

Internal Medicine Coding Alert

READER QUESTIONS: Confirm Physician Involvement, Instrumentation Before Coding Cerumen Removal

Question: If a patient reports to the internist for removal of cerumen (earwax), what code should I report for the service? I have heard of the cerumen removal code, but I have also heard that some cerumen removals are actually considered evaluation and management services.

Oregon Subscriber

Answer: Your code choice depends on the encounter. CPT has specific rules for reporting the cerumen removal code 69210 (Removal of impacted cerumen [separate procedure], one or both ears). According to the Health Now Medicare Part B Carrier local coverage determination (LCD), you should use 69210 for:

- medically necessary removal of symptomatic impacted cerumen
- medically necessary removal of impacted cerumen impeding the physician's 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 impeding a physician's or audiologist's ability to perform covered, medically necessary audiometry.

To report 69210, the physician must perform the procedure with instrumentation and visualization. For a successful 69210 claim, most insurers require proof that the internist disimpacted the patient's cerumen under direct visualization.

While payers might vary on the specifics, most will accept 69210 claims if your internist removes impacted cerumen via:

- suction
- probes
- right angle hooks
- curettes.

Suppose a patient complaining of symptoms directly related to earwax buildup reports to the internist. The internist examines the ear and finds significant cerumen. Using a curette, he removes the wax from the patient's ear.

In this scenario, you should report 69210 for the encounter. Don't forget to link code 380.4 (Impacted cerumen) to 69210 to prove medical necessity for the encounter.

E/M option: For cerumen removal that the physician does not perform or that the physician performs without instrumentation, report the appropriate-level evaluation and management code instead of 69210.

So if the nurse practitioner removes earwax via simple irrigation, and notes indicate a level-one service, you should report 99211 (Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem[s] are minimal. Typically, 5 minutes are spent performing or supervising these services) rather than 69210.

Remember: Link 380.4 to 99211 to represent the patient's cerumen.

