



UM-CDG-081 Cerumen Removal

Approved By:
Director, Health Services

Effective Date:
10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address cerumen (earwax) removal. Cerumen impaction is a condition in which earwax has become tightly packed in the external ear canal to the point that the canal is blocked. Extraction requiring methods beyond simple irrigation or removal by Q-tip or cotton-tipped applicator may require a physician's skill. This LCD identifies the indications and limitations of SECUR Health Plan coverage and reimbursement for these services.

Cerumen, or ear wax, is the product of desquamated skin mixed with secretions from the adnexal glands of the external ear canal. It provides lubrication, acts as a vehicle for the removal of contaminants away from the tympanic membrane and prevents dessication of the epidermis.

Though usually asymptomatic, cerumen can accumulate and become impacted causing such symptoms as conductive hearing loss, pain, itching, cough, dizziness, vertigo, and tinnitus. Hearing impairment can further contribute to stress, social isolation, and depression. Impacted cerumen can also impede the evaluation and management of other otologic conditions.

Depending on the case, different methods are used to remove impacted cerumen. Simple irrigation with a bulb syringe with or without chemical softeners is often effective and generally does not require a physician's skill. Forced irrigation with a metal hand-held syringe or an electric oral jet irrigator may be necessary in some cases. A few may need manual disimpaction under direct vision using suction, probes, forceps, hooks or other instruments. Cases requiring methods beyond simple irrigation or removal by Q-tip or cotton-tipped applicator may require a physician's skill. Particularly complex or risky cases usually do.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan recognizes the following as covered indications and applies to all cerumen disimpaction

including CPT codes 69210 and HCPCS code G0268.

Medically necessary removal of impacted cerumen requires a physician's skill when removal by an individual other than a physician or qualified non-physician practitioner poses an unacceptable risk of complications such as tympanic membrane perforation.

Cerumen removal requiring a physician's skill may include cases where the tympanic membrane cannot be observed (e.g., total occlusion or impaction), there are overt medical contraindications such as anatomical abnormalities, surgical modifications, or risk of infection, presence of medical conditions that pose undue risk of excessive bleeding (e.g., use of anticoagulants), or the cerumen cannot be removed safely without undue risk of abrasion, laceration, or tympanic membrane perforation.

Removal of impacted cerumen is covered if it is reasonable and necessary for the diagnosis or treatment of illness or injury.

Payment is made for impacted cerumen removal requiring a physician's skill when personally performed by a physician.

Payment may be made only for: a) medically necessary removal of symptomatic impacted cerumen; b) 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); or c) medically necessary removal of impacted cerumen impeding a physician's or audiologist's ability to perform covered, medically necessary audiometry.

Payment may be made for both removal of impacted cerumen and an E/M service only if the E/M service represents a medically necessary, significant and separately identifiable service that is supported by medical record documentation.

Payment for G0268 may be made to a physician whose skill is required to remove impacted cerumen on the same date as his or her employed audiologist performs audiologic function testing.

Coverage Limitations

Billing and reimbursement for CPT code 69210 or HCPCS code G0268 is limited to clinical circumstances where documentation supports these to be reasonable and necessary services requiring a physician's skill. The routine removal of asymptomatic, non-impacted, non-obstructive cerumen does not generally require a physician's skill and is thus not considered reasonable and necessary.

Visualization aids, such as, but not necessarily limited to binocular microscopy, are considered to be included in the reimbursement for CPT code 69210 and HCPCS code G0268 and should not be billed separately.

When the sole reason for the visit is the medically necessary removal of symptomatic impacted cerumen, an E&M service may not also be billed in addition.

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.

For example:

- If the member has pain in the external ear as his/her only complaint and the removal of cerumen addresses that complaint, one should bill only for removal of the cerumen, CPT code 69210.
- If the member also has symptoms of otitis media requiring further evaluation, then it may be justified to also bill for an E&M service with modifier –25.
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HCPCS code G0268 should be billed only where a physician's skill is needed to remove impacted cerumen on the same day as audiologic function testing performed by his/her employed audiologist. This code should not be used when the audiologist removes the cerumen, because removal of cerumen is part of the diagnostic testing and is not paid separately.

It is recognized that audiologists' education, experience or practice may include or require techniques of cerumen removal. However, SECUR Health Plan can pay audiologists only for medically necessary diagnostic testing, which is considered to include any incidental cerumen removal by the audiologist. SECUR Health Plan cannot reimburse audiologists for CPT code 69210 or HCPCS code G0268 under any circumstances.

Note: For outpatient settings other than CORFs, references to “physicians” in this Coverage Determination Guideline include non-physicians such as nurse practitioners, physician assistants, and/or clinical nurse specialists. These non-physician practitioners, with certain exceptions, may certify, order, and establish the plan of care as authorized by State Law. (Reference Sections 1861[s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)

References:

1. McCarter DF, Courtney AU. Cerumen impaction. *American Family Academy of Family Physician*. >2007;75(10):10.Approval/Revision History
2. Local Coverage Determination Guideline (LCD) L33945, Cerumen (Earwax) Removal, https://localcoverage.cms.gov/mcd_archive/view/lcd.aspx?lcdInfo=33945:17