A myringotomy (tympanostomy) is a small incision made in the eardrum for the purpose of relieving the build-up of fluid and pressure in the middle ear that causes recurrent ear infections.

REIMBURSEMENT GUIDELINES:

A myringotomy may be performed with, or without, the insertion of tympanostomy tubes. Insertion of tubes should be reported under code 69433 or 69436, as appropriate.

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

However, the removal of such tubes is considered 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 is reported on the same day as medical care, and the charges are itemized, reimbursement will only be made for the medical care. Reimbursement for the medical care performed on the same date of service includes the allowance for the tube removal. A participating or network provider cannot bill the member separately for the tube removal in this case.

Applicable codes: 69420  69421  69424  69433  69436  69799  52225
Note: Modifier 25 may be reported with medical care to identify it as a significant and separately identifiable service. When modifier 25 is reported on the claim, the patient's records must clearly document that a separately identifiable service has been rendered.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy RP-009: Modifiers 25, 59, XE, XP, XS and XU