

## Non-surgical Correction of Congenital Ear Anomalies: A Review of the Literature

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Sir:

We have read with interest the article by Feijen et al, who reviewed the literature on the use of nonsurgical correction on congenital ear anomalies in *Plastic and Reconstructive Surgery Global Open*.<sup>1</sup> It highlighted the apparent underutilization of nonsurgical correction techniques in the plastic surgery community and encouraged us to assess whether insurance coverage limited access to this technique in the United States. Nonsurgical alternatives to otoplasty encompass splinting or external moulding to the ear to correct congenital deformities. This encompassed a range of indications, such as prominent ears, lop ears, Stahl's ears, or cryptotia. Feijen et al demonstrated it is an effective option to treat congenital ear abnormalities, with minimal complications. However, despite this, their use and acknowledgement in the community is still limited.<sup>2</sup>

In American plastic surgery, insurance coverage has been highlighted as a barrier to access, with notable inconsistencies between third-party payers.<sup>3</sup> In response to Feijen's literature review, we conducted a cross-sectional analysis of 58 insurance policies for the use of nonsurgical techniques for ear abnormalities of any etiology. The insurance companies were selected based on their state enrollment and market share.<sup>4,5</sup> A Web-based search and telephone interviews were utilized to identify the policies. Medically necessary criteria were then abstracted from the publicly available policies. Policies were categorized into 2 groups based on coverage status: pre-authorized coverage, and never covered.

From our data, only 4 insurance companies (7%) had policies on the use of nonsurgical correction for ear deformities (Fig. 1). An estimated 75% of these policies ( $n = 3$ ) denied their coverage, reasoning that the procedure was either cosmetic or experimental. The remaining policy did provide pre-authorized coverage for their use (Amerihealth), but only in the setting of a congenital malformation, and if it causes hearing loss evidenced by diagnostic testing. Although Feijen's team presents the benefits of nonsurgical correction in congenital malformations, it does not address the requirement of hearing

loss, or its potential to improve it. Instead, the aim of the nonsurgical correction they studied was to address the psychosocial impact of a physical deformity. Their outcome was measured on a scale of visual improvement, which has been correlated to improved self-esteem and reduced bullying<sup>1,2</sup>. Thus, this highlights the benefits of ear abnormality correction, even in the absence of hearing loss.

In conclusion, there is little acknowledgement of nonsurgical alternatives for the treatment of ear deformities in the American coverage of health insurance. Of those that do, the majority deny its use, deeming it either cosmetic or experimental.

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### DISCLOSURE

All the authors have no financial interest to declare in relation to the content of this article.

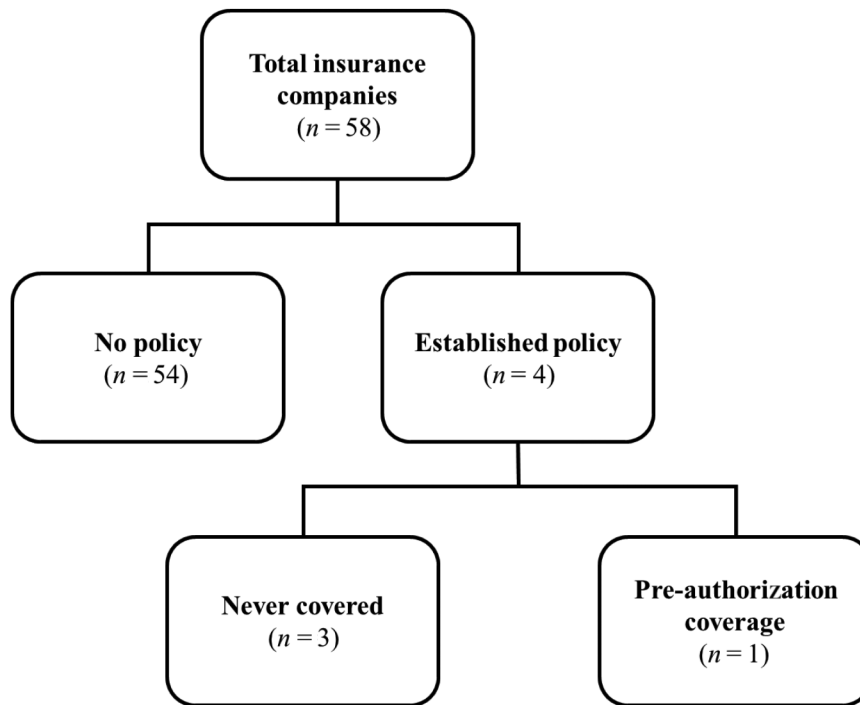
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No Policy		Never Covered	Pre-authorization
Aetna	HealthcareService Corp	Cigna Health	Amerihealth
Amerihealth	HealthFirst Inc	HealthPartners	
Anthem Blue Cross	HealthPartners	Humana	
Arkansas BCBS	Highmark		
BCBS AL	Horizon BCBS NJ		
BCBS FL	Humana		
BCBS KS	Independence Blue		
BCBS LA	Cross		
BCBS MA	Kaiser		
BCBS MI	Lifetime Healthcare		
BCBS MN	Maine Common Health		
BCBS NC	Group		
BCBS ND	Medica		
BCBS Regence	Medicaid		
BCBS SC	Medical Mutual of Ohio		
BCBS TN	Medicare		
BCBS VT	Molina Healthcare Inc		
BCBS WY	Montana Health		
Blue Cross ID	Cooperative		
Blue Shield of CA	Neighborhood Health		
Carefirst	Premiera Blue Cross		
Caresource	Priority Health		
Cigna Health	Providence Health		
Common Ground	Tricare		
Healthcare	Tufts		
Emblem	Ucare		
Excellus	UnitedHealth		
Geisinger	Univera		
HealthNET	UPMC		
Harvard Pilgrim Health	Wellcare		
Care	Wellmark Inc		
Hawaii Medical			

**Fig. 1.** Insurance coverage of nonsurgical interventions for ear abnormalities.