

## COMMERCIAL REIMBURSEMENT POLICY

### Insertion and Removal of Tympanic Ventilation Tubes

Active

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**Section:** Surgery/Interventional Procedure  
**Policy Number:** 011  
**Effective Date:** 02/01/24

#### Description

This policy addresses coding and reimbursement of the insertion and removal of tympanic ventilation tubes.

#### Policy Statement

Insertion and removal of tympanic ventilation tubes may be performed in the physician's office, an outpatient hospital, or an ambulatory surgery center. The appropriateness of the place of service depends upon the specific procedure(s) performed, whether other procedures (such as tonsillectomy and adenoidectomy, biopsies, nasal procedures) are performed at the same time and the type of anesthesia administered – topical, local, iontophoresis or general.

Insertion of tympanic ventilation tubes via an automated tube delivery system may be performed in a physician's office under local, topical or iontophoresis anesthesia. Ventilation tube insertion using a tube delivery system will only be reimbursed when the tube delivery system is FDA-approved, the system is used consistent with FDA regulations and the performing physician has completed the manufacturer's training in the use of the specific tube delivery system.

Procedure code 69433 or 0583T, as appropriate, should be reported with the applicable modifier, LT, RT or 50, and one unit of service. Code 69433 should be reported with modifier CG entered in the first modifier position.

Insertion of ventilation tubes under general anesthesia (69436) will only be reimbursed when performed in a facility place of service (i.e., outpatient hospital or ambulatory surgery center).

Removal of tympanic ventilation tubes under general anesthesia (69424) will only be reimbursed when performed in a facility place of service.

If tympanic ventilation tubes are removed in a physician's office, the appropriate evaluation and management (E/M) CPT code must be used.

#### Documentation Submission

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

#### Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.



**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.

<b>CPT/HCPCS Modifier:</b>	CG	LT	RT	50
<b>ICD-10 Diagnosis:</b>	N/A			
<b>ICD-10 Procedure:</b>	N/A			
<b>CPT/HCPCS:</b>	69424	69433	69436	0583T
<b>Revenue Codes:</b>	N/A			

**Resources**

Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)

**Policy History**

10/21/2015	Initial Committee Approval
10/21/2019	Annual Policy Review
10/12/2020	Annual Policy Review
09/28/2021	Annual Policy Review
02/28/2023	Annual Policy Review
11/28/2023	Revised
01/23/2024	Annual Policy Review

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