



## Medica Central Utilization Management Policy

**Title:** Otoplasty MP9647 (III-SUR.33)

**Effective Date:** January 01, 2026

*This policy was developed with input from specialists in otolaryngology and plastic surgery and endorsed by the Medical Policy Committee.*

### **IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY**

*These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.*

*Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>*

*Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.*

**PURPOSE** To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

### **BACKGROUND**

Otoplasty is surgery performed on the ear to correct defects and deformities caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease.

### **BENEFIT CONSIDERATIONS**

1. Prior authorization **is required** for otoplasty, including congenital ear deformity. Please see the prior authorization list for product specific prior authorization requirements.
2. Coverage may vary according to the terms of the member's plan document.
3. Cosmetic surgery is generally an exclusion in the member's plan document.

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4. If the above medical necessity criteria are not met, the procedure(s) would be considered cosmetic.
5. If the Medical Necessity Criteria and Benefit Considerations are met, The Health Plan will authorize benefits within the limits in the member's plan document.
6. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Provider Administrative Manual.

### MEDICAL NECESSITY CRITERIA

#### I. Indications

Otoplasty is considered medically necessary when documentation in the medical records indicates that **all of the following** are met:

- A. The surgery is performed to correct a physical structure or repair the absence of a physical structure when **one of the following** is met:
  1. Hearing loss when **all of the following** are met:
    - a) An audiogram that indicates a loss of at least 15 decibels in the affected ear(s)
    - b) Documentation includes rationale of how otoplasty will improve the individual's hearing.
  2. Interference with the use of a hearing aid or wearing of prescription eye glasses.
- B. Photograph(s) clearly show the physical impairment.

### CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at:  
<https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

### DOCUMENT HISTORY

	<b>Committee/Source</b>	<b>Date(s)</b>
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MPC Endorsement Date(s)	08/2025
Administrative Updates	

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### References

#### **Pre-06/2015 MPC:**

1. American Academy of Otolaryngology, Head and Neck Surgery. Ear Plastic Surgery. <http://www.entnet.org/HealthInformation/earPlasticSurgery.cfm>. Accessed April 16, 2014.
2. American Society of Plastic Surgeons. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers Ear Deformity: Prominent Ears. <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Otoplasty2.pdf>. December 2005. Accessed April 16, 2014.
3. Cooper-Hobson G, Jaffe W. The benefits of otoplasty for children: further evidence to satisfy the modern NHS. *J Plast Reconstr Aesthet Surg*. 2009;62(2):190-194.
4. ECRI Institute. *ECRI Custom Hotline: Otoplasty for Protuberant Ears in Children and Adolescents*. May 2010. [Archived]. Plymouth Meeting, PA.
5. Isaacson GC. Congenital anomalies of the ear. In: Basow, DS (Ed). *UpToDate*. Waltham, MA: Up to Date; 2014.
6. Mashhadi S, Butler DP. A strategy for assessing otoplasty outcome intra-operatively. *J Plast Reconstr Aesthet Surg*. 2012;65(7):984-985.
7. Scalfani AP, and Ranaudo J. Otoplasty. eMedicine. <http://emedicine.medscape.com/article/839886-overview>. Updated: March 3, 2010. Accessed April 16, 2014.
8. Thorne CH, Wilkes G. Ear deformities, otoplasty, and ear reconstruction. *Plast Reconstr Surg*. 2010;129(4):701e-716e.

#### **06/2015 MPC:**

No new references

#### **06/2016 MPC:**

9. Scalfani AP. Otoplasty. eMedicine. <http://emedicine.medscape.com/article/839886-overview>. Updated: November 13, 2015, 2010. Accessed April 22, 2016.

#### **06/2017 MPC:**

10. American Society of Plastic Surgeons. *ASPS Recommended Insurance Coverage Criteria for Third-Party Payers Ear Deformity: Prominent Ears*. Arlington Heights, IL: American Society of Plastic Surgeons. June 2015.

#### **06/2018 MPC:**

No new references

#### **06/2019 MPC:**

No new references

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### **06/2020 MPC:**

11. Sirin S, Abaci F, Selcuk A, Findik OB, Yildirim A. Psychosocial effects of otoplasty in adult patients: a prospective cohort study. *Eur Arch Otorhinolaryngol*. 2019;276(5):1533-1539. doi: 10.1007/s00405-019-05391-y.

### **06/2021 MPC:**

No new references

### **06/2022 MPC:**

No new references

### **06/2023 MPC:**

No new references

### **06/2024 MPC:**

No new references

### **08/2025 MPC:**

12. American Society of Plastic Surgeons (ASPS). Ear deformity: prominent ears: recommended criteria for third-party payer coverage [position paper]. Socioeconomic Subcommittee. Approved by ASPS Board of December 2005. Reaffirmed June 2015. Accessed Feb 2025. Available at URL address: <http://www.plasticsurgery.org/for-medicalprofessionals/legislation-and-advocacy/health-policy-resources/recommended-insurancecoverage-criteria.html>