



REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Policy Name		Policy Number	Effective Date
Impacted Cerumen Removal		PY-1219	12/01/2020
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management 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 federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy 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.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. Subject

Impacted Cerumen Removal

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

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.
- **Instrumentation for removal of impacted cerumen** – Currettes, suction, microforeceps, and spoons.

D. Policy

- I. No prior authorization is required.
- II. To be reimbursed for cerumen impaction (69209, 69210, or G0268), one the following must be included on the claim:
 - A. H61.20 Impacted cerumen, unspecified ear
 - B. H61.21 Impacted cerumen, right ear
 - C. H61.22 Impacted cerumen, left ear
 - D. H61.23 Impacted cerumen, bilateral
- III. CareSource does not support separate reimbursement for:
 - A. Removal of cerumen that is not impacted as the removal is included in the evaluation and management (E&M) service
 - B. Removal of cerumen using items other than medical instrumentations such as cotton tip swabs
 - C. Visualization aids (i.e. binocular microscopy) as these are included in 69209, 69210, and G0268



- D. Cerumen removal billed by an audiologist as this is part of the diagnostic testing
- E. An E&M visit when the sole reason for the visit is removal of impacted cerumen

IV. Modifiers

- A. For a bilateral procedure
 - 1. Attach modifier 50 to codes 69210 and 69209
 - 2. G0268 does not need a modifier as the code is reported once even if procedure is performed on both ears
- B. Modifier 59
 - 1. To be appended when an E/M code is billed by the same provider on the same day when documentation supports that the cerumen impaction and the removal where distinct procedural services.
- C. Modifier 25
 - 1. To be appended when there is an E&M service on the same day in addition to removal of impacted cerumen when it is documented as a significant, separately identifiable service on the same day

- V. Codes 69210 and 69209 are not reimbursable on the same day for the same ear.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

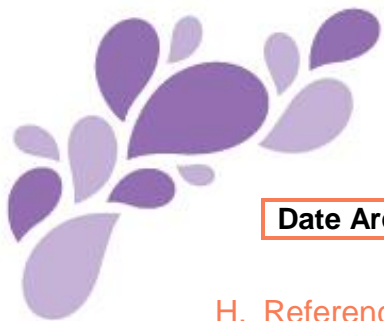
- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.**

CPT Code		Description
69209		Removal impacted cerumen using irrigation/lavage, unilateral
69210		Removal impacted cerumen requiring instrumentation, unilateral
G0298		Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing
Modifiers		Description
25		Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
50		Bilateral Procedure
59		Distinct Procedural Service

F. Related Policies/Rules

G. Review/Revision History

DATE		ACTION
Date Issued	07/22/2020	New policy
Date Revised		
Date Effective	12/01/2020	



Date Archived		
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H. References

1. American Medical Association. CPT Assistant (2016, January). Removal of Impacted Cerumen. 26(1).
2. 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>
3. Verhovshek, G. J. (2014, September 1). Cerumen removal reporting done right. Retrieved June 22, 2020 from www.aapc.com

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