BlueCross BlueShield of Minnesota

# REIMBURSEMENT POLICY

## Insertion and Removal of Tympanic Ventilation Tubes

Active

---

**Policy Number:** Surgery/Interventional Procedure - 011
**Policy Title:** Insertion and Removal of Tympanic Ventilation Tubes
**Section:** Surgery/Interventional Procedure
**Effective Date:** 10/21/15

---

## Description

This policy addresses coding and coverage myringotomy with or without tube insertion.

## Definitions

**25** Modifier. 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

**69420** Myringotomy including aspiration and/or eustachian tube inflation

**69421** Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia

**69424** Ventilating tube removal requiring general anesthesia

**69433** Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia

**69436** Tympanostomy (requiring insertion of ventilating tube), general anesthesia

**69799** Unlisted procedure, middle ear

**S2225** Myringotomy, laser-assisted

**0583T** Tympanostomy (requiring insertion of ventilation tube), using an automated tube delivery system, iontophoresis local anesthesia

## Policy Statement

A myringotomy (69420, 69421, or S2225) may be performed with or without the insertion of tympanostomy tubes. Insertion of tubes should be reported under code 69433, 0583T or 69436, as appropriate.

Removal of ventilation, myringotomy, or tympanostomy tubes (i.e., Shea or Collar button) may be paid when performed under general anesthesia (69424).

However, removal of such tubes is considered an integral part of a doctor's medical care when not performed under general anesthesia, and therefore, is not eligible as a distinct and separate service.

If the removal of ventilation, myringotomy, or tympanostomy tubes (69799) is reported on the same day as medical care, and the charges are itemized, combine the charges and pay only the medical care. Payment for the medical care performed on the same date of service includes the allowance for the tube removal.
If the removal of ventilation, myringotomy, or tympanostomy tubes is performed independently, process it under the appropriate code.

Modifier 25 may be reported with medical care to identify it as a significant, separately identifiable service from the removal of ventilation, myringotomy, or tympanostomy tubes (69799). When the 25 modifier is reported, the patient's records must clearly document that separately identifiable medical care has been rendered.

## Documentation Submission

Documentation/operative report must identify and describe the procedures performed. If a denial is appealed, this documentation must be submitted with the appeal.

## Coverage

Eligible surgical services will be subject to the Blue Cross fee schedule amount.

**The following applies to all claim submissions.**

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

## Coding

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

**CPT/HCPCS Modifier:** 25

**ICD Diagnosis:** N/A

**ICD Procedure:** N/A

**HCPCS:** 69420, 69421, 69424, 69433, 69436, 69799, S2225, 0583T

**Deleted Codes:** N/A

## Policy History

**Initial Committee Approval Date**: October 21, 2015
**Code Update**: N/A
**Policy Review Date**: August 30, 2017
October 21, 2019
October 12, 2020
**Cross Reference:** N/A