

## MEDICAL COVERAGE POLICY

**SERVICE: Balloon Dilation of the Eustachian Tube**

**Policy Number: 300**

**Effective Date: 05/01/2023**

**Last Review: 01/26/2023**

**Next Review Date: 01/26/2024**

### Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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**PRIOR AUTHORIZATION: Required.**

**POLICY:** Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

**For Medicare plans**, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). If there is no applicable NCD or LCD, use the criteria set forth below.

**For Medicaid plans**, please confirm coverage as outlined in the Texas Medicaid TMPPM.

BSWHP may consider balloon dilation of the eustachian tube (BDET) medically necessary for chronic obstructive eustachian tube dysfunction (ETD), ONCE per ear, per lifetime, when ALL the following criteria are met:

- Age 18 years or older, **AND**
- Non-smoker, **AND**
- Any of the following symptoms experienced continuously for 6 months or greater and significantly impacting quality of life or functional health status:
  - Aural fullness / pressure
  - Otagia
  - Hearing loss
  - Tinnitus
  - Intolerance to barometric changes

#### **AND**

- If indicated, individual has undergone and failed to respond to surgical or appropriate medical management (i.e. at least 4-6 weeks of nasal steroids or proton pump PPIs) of known causes of obstructive ETD (i.e. rhinosinusitis, allergic and nonallergic rhinitis, laryngopharyngeal reflux, mass lesions, adenoid hypertrophy), **AND**

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- Abnormal tympanogram (Type B or C) OR the individual has a history of tympanostomy tube placement and symptoms of obstructive ETD improved while tubes were patent, **AND**
- Absence of a co-morbid conditions that would be contraindicated for BDET (i.e. patulous eustachian tube, nasopharyngeal or skull base neoplasms or carotid abnormalities)

BSWHP considers BDET experimental and investigational, when performed with tympanoplasty or other middle ear surgeries and for all other indications other than the ones listed above.

BSWHP considered trans-tympanic balloon dilatation of the Eustachian tube experimental and investigational for the treatment of ETD and chronic ear disease because the effectiveness of this approach has not been established

### OVERVIEW:

BDET is a minimally invasive transnasal endoscopic procedure in which a balloon is inflated within the affected Eustachian tube (ET) in an attempt to widen the ET and restore the flow of mucus and air in this passage. BDET procedures are sometimes performed in an operating room with the patient under general anesthesia; however, they are also performed in-office with the use of local anesthesia.

ETD is the inability of the ET to ventilate the middle ear, drain secretions, or protect the middle ear from pathogens in the nasopharynx and from loud sounds. The cartilaginous portion of the ET is the most likely source of pathology. ETD is associated with otologic and rhinologic symptoms, including tinnitus, aural fullness, an inability to equilibrate middle ear pressure, a sensation of being underwater, impaired hearing, pain, and balance problems.

Studies suggests that patients with ETD treated with BDET experience symptom relief and improved function compared with pretreatment assessments. In addition, BDET appears to be comparable or better than standard care; however, additional studies are needed to confirm these conclusions.

### CODES:

**Important note:**

*CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.*

CPT Codes:	69705 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral 69706 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
CPT Not Covered:	
ICD10 codes:	H65.21, H65.22, H65.23, H66.001, H66.002, H66.003, H66.004, H66.005, H66.006, H66.011, H66.012, H67.1, H67.2, H67.3, H68.001, H68.002, H68.003, H68.009, H68.021, H68.022, H68.023, H68.029, H69.80, H69.81, H69.82, H69.83, H69.90, H69.91, H69.92, H69.93, H71.01, H71.02, H71.03, H71.11, H71.12, H71.13, H71.21, H71.22, H71.23, H71.31, H71.32, H71.33, H71.91, H71.92, H71.93, H72.01, H72.02, H72.03, H72.11, H72.12, H72.13, H72.2X1, H72.2X2, H72.2X3, H72.811, H72.812, H72.813, H72.821, H72.822, H72.823, H72.91, H72.92, H72.93, H90.0, H90.11, H90.12, H90.3, H90.41, H90.42, H90.6, H90.71, H90.72, H90.A11, H90.A12, H90.A21, H90.A22, H90.A31, H90.A32, H91.01,



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	H91.02, H91.03, H91.11, H91.12, H91.13, H91.21, H91.22, H91.23, H91.8X1, H91.8X2, H91.8X3, H91.91, H91.92, H91.93
ICD10 Not covered:	

**CMS:** No NCD or LCD identified

### POLICY HISTORY:

Status	Date	Action
New	01/26/2023	New policy

### REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Tucci DL, McCoul ED, Rosenfeld RM, et al. Clinical consensus statement: balloon dilation of the eustachian tube. *Otolaryngol Head Neck Surg.* Jul 2019; 161(1):6-17. PMID 31161864
2. Poe DS, Hanna BM. Balloon dilation of the cartilaginous portion of the eustachian tube: initial safety and feasibility analysis in a cadaver model. *Am J Otolaryngol.* Mar-Apr 2011; 32(2):115-123. PMID 20392533
3. Froehlich MH, Le PT, Nguyen SA, et al. Eustachian tube balloon dilation: a systematic review and meta-analysis of treatment outcomes. *Otolaryngol Head Neck Surg.* Nov 2020; 163(5):870-882. PMID 32482125
4. Poe D, Anand V, Dean M, et al. Balloon dilation of the eustachian tube for dilatory dysfunction: A randomized controlled trial. *Laryngoscope.* May 2018; 128(5):1200-1206. PMID 28940574
5. National Institute for Health and Care Excellence. Interventional procedure overview of balloon dilation for chronic eustachian tube dysfunction [IPG665] (December 2019). Available at <<https://www.nice.org.uk>>
6. Hayes Health Technology Assessment, "Eustachian Tube Balloon Dilation for" the Treatment of Chronic Eustachian Tube Dysfunction in Adults," 2021.

**Note:** Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plans.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA's. Individual HMO plans are offered through FirstCare in West Texas.