



## MEDICAL POLICY STATEMENT OHIO MEDICAID

Policy Name	Policy Number	Date Effective
Impacted Cerumen Removal	MM-1033	12/01/2020-10/31/2021
Policy Type		
<b>MEDICAL</b>	Administrative	Pharmacy
		Reimbursement

Medical Policy Statement prepared by CSMG Co. and its affiliates (including CareSource) 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.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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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. No prior authorization is required.

II. Impacted cerumen removal is medically necessary when performed by a physician or other qualified health care professional such as a nurse practitioner, a physician assistant or a clinical nurse specialist in the following circumstances:

A. An accumulation of cerumen is seen on otoscopy and

1. Is associated with symptoms;

2. Prevents ability to manage or evaluate other signs, symptoms, or conditions;  
or

3. Impedes ability to perform a medically necessary audiometry.

III. It is not recommended to routinely treat cerumen when members are asymptomatic and ears can be adequately examined.

IV. Documentation must include the following as applicable:

A. Degree of cerumen impaction

B. Method of removal

C. Instrumentation used

D. Resolution of impaction

E. Additional treatment provided

F. Referrals

G. Name and professional credentials of provider

E. Conditions of Coverage

F. Related Policies/Rules



### G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	07/22/2020	New Policy
<b>Date Revised</b>		
<b>Date Effective</b>	12/01/2020	
<b>Date Archived</b>	10/31/2021	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>

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

*Independent medical review – 7/2020*

