

## **PURPOSE:**

Per Aetna Better Health of Illinois' policy, which is based on AMA CPT and HCPCS Level II manuals, the removal of impacted cerumen is only medically necessary when reported with a diagnosis of impacted cerumen.

## STATEMENT OF OBJECTIVE:

The removal of impacted cerumen is payable when reported with a diagnosis of impacted cerumen. If the cerumen is not impacted, the appropriate Evaluation and Management service code applies.

## **DEFINITIONS:**

E&M	Evaluation and Management coding is a medical coding process in
	support of medical billing. Practicing health care providers in the
	United States must use E/M coding to be reimbursed by Medicare,
	Medicaid programs, or private insurance for patient encounters.

## LEGAL/CONTRACT REFERENCE:

N/A

Aetna Better Health		
Kimberly Foltz	Melanie Fernando	
Interim Chief Executive Officer	Chief Operations Officer	
Review/Revision History		
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