TITLE: OTOPLASTY

EFFECTIVE DATE: August 20, 2018

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 plans. Please refer to the member’s plan document for 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 and Minnesota Health Care 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 about this Medica utilization management policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica utilization management 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 reviewers in utilization management decision-making by providing the criteria that generally determines the medical necessity of otoplasty. The Benefit Considerations box below outlines the process for addressing the needs of individuals who do not meet these criteria.

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. 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.
4. If the above medical necessity criteria are not met, the procedure(s) would be considered cosmetic.
5. If the Medical Necessity and Coverage Criteria are met, Medica will authorize benefits within the limits in the member’s plan document.
6. If it appears that the Medical Necessity and Coverage Criteria 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 Medica 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 current 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: http://www.cms.hhs.gov/mcd/search.asp?

DOCUMENT HISTORY

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<tr>
<th>Original Effective Date</th>
<th>December 2010</th>
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<tbody>
<tr>
<td>MPC Endorsement Date(s)</td>
<td>06/2011, 06/2012, 06/2013, 06/2014, 06/2015, 06/2016, 06/2017, 06/2018</td>
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<tr>
<td>Administrative Updates</td>
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References

Pre-06/2015 MPC:

06/2015 MPC:
No new references

06/2016 MPC:

06/2017 MPC:

06/2018 MPC:
No new references