This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

RMHP Surgical Repair of the External Ear

AUTH: RMHP-AC 5034 (AC)

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Link to Codes

- Clinical Indications for Procedure
- Evidence Summary
- References
- Documentation Required
- Policy History
- Codes

Clinical Indications for Procedure

Return to top of RMHP Surgical Repair of the External Ear - AC

- For ALL Plans, surgical repair of the external ear is needed for appropriate care of the Member because
 of 1 or more of the following
 - The Member's injury is due to acute trauma, with or without the presence of an earring.
 Repair may be delayed up to six weeks to reduce the risk of infection.
 - The Member's injury is due to acute trauma and tearing of the ear or earlobe was caused by an earring, post, or other device being pulled from the ear. Coverage will be provided for repair of the acute laceration. Repair may be delayed up to six weeks to reduce the risk of infection.

Evidence Summary

Return to top of RMHP Surgical Repair of the External Ear - AC

- If the above guidelines are not met, the request will be reviewed by a RMHP physician
- No conservative or alternate treatment required prior to procedure
- Conditions under which this procedure is considered NOT medically necessary are ALL of the following
 - Earlobe repair to close a stretched pierce hole
 - Repair of earlobe deformity and other abnormalities of external ear related to ear piercing and the complications of ear piercing are considered to be cosmetic surgery and therefore not a benefit according to the contract
 - After the plastic repair of the earlobe or ear deformities alleged to be present prior to trauma will be considered to be cosmetic in nature and therefore not a benefit
 - Repair of chronic trauma when there is tearing of the ear or earlobe caused by earring, post, or other device

References

The Center for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) Cosmetic and Reconstructive Surgery (L35090), original effective date 10/1/2015, revision effective date 7/11/2021, reviewed 10/10/2023.

The Center for Medicare and Medicaid Services (CMS) Local Coverage Article (LCA) Billing and Coding: Cosmetic and Reconstructive Surgery (A56587), original effective date 5/30/2019, revision effective date 7/11/2021, reviewed 10/10/2023.

Documentation Required

Return to top of RMHP Surgical Repair of the External Ear - AC

Physician notes and photographs

Policy History

Return to top of RMHP Surgical Repair of the External Ear - AC

History Summary: Policy originated 10/18/2007 with annual reviews, updates, and committee hierarchy approval through 12/29/2022. See archive copies for details. Annual review 10/10/2023.

Codes

Return to top of RMHP Surgical Repair of the External Ear - AC

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