

Corporate Medical Policy

Removal of Impacted Cerumen

File Name: removal_of_impacted_cerumen
Origination: 4/2010
Last Review: Not applicable
Next Review: 04/2011

Description of Procedure or Service

Impacted cerumen removal is the extraction of hardened or accumulated cerumen (ear wax) from the external auditory canal by mechanical means, such as irrigation or debridement.

Generally, the simple/routine removal of cerumen (e.g., softening drops, use of cotton swabs and/or cerumen spoons) is considered a part of the office visit and therefore cannot be separately reimbursed on the same day as an Evaluation and Management (E&M) service.

Policy

BCBCNC will provide coverage for the removal of impacted cerumen when the medical criteria and guidelines outlined in this policy have been met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When removal of impacted cerumen is covered

- I. Payment may be made for the removal of impacted cerumen when the service is the sole reason for the patient encounter, and ***ALL*** the following are met:
 1. the service is personally performed by a physician or non physician practitioner, (i.e. nurse practitioner, physician assistant, clinical nurse specialist)
 2. the service is provided to a patient who is symptomatic, and
 3. the documentation illustrates significant time and effort spent in performing the service.In the above situation the E&M service is included in the fee for the removal of impacted cerumen, therefore, an E&M is not separately payable.

- II. Payment consideration may be made for both the procedure ***and*** the E&M service if all of the following conditions are met:
 1. The nature of the E&M visit is for something other than the removal of impacted cerumen.
 2. During an unrelated patient encounter (visit), a specific complaint or condition related to the ear (s) is either discovered by the physician or brought to the attention of the

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- physician/non-physician practitioner by the patient.
3. Otoscopic examination of the tympanic membrane is not possible due to a cerumen obstruction in the canal.
 4. The removal of impacted cerumen requires the expertise of a physician or non-physician practitioner and is personally performed by the physician or non-physician practitioner.
 5. The procedure requires a significant amount of the physician/ non-physician practitioner's effort and time.
 6. Documentation is present in the patient record to identify the above criteria have been met

When removal of impacted cerumen is not covered

Simple cerumen removal when performed by the physician or office personnel (e.g., nurses, office technicians) is not separately payable.

An E&M service and the removal of impacted cerumen are not separately payable when the sole reason for the patient encounter is for the removal of impacted cerumen.

The patient is asymptomatic (e.g., denies pain, hearing loss, vertigo, etc.).

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

Policy Guidelines

Documentation Requirements:

When this service is reported in addition to an E&M service, the medical record must clearly reflect the procedure was separate from the reason for the E&M encounter.

The documentation in the medical record must clearly reflect that the service required significant effort and time of the physician or non physician practitioner.

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 69210, G0268

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

Senior Medical Director review April 2010

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Policy Implementation/Update Information

7/1/10 Implementation of new policy. BCBCNC will provide coverage for the removal of impacted cerumen when the medical criteria and guidelines outlined in this policy have been met. Policy effective 07/01/2010.

12/21/10 Added “ear wax” for informational purposes in “Description” section. (btw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.