

# **Balloon Dilation of the Eustachian Tube**

**Policy Number: 071** 

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization Required	X		Х
No Prior Authorization			
Not Covered		X*	

<sup>\*</sup>This is currently not covered under the MassHealth benefit.

#### Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine the medical necessity for balloon dilation of the eustachian tube (BDET).

# **Coverage Guidelines**

Mass General Brigham Health Plan covers balloon dilation of the eustachian tube for members 18 years of age and older when ALL of the following have been met:

- 1. The member has chronic eustachian tube dysfunction (ETD) with signs and symptoms present for at least three months. These symptoms include but are not limited to the following:
  - a. Otalgia;
  - b. Hearing loss;
  - c. Aural fullness and pressure;
  - d. A history of negative pressure in the middle ear and middle ear effusion
- 2. The member has undergone a comprehensive diagnostic assessment including:
  - a. Examination of the ears
  - b. Nasal endoscopy
  - c. Tympanogram
- 3. If allergic rhinitis is present, then a 4-week trial of nasal steroid spray has been completed, unless contraindicated and symptoms have persisted despite that trial.
- 4. If laryngopharyngeal reflux is present, then a 4-week trial of PPI or H2 blocker has been completed, unless contraindicated, and symptoms have persisted despite that trial.
- 5. If rhinosinusitis is present, then a 2-week course of therapy with an appropriate antibiotic has been completed, and symptoms have persisted despite that trial.
- 6. If the member has a history of tympanostomy tube(s) placement, there was improvement of obstructive Eustachian tube symptoms while the tube(s) were in place

### **Exclusions**

- 1. Members under the age of 18
- 2. CT of the temporal bone shows dehiscence of the petrous segment of the internal carotid artery
- 3. Enlarged adenoid pads are the sole cause of Eustachian tube obstruction
- 4. Extrinsic compression of the Eustachian tube by a mass
- 5. Craniofacial syndrome, including cleft palate spectrum
- 6. Patulous eustachian tube
- 7. History of radiation therapy to the nasopharynx
- 8. Prior BDET has been performed on the same side



### **Medicare Variations**

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for coverage determinations.

#### **Definitions**

<u>Balloon Dilation of the Eustachian Tube:</u> A minimally invasive transnasal endoscopic procedure intended to improve the patency of the cartilaginous eustachian tube. During the procedure, a balloon catheter is introduced and dilated, and pressure is maintained for 2 minutes or less, after which the balloon is emptied and removed. The procedure is usually performed under general anesthesia.

## **CPT/HCPC Codes**

The following codes are included below for informational purposes only. Inclusion of a code does not constitute or imply coverage or reimbursement.

This list of codes applies to commercial and MassHealth plans only.

Authorized CPT/HCPCS Codes	Code Description
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral

#### **Effective**

February 2024: Effective Date.

#### References

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