

**Clinical Criteria – CPT® 21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)**

<b>Subject: 21235 Graft; ear cartilage, autogenous, to nose or ear</b>	<b>Renewed Effective: 10/1/25</b>
	<b>Review Schedule: Annual</b>

**Description**

CPT 21235 describes harvest and placement of autogenous ear (auricular) cartilage used to reconstruct or repair defects of the nose or ear.

**Criteria for Approval:**

CPT 21235 is considered **medically necessary and covered** for pediatric members ( $\leq 19$  years) when **all** of the following are met:

1. **Documented anatomic defect or functional impairment** requiring cartilage grafting, such as one or more of:
  - Congenital external ear deformity (e.g., microtia, anotia, constricted ear) where autologous cartilage reconstruction is required.
  - Nasal structural defect causing significant **functional nasal obstruction** (e.g., internal/external nasal valve collapse) not amenable to soft-tissue repair alone.
  - Reconstruction after tumor resection or trauma that created structural deficit of the ear or nose requiring cartilage support to restore function/contour.
  - Revision reconstructive surgery where prior graft/allograft has failed and autologous cartilage is clinically indicated.  
*(Clinical indications summarized from surgical practice and coding guidance.)*
2. **Objective evidence of functional impairment** when the procedure is performed for nasal function (examples): documentation of persistent nasal obstruction, objective airway testing where available (e.g., peak nasal inspiratory flow, nasal endoscopy findings), or clinician exam notes describing valve collapse/enophthalmos/diplopia or functional impairment for ear reconstructions.
3. **Conservative care attempted when clinically appropriate** — e.g., non-surgical management (nasal steroid trials, external nasal dilators, physical therapy, orthotic/temporary measures) tried and documented unless there is an urgent/acute indication (e.g., open trauma or tumor resection) or congenital deformity where earlier surgical reconstruction is standard of care.
4. **Operative documentation** must clearly describe:
  - The defect/reconstruction site and why cartilage graft is required;

- That autologous auricular cartilage was harvested and used;
- The **site of cartilage harvest** and whether a separate incision was made to obtain the graft (see coding/billing note below).

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**Coverage exclusions / not medically necessary**

- **Cosmetic-only procedures** (procedures performed solely to improve appearance without functional impairment or congenital/traumatic deformity) are **not covered**. (E.g., purely elective aesthetic augmentation absent congenital/functional diagnosis.)
- Use of CPT 21235 when an alloplastic implant or allograft is used (not autogenous ear cartilage) — that is different coding and should not be billed as 21235.

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**Prior authorization and documentation requirements**

Prior authorization is required. The following must be submitted with the authorization request:

- Pertinent medical records and clinic notes documenting diagnosis, symptoms, prior conservative treatments (if applicable), and the functional impact on the member.
- Recent clinical photographs (pre-op) when available and appropriate (especially for external deformities).
- For nasal functional claims: objective testing/assessment or specialist (ENT/plastic surgery) evaluation form describing valve collapse and rationale for cartilage graft.

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**Age-specific considerations (pediatrics)**

- Reconstruction using autologous cartilage is commonly performed in children for congenital deformities (e.g., microtia) and post-traumatic reconstruction. Timing of reconstruction should follow accepted pediatric surgical standards (e.g., ear reconstruction is often staged and timed according to growth and psychosocial factors), and documentation should reflect why surgery is indicated at the requested age.
- For members under the usual age threshold for certain staged reconstructions, include justification (functional impairment, parental/guardian consent, multidisciplinary recommendation).

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**Sample ICD-10 diagnoses that may support medical necessity (not exhaustive)**

- Q17.2 Microtia and anotia
- Q17.3 Other congenital malformations of external ear
- Q67.6 Other deformities of ear (constricted ear)

- S02.4- Fracture of malar and maxillary bones (trauma-related)
  - J34.89 Other specified disorders of nose and nasal sinuses (paired with documentation of nasal valve collapse)
  - C30.-/C31.- (tumor resection requiring reconstruction)  
(Submit the specific diagnosis code(s) that match the member's condition and attach clinical documentation.)
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### **Frequency / limit**

- No routine repeat/intervals limit defined; repeat/contralateral procedures or revision grafting require demonstration of ongoing medical necessity and specific supporting documentation for each request (e.g., failed prior graft, surgical complication, progressive deformity).
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### **Clinical rationale / evidence summary**

Autologous auricular cartilage provides structural support for reconstructing nasal valves and external ear framework with low rejection risk and good long-term stability. Indications include congenital deformity, trauma, tumor resection, or functional impairment where other less-invasive options are inadequate. Clinical guidelines and surgical literature describe use of cartilage grafting as standard reconstructive technique in these scenarios.

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### **How to adjudicate a request (quick checklist for reviewers)**

- Is the member  $\leq$  19 years old?
- Is there a documented diagnosis and clear statement of functional impairment or reconstructive need?
- Were conservative options tried/considered where appropriate?
- Does the requested documentation include operative plan or prior operative note showing need for autologous cartilage?
- Are pre-op photos/measurements or objective testing included when relevant?
- Is the request cosmetic-only? If yes  $\rightarrow$  deny as not medically necessary.