GUidelines
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Cerumen impaction is a condition in which earwax has become tightly packed in the external ear canal to the point that the canal is blocked. Extraction requiring methods beyond simple irrigation or removal by Q-tip or cotton-tipped applicator may require a physician's skill. Cerumen, or ear wax, is the product of desquamated skin mixed with secretions from the adnexal glands of the external ear canal. It provides lubrication and acts as a vehicle for the removal of contaminants away from the tympanic membrane and prevents dessication of the epidermis.

Though usually asymptomatic, cerumen can accumulate and become impacted causing such symptoms as conductive hearing loss, pain, itching, cough, dizziness, vertigo, and tinnitus. Hearing impairment can further contribute to stress, social isolation, and depression. Impacted cerumen can also impede the evaluation and management of other otologic conditions.

Depending on the case, different methods are used to remove impacted cerumen. Simple irrigation with a bulb syringe with or without chemical softeners is often effective and generally does not require a physician's skill. Forced irrigation with a metal hand-held syringe or an electric oral jet irrigator may be necessary in some cases. A few may need manual disimpaction under direct vision using suction, probes, forceps, hooks or other instruments. Cases requiring methods beyond simple irrigation or removal by Q-tip or cotton-tipped applicator may require a physician's skill.

POLICY
Impacted cerumen removal (69209, 69210, G0268) does not require prior authorization for HMO, PPO, Individual Marketplace, & Elite.

Impacted cerumen removal (69209, 69210) does not require prior authorization for Advantage. Procedure G0268 is non-covered for Advantage.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount covers impacted cerumen removal when performed by a physician or other qualified health care professional (i.e., NP, PA, CNS) if:

- Medically necessary removal of symptomatic impacted cerumen requires the use of instrumentation such as a curette, ear spoon or forceps (69210) or requires the use of irrigation and/or lavage but without instrumentation (69209)
- Medically necessary removal of impacted cerumen impedes their ability to properly evaluate or manage other signs, symptoms or conditions (e.g., examination of the tympanic membrane in cases of otitis media)
- Medically necessary removal of impacted cerumen impedes their ability to perform medically necessary audiometry

Payment may be made for both removal of impacted cerumen and an evaluation and management (E/M) service (with appropriate modifier appended), only if the E/M service represents a medically necessary, significant and separately identifiable service that is supported by medical record documentation. The documentation should clearly support that a significant amount of the physician’s time and effort were required. This includes a procedure note supporting the time, interventions, and how the patient tolerated the procedure. The time spent removing the cerumen cannot be included in the time spent performing the E/M service. If the cerumen must be removed in order to examine the ears, the removal is considered a component of the examination portion of the E/M service.
Note:
CPT codes 69209 and 69210 describe a unilateral procedure. To report a bilateral procedure, append modifier -50 with “1” in the unit field.

Procedure code G0268 should only be billed when a physician's expertise is needed to remove impacted cerumen on the same day as audiologic function testing, performed by his employed audiologist. This code should not be used when the audiologist removes the cerumen, because removal of cerumen is considered to be part of the diagnostic testing and is not paid separately.

It is recognized that audiologists' education, experience or practice may include or require techniques of cerumen removal. However, Paramount can pay audiologists only for medically necessary diagnostic testing, which is considered to include any incidental cerumen removal by the audiologist. Paramount cannot reimburse audiologists for procedure code 69209, 69210 or G0268 under any circumstances.

Procedure G0268 is non-covered for Advantage.

Paramount does not support separate reimbursement for:
- Removal of cerumen that is not impacted
- Removal of cerumen using manual techniques other than instrumentation (i.e., cotton swabs)
- Removal of cerumen performed by a nurse, medical assistant or technician

Visualization aids, such as, but not necessarily limited to binocular microscopy are considered included in the reimbursement for 69209, 69210 and G0268 and should not be billed separately.

**CODING/BILLING INFORMATION**
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>69209</td>
<td>Removal impacted cerumen using irrigation/lavage, unilateral</td>
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<tr>
<td>69210</td>
<td>Removal impacted cerumen requiring instrumentation, unilateral</td>
</tr>
<tr>
<td>G0268</td>
<td>Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing</td>
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**REVISION HISTORY EXPLANATION**
01/01/07: No changes
01/01/08: No changes
11/01/08: Updated references
01/01/11: Updated verbiage
09/08/15: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
01/12/16: Added effective 1/1/16 new code 69209. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
05/13/16: Per administrative review/direction codes 69209 and 69210 are covered for Elite.
08/09/16: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**REFERENCES/RESOURCES**
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.