## Bionix® Cerumen Removal Product Return On Investment*

### Return on Investment with OtoClear® Ear Irrigation System

<table>
<thead>
<tr>
<th>CPT Code 69210</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal impacted cerumen (separate procedure), 1 or both ears</td>
</tr>
</tbody>
</table>

#### Non-Facility
- **Average Medicare Reimbursement Per Procedure**: $45.08
- **Amount of Procedures Performed with a Box of 40 tips**: $45.08
- **Break Even (Procedures)**: 2.64
- **Revenue Generated with 40 Tips**: $1,803.20
- **Minus the Cost of the Ear Lavage System (40 OtoClear Tips, 1 Portable Waterpik® Unit, 3 Adapter Wands and 1 Irrigation Basin)**: $119.00
- **TOTAL RETURN ON INVESTMENT**: $1,684.20

#### Facility
- **Average Medicare Reimbursement Per Procedure**: $30.66
- **Break Even (Procedures)**: 3.88
- **TOTAL RETURN ON INVESTMENT**: $1,107.40

<table>
<thead>
<tr>
<th>CPT Code 69200</th>
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<tbody>
<tr>
<td>Removal foreign body from external auditory canal; without general anesthesia</td>
</tr>
</tbody>
</table>

#### Non-Facility
- **Average Medicare Reimbursement Per Procedure**: $108.92
- **Amount of Procedures Performed with a Box of 40 tips**: $108.92
- **Break Even (Procedures)**: 1.09
- **Revenue Generated with 40 Tips**: $4,356.80
- **Minus the Cost of 50 Tips & 1 Light Source**: $79.50
- **TOTAL RETURN ON INVESTMENT**: $4,237.80

#### Facility
- **Average Medicare Reimbursement Per Procedure**: $51.58
- **Break Even (Procedures)**: 2.31
- **TOTAL RETURN ON INVESTMENT**: $1,944.20

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### Return on Investment with The Lighted Ear Curette™

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#### Non-Facility
- **Average Medicare Reimbursement Per Procedure**: $45.08
- **Amount of Procedures Performed with a Box of 50 tips**: $45.08
- **Break Even (Procedures)**: 1.76
- **Revenue Generated with 50 Tips**: $2,254.00
- **Minus the Cost of 50 Tips & 1 Light Source**: $79.50
- **TOTAL RETURN ON INVESTMENT**: $2,174.50

#### Facility
- **Average Medicare Reimbursement Per Procedure**: $30.66
- **Break Even (Procedures)**: 2.59
- **TOTAL RETURN ON INVESTMENT**: $1,453.50

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#### Non-Facility
- **Average Medicare Reimbursement Per Procedure**: $108.92
- **Break Even (Procedures)**: 0.73
- **Revenue Generated with 50 Tips**: $5,446.00
- **Minus the Cost of 50 Tips & 1 Light Source**: $79.50
- **TOTAL RETURN ON INVESTMENT**: $5,366.50

#### Facility
- **Average Medicare Reimbursement Per Procedure**: $51.58
- **Break Even (Procedures)**: 1.54
- **TOTAL RETURN ON INVESTMENT**: $2,499.50

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*Based on 2009 MediCare Fee Shedule. **AMA.org Suggested Retail. Subsequent use requires purchase of 40 tips increasing ROI. Facility includes hospitals, ambulatory surgical centers and skilled nursing facilities. Non-Facility includes all other settings.
Coding

1. Bill 69210 for medically reasonable and necessary removal of impacted cerumen requiring a physician's skill.
2. CPT 69210 and HCPCS G0268 include performance of the procedure for one or both ears and should only be billed once per visit.
3. Bill G0268 only where physician's skill is needed to remove impacted cerumen on the same day as audiologic function testing performed by his/her employed audiologist. If the audiologist removes the cerumen, he/she cannot bill HCPCS code G0268 or CPT code 69210. In such case, cerumen removal does not require a physician's skill and is considered part of the audiologic testing.
4. HCPCS code G0268 must be billed on the same claim as the audiologic function test(s) done.

Additional Reimbursement Information:
- An E&M service may be billed on the same day as 69210 or G0268. An E&M service may be billed on the same day as 69210 or G0268 only if documentation supports it being a significant, separately identifiable service by the same physician on the same date.
- If the procedure is performed by a non-physician practitioner and is personally performed by the practitioner, the same rules apply.
- HCPCS code G0268 is subject to the multiple procedure rule and may not be billed with other surgical procedures done on the same date. All surgical services performed on the same date must be billed as a single global service.

Average Reimbursement Rate

Medicare Payment*

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Non Facility *</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>69210</td>
<td>$45.08</td>
<td>$30.66</td>
</tr>
<tr>
<td>69200</td>
<td>$108.92</td>
<td>$51.58</td>
</tr>
</tbody>
</table>

*https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp?locality=XX

Note: The above rates are average Medicare payments and do not guarantee payment. Payment is based on a variety of factors, including geographic location, Medicare Fee Schedule, and does not guarantee reimbursement. It is important to check with CMS Centers for Medicare & Medicaid Services for specific information on the Medicare Fee Schedule and reimbursement rates.