Ear Wax Removal, The Question of Whether to Bill CPT 69210

A major element in determining whether code 69210 should be reported is to understand the definition of impacted cerumen. The following is from the American Academy of Otolaryngology-Head and Neck Surgery (AAOHNs):

“If any one or more of the following are present, cerumen should be considered ‘impacted’ clinically:

- Visual considerations: cerumen impairs exam of clinically significant portions of the external auditory canal, tympanic membrane, or middle ear condition.
- Qualitative considerations: extremely hard, dry, irritative cerumen causing symptoms such as pain, itching, hearing loss, etc.
- Inflammatory considerations: associated with foul odor, infection, or dermatitis.
- Quantitative considerations: obstructive, copious cerumen that cannot be removed without magnification and multiple instrumentations requiring physician skills.”

Other issues may also require consideration. Removing wax that is not impacted does not warrant the reporting of CPT code 69210. Rather, that work would appropriately be captured by an evaluation and management code regardless of how it is removed. Therefore, it is not appropriate to report 69210 when the wax is cleared using only irrigation or lavage or when a nurse provides the removal service. If, however, the wax is truly impacted, then its removal should be reported with 69210 if performed by a physician using at minimum an otoscope and instruments such as wax curettes or, in the case of many otolaryngologists, with an operating microscope and suction plus specific ear instruments (eg, cup forceps, right angles). Documentation in the chart should indicate the time, effort, and equipment required to provide the service.

Code 69210 can be billed in addition to an office visit code, if a significant and separately identifiable* service is performed with the addition of modifier 25 to the E/M service.

*“On the day of a procedure or service identified by a CPT code, the patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.”

References:

Current Procedural Technology (CPT)
American Medical Association (AMA)
American Academy of Otolaryngology-Head and Neck Surgery