Select Health

CODING/REIMBURSEMENT POLICY

CERUMEN REMOVAL

Policy # 01
Implementation Date: 1/1/03
Review Dates:
Revision Dates: 11/20/03, 9/29/05, 10/7/07, 5/13/08, 5/12/10, 9/21/12, 10/9/12, 7/8/14, 1/1/16, 11/11/16

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

Cerumen, also known as earwax, can build and become impacted in the ear canal. Excess or impacted cerumen can press against the eardrum and/or occlude the external auditory canal and impair hearing.

Incidental cerumen removal is included in an Evaluation and Management (E&M) service per the code nomenclature.

Definitions

Impacted Cerumen (Ear Wax) - By definition of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), "If any one or more of the following are present, cerumen should be considered 'impacted' clinically:

- Visual considerations: Cerumen impairs exam of clinically significant portions of the external auditory canal, tympanic membrane, or middle ear condition.
- Qualitative considerations: Extremely hard, dry, irritative cerumen causing symptoms such as pain, itching, hearing loss, etc.
- Inflammatory considerations: Associated with foul odor, infection, or dermatitis.
- Quantitative considerations: Obstructive, copious cerumen that cannot be removed without magnification and multiple instrumentations requiring physician skills."

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health will reimburse for removal of 'impacted' cerumen when the documentation supports the criteria below:

When billing cerumen removal and an E&M service during the same encounter, the documentation should support the complete performance of both as separately identifiable services. If a patient's chief complaint is related to impacted cerumen or anything involving the ears, cerumen removal would be considered a bundled service to the E&M procedure, and therefore, not separately payable. CPT code 69210 should not be used to report simple ear irrigations. The E&M documentation must reflect the elements defined by the American Medical Association in the CPT manual and verify all services performed above and beyond the removal of the cerumen impaction. CPT parenthetical guidelines under 69209–69210 state: "(For cerumen removal that is not impacted, see E/M service code, which may include new or established patient office or other outpatient services [99201-99215], hospital observation services [99217-99220, 99224-99226], hospital care [99221-99223, 99231-99233], consultations [99241-

99255], emergency department services [99281-99285], nursing facility services [99304-99318], domiciliary, rest home, or custodial care services [99324-99337], home services [99341-99350])"

Upon appeal, Select Health will consider payment for both an E&M visit and impacted cerumen removal on the same day when **all** the following criteria are met:

1. The nature of the E&M visit is unrelated to evaluation of the ears or removal of the cerumen. (If cerumen removal is required for visualization/examination of the external auditory canal and/or tympanic membrane(s), the cerumen removal is included in the Evaluation and Management service.)
2. The cerumen is 'impacted' and documented per the definition above;
3. Removal of the 'impacted' cerumen requires the expertise of the physician or non-physician practitioner when using instrumentation. Physician supervision is only required for removal using irrigation and lavage.
4. The medical record indicates which of the conditions outlined above were present, why the procedure was done, how difficult it was, the method used for cerumen removal, the amount of extra work required, and the extent of procedure.

Select Health will not reimburse for the microsurgical technique (i.e., 92504 Binocular microscopy (separate diagnostic procedure); operating microscope) when billed with 69210 as the use of the microscope is considered an inherent part of the removal of impacted cerumen requiring instrumentation. Select Health will not reimburse for Binocular microscopy when it is used solely for cerumen removal.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Advantage will follow the Commercial Plan Policy with the exception:
Effective January 1, 2014, SelectHealth Advantage will follow CMS, which considers CPT code 69210 a bilateral code, and will only allow one unit per date of service.

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care will follow the commercial plan policy.

Applicable Codes:

Code	Description
69209	Removal impacted cerumen using irrigation/lavage, unilateral
69210	Removal impacted cerumen requiring instrumentation, unilateral
92504	Binocular microscopy (separate diagnostic procedure)
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audio-logic function testing ********(SelectHealth Advantage only)********

Sources
1. *Operation Microscope*, Current Procedural Terminology (CPT®) – American Medical Association (2016).
2. National Correct Coding Initiative (NCCI), (V20.2 - 2015) – Encoder Pro.
3. *Optum*, HCPCS Level II Expert 2015.
4. *Coding update: Auditory system (69210)s*, CPT Assistant - October 2013, p.14.
5. Rules and Regulations. In *Federal Register Volume 78* (2010) (Num. 237, pp. 74229–74823).

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Select Health makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or Select Health members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at 801-442-3692.