

Otoplasty (outpatient)

Blue Care Network provides coverage for this procedure for pediatric and adult members who meet medical necessity criteria. Submit prior authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable codes for otoplasty (outpatient): *69300

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See below for the questions you'll encounter in the e-referral system.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Is this surgery being performed because the patient is missing an ear due to EITHER a birth defect, trauma or accidental injury?

A Possible answers: Yes No N/A

Q Is this surgery being performed because the patient has a deformed ear due to EITHER a birth defect, trauma or accidental injury?

A Possible answers: Yes N/A No

Q Is this surgery being performed SOLELY to improve physical appearance OR to alleviate mental health problems associated with physical appearance?

A Possible answers: Yes N/A No