

### Otoplasty (outpatient)

We provide coverage for this procedure for pediatric and adult members who meet medical necessity criteria. Submit 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 we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: \*69300

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

**Q** Is this surgery being performed because the patient is missing an ear due to ONE of the following (A-C)? A. A birth defect. B. Trauma. C. Accidental injury.

**A**

Possible answers:  Yes  No  N/A

**Q** Is this surgery being performed because the patient has a deformed ear due to ONE of the following (A-C)? A. A birth defect. B. Trauma. C. Accidental injury.

**A**

Possible answers:  Yes  No  N/A

**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  No  N/A