



# ASPS Recommended Insurance Coverage Criteria for Third-Party Payers

## Ear Deformity: Prominent Ears

### BACKGROUND

Protruding ears are the most frequent congenital deformity of the head and neck area affecting five percent of the general public. Ear deformities affect both genders equally and may be unilateral or bilateral. The most common causes of prominent ear are an underdeveloped, effaced, or absent antihelix fold; an overdeveloped or excessively deep conchal bowl; or the combination of the two. In many cases protruding ears result in an abnormal appearance. Although hearing may be normal, the individual may suffer significantly from peer ridicule and lowered self-esteem.

Assessment of the ear includes measurement of the distance from the scalp to the helix at three points. In the normal ear, the upper third of the helix is 10-12 mm from the skull, the middle third is 16-18 mm from the skull, and the lobule is 20-22 mm from the mastoid and should not project beyond the upper two thirds of the ear.

Otoplasty may be performed in children or adults although the procedure is more common in children. Surgery is often recommended near an age when ear growth is nearly complete such as between ages 5-7. At this point the child can cooperate in their care, and the social and psychological problems associated with peer ridicule are avoided at a critical time in their social development.

### DEFINITION: COSMETIC AND RECONSTRUCTIVE SURGERY

For reference, the following definition of cosmetic and reconstructive surgery was adopted by the American Medical Association, June 1989: Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem. Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

### POLICY

Prominent ear(s) is a congenital deformity that can result in social and psychological problems. Otoplasty is medically necessary and considered reconstructive surgery when it is performed to approximate a normal appearance, even if it does not improve function. The severity of the prominence and any other anomalies of the ear should be documented.

## CODING

The following codes are provided as a guideline for the physician and are not meant to be exclusive of other possible codes. Other codes may be acceptable depending on the nature of any given procedure.

Diagnosis	ICD-10 Code
Other congenital malformations of ear	Q17.0 – Q17.9

  

Procedure	CPT Code
Otoplasty, protruding ear, with or without size reduction	69300 (-50)

## REFERENCES

1. Guyuron, B. and DeLuca, L. Ear projection and the posterior auricular muscle insertion. *Plast. Reconstr. Surg.* 100:457, 1997.
2. Yugueros, P. and Friedland, J.A. Otoplasty: the experience of 100 consecutive patients. *Plast. Reconstr. Surg.* 108:1045, 2001.
3. Furnas, D. W. Otoplasty for protruding ears, cryptotia, or Stahl's ear. In Gregory Evans, *Operative Plastic Surgery*. New York, New York: McGraw-Hill, 2000. Pg. 417-448.
4. Kelly, P., Hollier, L. and Stal, S. Otoplasty: evaluation, technique and review. *J. Craniofacial Surg.* 14:643, 2003.
5. Matsuo, K., Hayashi, R., Kiyono, M., et al. Nonsurgical correction of congenital auricular deformities. *Clin. Plast. Surg.* 7:38, 1990.
6. Gosain, A.K., Kumar, A., Huang, G. Prominent ears in children younger than 4 years of age: what is the appropriate timing for otoplasty? *Plast. Reconstr. Surg.* 114:1042, 2004.
7. Gosain, A. and Recinos, R. Otoplasty in children less than four years of age: surgical technique. *J. Craniofacial Surg.* 13:505, 2002.
8. Peker, F. and Celikoz, B. Otoplasty: anterior scoring and posterior rolling technique in adults. *Aesth.. Plast. Surg.* 26:267, 2002.
9. Vital, V. and Printza, A. Cartilage-sparing otoplasty: our experience. *J. Laryngology and Otology.* 116:682, 2002.

10. Mayaleh, H. A., Khalil, H.S., Portmann, D., et al. Otoplasty for prominent ears in children. The technique adopted in the Portmann Institute. *Rev. Laryngol. Otol. Rhinol.* 124:135, 2003.
11. Baker, D.C., and Converse, J.M. Correction of protruding ears: a 20 year retrospective. *Aesth. Plast. Surg.* 3:29, 1979.
12. Cho, B.C., Chung, H.Y., Park, J.W. Surgical correction of prominent ear using modified tube technique and posterior approach. *J. Craniofacial Surg.* 14:767, 2003.
13. Burnstein, F. Cartilage-sparing complete otoplasty technique: a 10-year experience in 100 patients. *J. Craniofacial Surg.* 14:521, 2003.
14. Graham, K.E. and Gault, D.T. Endoscopic assisted otoplasty: a preliminary report. *Br. J. Plast. Surg.* 50:47, 1997.
15. Furnas, D.W. Otoplasty for prominent ears. *Clin. Plast. Surg.* 29:273, 2003.

Approved by the ASPS® Executive Committee: December 2005. Reaffirmed: June 2015.  
ICD-10-CM Coding updated January 2016.