

<b>ADMINISTRATIVE POLICY STATEMENT</b>	
<b>Michigan Medicaid</b>	
<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Impacted Cerumen Removal-MI MCD-AD-1386	01/01/2025
<b>Policy Type</b>	
<b>ADMINISTRATIVE</b>	

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According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

**Impacted Cerumen Removal**

B. Background

Cerumen or ear wax is a naturally occurring substance that cleans, protects, and lubricates the ear canal. Cerumen can block the ear canal causing symptoms, such as pain, hearing loss, fullness, itching, and tinnitus. Methods for removal of cerumen include irrigation, manual removal with instrumentation, and cerumenolytic agents. Cerumen removal may require a physician when methods such as irrigation or removal by cotton-tipped applicators are not sufficient.

C. Definitions

- **Cerumen Impaction** – An accumulation of cerumen that is associated with symptoms and/or prevents a necessary ear examination.
- **Modifier** – Two-character code used along with a CPT or HCPCS code to provide additional information about the service or procedure rendered.
- **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.
- **National Correct Coding Initiative (NCCI)** – A program developed by CMS to promote national correct coding and to prevent improper payment when incorrect code combinations are reported.

D. Policy

I. Claims submission for cerumen impaction should include the appropriate CPT code and ICD-10, such as

A. ICD-10

1. impacted cerumen, unspecified ear
2. impacted cerumen, right ear
3. Impacted cerumen, left ear
4. impacted cerumen, bilateral

B. CPT

1. removal impacted cerumen using irrigation/lavage, unilateral
2. removal impacted cerumen requiring instrumentation, unilateral
3. removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing

NOTE: Visualization aids, such as, but not limited to, binocular microscopy, are considered to be included in the CPT code and should not be billed separately.

II. Evaluation and management (E&M) visit

A. Impacted cerumen

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

1. An E&M service may not be billed when the sole reason for the visit is to remove symptomatic impacted cerumen.
  2. An E&M service on the same day as removal of impacted cerumen may not be billed unless it represents and is documented to be a significant, separately identifiable service on the same day.
- B. Non impacted cerumen  
For removal of cerumen that is not impacted, use the E&M service code.

III. Modifiers

- A. Use modifier 25, and/or 50, when appropriate.
- B. Follow NCCI guidelines, and use appropriate modifiers, as applicable.
- C. For bilateral procedures, use Centers for Medicare & Medicaid Services (CMS) guidelines.
- D. Separate payment is only justified when a modifier 25 is appended indicating the following:
  1. Removal of symptomatic impacted cerumen.
  2. Impacted cerumen impeding a physician's ability to properly evaluate or manage other signs, symptoms or conditions.
  3. Impacted cerumen impeding a physician's or audiologist's ability to perform covered audiometry.

NOTE: Documentation confirming impacted cerumen and justification of the use of modifier 25 must be submitted with the claim to support medical necessity.

E. Conditions of Coverage  
NA

F. Related Policies/Rules  
Modifier 25 Reimbursement

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	09/27/2023	New Policy. Approved at Committee.
<b>Date Revised</b>	03/27/2024	Updated references; Approved at Committee.
	10/09/2024	Updated references; Approved at Committee
<b>Date Effective</b>	01/01/2025	
<b>Date Archived</b>		

H. References

1. Local Coverage Determination: *Cerumen Removal*. Medicare Coverage Database; 2015. LCD ID L33945. Revised February 1, 2024. Accessed August 28, 2024. [www.cms.gov](http://www.cms.gov)
2. Schwartz SR, Magit AE, Rosenfeld RM, et al. Clinical practice

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guideline (update): earwax (cerumen impaction). *Otolaryngol Head Neck Surg.*  
2017;156(1\_suppl):S1-S29. doi:10.1177/0194599816671491

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.