ADMINISTRATIVE POLICY STATEMENT
OHIO MEDICAID

Policy Name		Policy Number	Date Effective
Impacted Cerumen Removal		AD-1059	11/01/2021-11/30/2022
Policy Type			
Medical	**ADMINISTRATIVE**	Pharmacy	Reimbursement

Administrative Policy Statements prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Impacted Cerumen Removal

B. Background

Cerumen or ear wax is a normal substance that cleans, protects, and lubricates the ear canal. The cerumen can block the ear canal causing symptoms such as pain, hearing loss, fullness, itching, and tinnitus. Methods to removal the cerumen include irrigation, manual removal with instrumentation, and cerumenolytic agents.

C. Definitions

- **Cerumen Impaction –** An accumulation of cerumen that is associated with symptoms and/or prevents a necessary ear examination.

D. Policy

I. Claims submission for cerumen impaction should include the appropriate CPT code and ICD-10 such as:
   A. ICD-10
      A. Impacted cerumen, unspecified ear;
      B. Impacted cerumen, right ear
      C. Impacted cerumen, left ear; or
      D. Impacted cerumen, bilateral.
   B. CPT
      A. Removal impacted cerumen using irrigation/lavage, unilateral;
      B. Removal impacted cerumen requiring instrumentation, unilateral; or
      C. Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing

      NOTE: Visualization aids, such as, but not necessarily limited to binocular microscopy, are considered to be included in the CPT code and should not be billed separately.

II. Evaluation and management (E&M) visit
   A. Impacted cerumen
      1. An E&M service may not be billed when the sole reason for the visit is to remove symptomatic impacted cerumen.
      2. An E&M service on the same day as removal of impacted cerumen may not be billed unless it represents and is documented to be a significant, separately identifiable service on the same day.
   B. Non impacted cerumen
      1. For removal of cerumen that is not impacted, use the E&M service code

III. For bilateral procedures, use Centers for Medicare & Medicaid Services (CMS) Guidelines.

IV. Modifiers

A. Use modifier 50 when appropriate.

B. Follow NCCI guidelines and use appropriate modifiers as applicable.

E. Conditions of Coverage

NA

F. Related Policies/Rules

Impacted Cerumen Removal - OH MCD - MM-1033

G. Review/Revision History

DATES		ACTION
Date Issued	12/01/2020	
Date Revised	07/07/2021	Removed "no prior authorization needed." Added CMS reference. Referenced MM-1033.
Date Effective	11/01/2021	
Date Archived	11/30/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Schwartz, S., Magit, A., and Rosenfeld, R. (2017, January 3). Clinical Practice Guideline (Update): Earwax (Cerumen Impaction). 156(1). Suppl. 2017 S1-S29. https://doi.org/10.1177/0194599816671491
2. Centers for Medicare & Medicaid Services. Local Coverage Determination Cerumen Removal L33945. (2021, February 4). Retrieved June 24, 2021 from www.cms.gov.

The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement Policy and is approved.