

Reimbursement Policy Statement Illinois Medicaid

Effective Date	Next Annual Review	Policy Number	
12/01/2020	10/28/2026	ABHIL-RP-0007	
Policy Name		Department	
Impacted Cerumen Removal		Claims Operations Medical Payment	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

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A. Policy

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of ear, nose and throat procedures conducted to remove impacted cerumen. This guidance aligns with AMA CPT Coding Guidelines for coding and reporting of ear nose and throat procedures.

B. Overview

This policy outlines the coding and editing guidelines for reporting procedures conducted to remove impacted cerumen. This policy applies to all professional and facility claim types.

C. Definitions

Term	Definition
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children’s Health Insurance Programs.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT code set. Examples include ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). Level II HCPCS codes were established to allow these products, supplies and services to be reported for reimbursement.



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Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
International Statistical Classification of Diseases (ICD-10-CM)	The 10th revision of the (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.
Medicaid	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.
Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

D. Reimbursement Guidelines

ABH IL will only reimburse for removal of impacted cerumen procedures when

- Reported with an ICD-10-CM diagnosis code that supports the necessity for performing the procedure.

Claims that are submitted will be denied when

- Procedures reported for removal of impacted cerumen are submitted with any other ICD-10-CM diagnosis that does not support the necessity for performing the procedure.

The medical record documentation is expected to support the specific CPT code(s), ICD-10-CM code(s) and/ or HCPCS Codes reported.

E. Codes/Condition of Coverage

CPT Codes

69209	Removal impacted cerumen using irrigation/lavage, unilateral
69210	Removal impacted cerumen requiring instrumentation, unilateral

ICD-10-CM Diagnosis Codes

H61.20	Impacted cerumen, unspecified ear
H61.21	Impacted cerumen, right ear
H61.22	Impacted cerumen, left ear
H61.23	Impacted cerumen, bilateral

HCPCS Codes

G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing
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F. Frequently Asked Questions

N/A

G. Review/Revision Date

Action	Date	Comments
Revision	11/30/2025	Annual Review- no content changes; Update policy template
Effective Date	12/01/2020	

H. Resources

1. American Medical Association. *CPT Professional Edition 2025, AMA; 2024.*
2. American Medical Association. *HCPCS Level II Professional 2025, AMA; 2025.*
3. American Medical Association. *ICD-10-CM 2025 the Complete Official Codebook, AMA; 2024.*