

Coding Update: Auditory System (69210)

Auditory System code 69210, *Removal impacted cerumen requiring instrumentation, unilateral*, is revised in the CPT 2014 code set to include the use of instrumentation in the removal of impacted cerumen (ear wax) and to clarify that the procedure is unilateral. In collaboration with the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), this article discusses the following three coding scenarios related to earwax removal and the appropriate CPT codes to report once the 2014 revisions become effective:



1. The patient presents to the office for the removal of earwax by the nurse via irrigation or lavage.
2. The patient presents to the office for the removal of earwax by a physician (any specialty) via irrigation or lavage.
3. The patient presents to the office for earwax removal, which requires magnification provided by an otoscope or operating microscope, and instruments such as wax curettes, forceps, or suction by the primary care physician or otolaryngologist. This latter situation occurs most commonly when impacted cerumen completely covers the eardrum and the patient has hearing loss.

Question: Are all of these procedures appropriately reported with CPT code 69210, Removal impacted cerumen requiring instrumentation, unilateral?

Answer: No. Only the third scenario listed above would be reported with CPT code 69210. A major element in determining whether code 69210 should be reported is based upon an understanding of the definition of *impacted* cerumen. The AAO-HNS defines cerumen as impacted if any one or more of the following conditions are present:

- Cerumen impairs the examination of clinically significant portions of the external auditory canal, tympanic membrane, or middle ear condition;
- Extremely hard, dry, irritative cerumen causes symptoms such as pain, itching, hearing loss, etc;
- Cerumen is associated with foul odor, infection, or dermatitis; or
- Obstructive, copious cerumen cannot be removed without magnification and multiple instrumentations requiring physician skills.

Another key factor in determining whether code 69210 should be reported is what instruments are utilized to remove the impacted earwax. In this context, *instrumentation* is defined as the use of an otoscope and other instruments such as wax curettes and wire loops, or an operating microscope and suction plus specific ear instruments (eg, cup forceps, right angle forceps). Accompanying documentation should indicate the time, effort, and equipment required to provide the service. Additionally, the descriptor of code 69210 has been clarified to reflect that code 69210 is a unilateral code. For bilateral

impacted cerumen removal, report code 69210 with modifier 50, *Bilateral Procedure*, appended.

Other issues may also require consideration. Removing wax that is not impacted does not warrant the reporting of code 69210. Rather, that work would appropriately be reported with an evaluation and management (E/M) code regardless of how it is removed (eg, lavage, irrigation, etc). therefore, based on this information, scenarios 1 and 2 would not be reported with code 69210. These scenarios would be reported with the appropriate E/M code. Scenario 3, however, would be reported with code 69210 because both criteria were met: the patient had cerumen impaction and the removal required physician work using an otoscope or other magnification and instrumentation, rather than simple lavage.

Add-on code **+**69990, *Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)*, should not be reported if the operating microscope is used for cerumen removal. In this later instance, however, code 92504, *Binocular microscopy (separate diagnostic procedure)*, may be reported additionally.

Finally, an E/M code may be reported if there is a separate and distinct service performed at the same session. In that instance, modifier 25, *Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service*, should be appended to the E/M code.