



MEDICAL COVERAGE POLICY

SERVICE: Balloon Dilation of the Eustachian Tube

Policy Number: 300

Effective Date: 03/01/2025

Last Review: 01/13/2025

Next Review: 01/13/2026

Important note: Unless otherwise indicated, medical policies will apply to all lines of business. Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

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PRIOR AUTHORIZATION: Required

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

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

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

For Medicaid plans, please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

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:

1. Age 18 years or older, **AND**
2. Non-smoker, **AND**
3. 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
4. **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**
5. 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**
6. Absence of a co-morbid conditions / contraindications for BDET (including, but not limited to)



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- a. Patulous eustachian tube (symptoms include autophony, audible respirations, pulsatile tinnitus, and / or aural fullness)
- b. Extrinsic reversible or irreversible causes of eustachian tube dysfunction (including, but not limited to)
 - i. Craniofacial syndromes (e.g., cleft palate spectrum)
 - ii. Neoplasms causing extrinsic obstruction of the eustachian tube
 - iii. History of radiation therapy to the nasopharynx
 - iv. Enlarged adenoid pads
 - v. Nasopharyngeal mass
 - vi. Neuromuscular disorders that lead to hypotonia / ineffective eustachian tube dynamic opening systemic mucosal or autoimmune inflammatory disease affecting the mucosa of the nasopharynx and eustachian tube (e.g., Samter's triad, Wegner's disease, mucosal pemphigus) that is ongoing / active / not in remission
 - vii. 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 considers 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

BACKGROUND:

BDET is a minimally invasive trans nasal 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. The procedure involves inserting a saline-filled balloon catheter into the eustachian tube through the nose that remains inflated under pressure for about two minutes before being deflated and removed.

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 symptoms of ear pain / discomfort, ear fullness, hearing difficulties, and sometimes recurrent middle ear infections, ringing in the ear, an inability to equilibrate middle ear pressure, a sensation of being underwater, and balance problems.

ETD can arise from a variety of causes. Structural causes include narrow eustachian tubes, hypertrophy of adenoids (causing blockage), or a congenital defect. Chronic issues with allergic rhinitis, sinusitis, and frequent viral upper respiratory infections are common causes as well. Studies suggest 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,



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additional studies are needed to confirm these conclusions.

CODES:

Important note:

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 Codes Not Covered	
ICD-10 Codes	H65.21 - H65.23 – Chronic nonsuppurative otitis media H66.001 - H66.006, H66.011, H66.012 – Suppurative and unspecified otitis media H67.1 - H67.3 – Otitis media in diseases classified elsewhere H68.001 - H68.003 – Unspecified eustachian salpingitis H68.009, H68.021 - H68.023, H68.029 – Chronic eustachian salpingitis H69.80 - H69.83, H69.90 - H69.93 – Other specified disorders of eustachian tube H72.01 - H72.03, H72.11 - H72.13, H72.2X1 - H72.2X3, H72.811 - H72.813, H72.821 - H72.823, H72.91 - H72.93 – Perforation of tympanic membrane H90.0, H90.11, H90.12, H90.A11, H90.A12 – Conductive hearing loss H90.3, H90.41, H90.42, H90.A21, H90.A22 – Sensorineural hearing loss H90.6, H90.71, H90.72 – Mixed conductive and sensorineural hearing loss
ICD-10 Codes Not Covered	

POLICY HISTORY:

Status	Date	Action
New	01/26/2023	New policy
Reviewed	03/11/2024	Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes
Updated	1/13/2025	Added contraindications to balloon dilation, updated background section, updated ICD-10 code table with descriptions of codes. Ending note section updated to align with business entity changes.
Updated	08/11/2025	Removed, “Medicare NCD or LCD specific InterQual criteria may be used when available.”



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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 Plan.

RightCare STAR Medicaid is offered through Scott and White Health Plan in the Central Texas Medicaid Rural Service Area (MRSA); FirstCare STAR is offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA; and FirstCare CHIP is offered through FirstCare in the Lubbock Service Area.