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.

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

Possible answers: □ Yes □ No □ N/A

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

Possible answers: □ Yes □ N/A □ No

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

Possible answers: □ Yes □ N/A □ No