AUDITING & COMPLIANCE TIP

Auditing Cerumen Removal Services

Back in 2014 we saw changes to the cerumen removal CPT code **69210**. CPT made two key changes to this code. First, it is now a unilateral code (prior to 2014 it was listed as "1 or both ears"). Second, CPT has added the text "including instrumentation."

In order to receive reimbursement for cerumen removal, documentation must show the use of instrumentation (not just lavage), and that the work was performed by the provider rather than ancillary staff.

If your documentation clearly shows that the billing provider rendered the service, and the wax removal required instrumentation (e.g. spoons or curettes), then you should bill 69210 per ear. For both ears, you can report 69210 with modifier 50 (one line, 69210-50, units 1). Some private payers may want two lines with the laterality modifiers (69210-RT, 69210-LT).

Since this code changed recently in 2014, it may be worth reviewing your utilization to ensure correct billing for all cases involving both ears in a single session. In our reviews, we've found many organization failing to capture both ears due to this coding change. In 2013, when the code read "1 or both ears," the RVUs were listed as 1.56, or approximately $66 total. Today, the RVUs are 1.40 per ear, or approximately $63 per ear. This nearly doubles reimbursement when wax removal is medically necessary for both ears.

Although CPT changed their description, CMS has left code 69210 with a bilateral indicator of "2," which CMS describes as meaning: "*150% payment adjustment does not apply. RVUs are already based on the procedure being performed as a bilateral procedure. If the procedure is reported with modifier 50 or is reported twice on the same day by any other means (e.g., with RT and LT modifiers or with a 2 in the units field), base the payment for both sides on the lower of (a) the total actual charge by the physician for both sides, or (b) 100% of the fee schedule for a single code. Example: The fee schedule amount for code YYYYY is $125. The physician reports code YYYYY-LT with an actual charge of $100 and YYYYY-RT with an actual charge of $100. Payment should be based on the fee schedule amount ($125) since it is lower than the total actual charges for the left and right sides ($200). The RVUs are based on a bilateral procedure because (a) the code descriptor specifically states that the procedure is bilateral, (b) the code descriptor states that the procedure may be performed either unilaterally or bilaterally, or (c) the procedure is usually performed as a bilateral procedure.*"

Today's tip provided by:

Regan Tyler is one of NAMAS' key faculty members, teaching educational sessions across the country. Regan is also a Senior Consultant providing medical auditing services and education with our parent company, DoctorsManagement.

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