

Internal Medicine Coding Alert

6 Surefire Tips Get Your Cerumen Removal Claims Paid

Why you'll get denied if you report 69210 more than once per episode

With numerous CPT and Medicare guidelines, coding cerumen removals can trip up internal medicine veterans and rookies alike. To prevent denials from clogging up your desk, follow these six coding tips.

- 1. Assign 69210 only when the internist extracts impacted earwax.** Typically, the physician uses mechanical means, such as debridement or manual disimpaction, to remove the cerumen. Remember to check your carrier's guidelines for which removal method justifies billing 69210 (Removal impacted cerumen [separate procedure], one or both ears). But when the physician can easily take out the wax, use an office visit code (for example, 99212, Office or other outpatient visit ... established patient ...).
- 2. Report 69210 once per session, even if the internist removes impacted cerumen from both ears.** The code's descriptor states that 69210 covers cerumen removal from "... one or both ears."
- 3. Be sure you link 380.4 (Impacted cerumen) to 69210.** Most private and Medicare insurers will not accept any other ICD-9 codes, even if the codes describe a hearing-related problem. For example, you shouldn't use **389.x** (Hearing loss) or **381.81** (Dysfunction of Eustachian tube).
- 4. Check your carrier's coding restrictions for cerumen removals.** For example, First Coast Service Options Inc., Florida's Medicare carrier, pays for 69210 only when the physician removes the impacted cerumen using the manual disimpaction method under binocular magnification. Using this method, the physician takes out the cerumen with forceps, suction or a right-angle hook.
- 5. Remember that Medicare includes payment for 92504 with 69210.** Internists often use binocular microscopy during cerumen removals. So, even if the physician uses binocular microscopy (**92504**, Binocular microscopy [separate diagnostic procedure]) during the cerumen removal, you should report only 69210.
- 6. Use an E/M code for lavage and solvents.** Insurers will likely deny your 69210 claims if you report the code when the physician uses cotton swabs or chemical solvents for cerumen removal. When the doctor uses these methods, bill the appropriate E/M code (**99201-99205, 99211-99215**).