy created to reflect most current clinical evidence per Medical Policy Steering Committee</li></ul>
12/22/2020	<ul style="list-style-type: none"><li>• Medical policy placed on the new Paramount Medical Policy Format</li></ul>
02/01/2023	<ul style="list-style-type: none"><li>• Policy updated to reflect most current clinical evidence</li><li>• No changes to policy statement</li><li>• Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023</li></ul>
04/08/2024	<ul style="list-style-type: none"><li>• Medical Policy placed on the new Paramount Medical Policy format</li></ul>
09/01/2024	<ul style="list-style-type: none"><li>• Medical Policy reviewed and updated.</li></ul>
03/01/2025	<ul style="list-style-type: none"><li>• Medical Policy reviewed and updated to reflect the most current clinical evidence and align with Medical Mutual policy</li></ul>

**Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/providers/medical-policies/policy-library>**

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies  
<https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services  
<https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets  
<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting  
<https://www.cms.gov/medicare/coding/icd10>

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf>

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services  
<https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare>

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs)  
<https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-unlikely-edits>  
U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review

#### **SOURCES OF INFORMATION:**

Alanazi H. (2024). Complications of Cartilage Sparing Otoplasty: A Systematic Review and Meta-Analysis. *The Journal of craniofacial surgery*, 35(3), 874–878.

Kelley PE, Scholes MA. (2007). Microtia and congenital aural atresia. *Otolaryngol Clin North Am.*;40(1):61-80.

Kim SY, Bothwell NE. (2002). The expanding role of the otolaryngologist in managing infants and children with hearing loss. *Otolaryngol Clin North Am.*;35(4):699-710.

McNeil ML, Aiken SJ, Bance M, Leadbetter JR, Hong P. (2013). Can otoplasty impact hearing? A prospective randomized controlled study examining the effects of pinna position on speech reception and intelligibility. *J Otolaryngol Head Neck Surg.*;42(10):1-10.