



## ADMINISTRATIVE POLICY STATEMENT OHIO MEDICAID

Policy Name		Policy Number	Date Effective
Impacted Cerumen Removal		AD-1059	11/01/2021-02/28/2023
Policy Type			
Medical	<b>ADMINISTRATIVE</b>	Pharmacy	Reimbursement

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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 remove 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

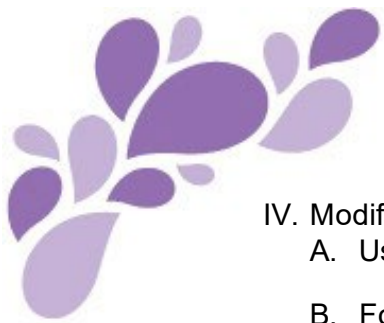
- A. Impacted cerumen

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
<b>Date Issued</b>	12/01/2020	
<b>Date Revised</b>	07/07/2021	Removed "no prior authorization needed." Added CMS reference. Referenced MM-1033.
<b>Date Effective</b>	11/01/2021	
<b>Date Archived</b>	02/28/2023	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](http://www.cms.gov).

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