

Education Sheet for Impacted Cerumen

The information below will help to clarify the situation in which impacted cerumen would and would not be separately reimbursable.

The procedure code for Removal of impacted cerumen (code 69210) is designated by CPT as a separate procedure. "The codes designated as 'separate procedure' should not be reported in addition to the code for the total procedure or service of which it is considered an integral component..."

The *CPT Manual* defines modifier -59 as follows: **Modifier -59: "Distinct Procedural Service:** Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician."

CMS that "Modifier -59 is an important NCCI-associated modifier that is often used incorrectly. For the NCCI its primary purpose is to indicate that two or more procedures are performed at different anatomic sites or different patient encounters. It should only be used if no other modifier more appropriately describes the relationships of the two or more procedure codes. NCCI edits define when two procedure HCPCS/CPT codes may not be reported together except under special circumstances."

The complicating factor with procedure code 69210 for cerumen removal is the fact that many times removal of impacted cerumen is required in order to visualize the ear canal and assess the patient's condition. When removal of impacted cerumen is performed in order to visualize the tympanic membrane it is considered part of the primary service and not separately reimbursed. The office visit is typically the primary service/procedure when the patient comes in for ear infections, head colds, etc.

- A. Situation in which it would be appropriate to reimburse for impacted cerumen:
 - 1. If the cerumen was removed not as the "surgical approach" to allow visualization of the ear, then it would be appropriate to reimburse separately. (i.e., another condition was treated unrelated to the ears.)

- B. Situation in which it would not be appropriate to reimburse for impacted cerumen:
 - 1. If the patient presented with a chief complaint that required visualization of the tympanic membrane, this would be included in the primary service (office visit) and would not be separately reimbursable.