

# Medical Policy

**Policy:** 200521

**Effective Date:** 12/09/2025

**SUBJECT:** Otoplasty

**Annual Review Date:** 11/11/2025

**Last Revised Date:** 11/11/2025

**Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.**

**Definition:** 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).

**Medical Necessity:** The Company 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<sup>†</sup>; or
- Trauma or disease involving the ear, causing a significant, reversible, functional deficit of normal hearing<sup>†</sup>; or
- Ear is misshapen or absent, causing a significant, reversible, functional deficit of normal hearing<sup>†</sup>.

**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.

<sup>†</sup>The Company considers “a significant, reversible, functional deficit of normal hearing” to be a  $\geq 15$  decibel loss of hearing in the affected ear(s) that is documented by audiometry.

**Note:** The Company does **not** consider symmetrically prominent or protruding ears to be a severe congenital malformation.

The Company 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

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- 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.

## **Documentation Requirements:**

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

**NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.**

*Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.*

*Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.*

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## 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.

<b>Applicable Code(s):</b>	
<b>CPT:</b>	<b>69300</b>
<b>HCPCS:</b>	
<b>ICD10 Procedure Codes:</b>	<b>090007Z, 09000JZ, 09000KZ, 09000ZZ, 090037Z, 09003JZ, 09003KZ, 09003ZZ, 090047Z, 09004JZ, 09004KZ, 09004ZZ, 0900X7Z, 0900XJZ, 0900XKZ, 0900XZZ, 090107Z, 09010JZ, 09010KZ, 09010ZZ, 090137Z, 09013JZ, 09013KZ, 09013ZZ, 090147Z, 09014JZ, 09014KZ, 09014ZZ, 0901X7Z, 0901XJZ, 0901XKZ, 0901XZZ, 090207Z, 09020JZ, 09020KZ, 09020ZZ, 090237Z, 09023JZ, 09023KZ, 09023ZZ, 090247Z, 09024JZ, 09024KZ, 09024ZZ, 0902X7Z, 0902XJZ, 0902XKZ, 0902XZZ</b>

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