Medical Management Policy

Service: Otoplasty and Reconstruction of External Ear

PUM 250-0026-1812

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<th>Medical Policy Committee Approval</th>
<th>08/30/19</th>
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<td>Effective Date</td>
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<td>Prior Authorization Needed</td>
<td>Yes</td>
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Disclaimer: This policy is for informational purposes only and does not constitute medical advice, plan authorization, an explanation of benefits, or a guarantee of payment. Benefit plans vary in coverage and some plans may or may not provide coverage for all services listed in this policy. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and federal law. Some benefit plans administered by the organization may not utilize Medical Affairs medical policy in all their coverage determinations. Contact customer services as listed on the member card for specific plan, benefit, and network status information.

Medical policies are based on constantly changing medical science and are reviewed annually and subject to change. The organization uses tools developed by third parties, such as the evidence-based clinical guidelines developed by MCG to assist in administering health benefits. This medical policy and MCG guidelines are intended to be used in conjunction with the independent professional medical judgment of a qualified health care provider. To obtain additional information about MCG, email medical.policies@wpsic.com.

Definitions:

Reconstructive surgery, for the purpose of this policy, is when the primary purpose of the surgery is to correct functional impairment caused by an illness, injury, congenital abnormality, acute traumatic injury, tumors, or cancer.

Cosmetic Treatment, for the purpose of this policy, is any health care service used solely to: (1) change or improve your physical appearance or self-esteem; or (2) treatment of a condition that causes no functional impairment or threat to your health.

Cosmetic procedures are not typically a covered benefit of health plans. Procedures/services that correct a congenital abnormality without improving or restoring a functional deficit are considered cosmetic treatment and not medically necessary.

Description: The external ear helps to direct sound waves into the external auditory canal. The malformation or absence of the external ear may result in hearing loss. This policy addresses reconstructive surgery to correct the functional impairment of hearing loss, caused by the absence or malformation of the external ear.

NOTE: Procedures in this medical policy may be exclusions of some health plans. Please verify available benefits for the individual.

Indications of Coverage:

A. Reconstructive surgery to correct a malformation or absence of the external ear is considered medically necessary when both of the following are met:

1. The individual has a hearing loss that impairs speech development or language acquisition, or as demonstrated by an audiogram that documents a loss of at least 15
decibels in the affected ear, due to external ear condition or absence (e.g., auditory canal atresia, aural stenosis, anosia, trauma, disease, tumor, microtia).

2. The reconstruction surgery is expected to improve hearing or facilitate the use of a hearing aid/device to improve hearing.

   Note: Please see the individual’s health plan for information regarding benefits and prior authorization requirements related to hearing aids/hearing devices.

**Limitations of Coverage:**

A. Review contract and endorsements for exclusions and prior authorization or benefit requirements.

B. If used for a condition/diagnosis other than is listed in the Indications of Coverage, it will be denied as experimental, investigational, and unproven to affect health outcomes.

C. If used for a condition/diagnosis that is listed in the Indications of Coverage; but the criteria are not met, it will be denied as not medically necessary.

D. Otoplasty to correct large, protruding, prominent, or cupped ears to improve appearance is considered cosmetic and not medically necessary.

E. Adhesive auricular corrective systems (e.g., EarWell®), or other ear splints (e.g., Earbuddies®) to improve appearance are considered cosmetic treatment and not medically necessary.

F. Ear reconstruction for stretched or split earlobe or auricle / pinna caused by ear piercing, plugging, or gauging / stretching is considered cosmetic treatment and not medically necessary.

**Documentation Required:**

- Office visit notes
- Documentation of hearing deficit

**Policy Review History:**

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Approved by the Medical Director