Criteria for Removal of Cerumen Established
Information posted April 10, 2009

The Office of Inspector General has identified an issue that affects claims for removal of cerumen (procedure code 2-69210) on the same date of service by the same provider or provider group as an evaluation and management (E/M) service. Click on the title to view the details.

The American Academy of Otolaryngology-Head and Neck Surgery (AAOHNS) cites the following Centers for Medicare & Medicaid Services (CMS) information regarding billing for the removal of impacted cerumen (procedure code 2-69210).

Routine removal of cerumen is defined as the use of softening drops, cotton swabs, and/or cerumen spoon. Routine removal of cerumen is considered incidental and a part of the office visit when billed on the same date of service by the same provider or provider group as an E/M service and is not reimbursed separately.

Note: Claims billed inappropriately for routine remove of cerumen are subject to recoupment.

Cerumen is considered to be impacted when it is copious, obstructive, and cannot be removed without magnification and multiple instrumentations that require physician skills and when any of the following conditions applies:

- The cerumen impairs examination of clinically significant portions of the external auditory canal, tympanic membrane, or middle ear.
- The cerumen is extremely hard, dry, and irritative and causes symptoms such as pain, itching, hearing loss, etc.
- There is a foul odor, infection, or dermatitis.

Reimbursement for removal of cerumen will be considered only when all of the following criteria are met:

- Removal of cerumen is the sole reason for the patient encounter.
- The procedure is performed by a physician (M.D. or D.O.), physician assistant (PA), nurse practitioner, or clinical nurse specialist.
- The service is provided to a client who is symptomatic.

Reimbursement for an E/M visit and removal of cerumen on the same date of service by the same provider or provider group will be considered only when all of the following criteria are met:

- The E/M visit is for anything other than removal of cerumen.
- The physician, PA, nurse practitioner, or clinical nurse specialist observes impacted cerumen, or the patient lodges a specific complaint about his or her ear(s) during the encounter.
• Otoscopic examination of the tympanic membrane is not possible due to impaction.

• Removal of the impacted cerumen requires the expertise of a physician, PA, nurse practitioner, or clinical nurse specialist and is personally performed by them.

Documentation must be maintained in the client’s medical record that indicates a significant time and effort was spent performing the service and includes the equipment required to provide the service.

For more information, call the TMHP Contact Center at 1-800-925-9126.