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Reviewed: 10/24/24

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Subject: Balloon Dilation of the Eustachian Tube

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Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Eustachian tube dysfunction (ETD) occurs when the functional valve of the eustachian tube fails to open and/or close properly. This failure is frequently due to inflammation and can cause symptoms such as muffled hearing, ear fullness, tinnitus, and vertigo. Chronic obstructive eustachian dysfunction can lead to hearing loss, otitis media, tympanic membrane perforation, and cholesteatomas.

Balloon dilation of the eustachian tube (BDET) is a tuboplasty procedure intended to improve the patency of the cartilaginous eustachian tube to cause local dilation. During the procedure, a saline-filled balloon catheter is introduced into the eustachian tube through the nose using a minimally invasive transnasal endoscopic method. Pressure is maintained for 2 minutes or less, after which the balloon is emptied and removed. The procedure is usually performed under general anesthesia.

Summary and Analysis of Evidence: Patients who have chronic obstructive ETD despite medical management who receive BDET, the evidence includes randomized controlled trials (RCTs), prospective observational studies, case series, and systematic reviews of these studies. Two 6-week RCTs found more improvement with balloon dilation plus medical management than medical management alone on patient-reported symptoms, ability to perform a Valsalva maneuver, proportion of patients with normalized tympanograms, and otoscopy findings. Durability of these effects was demonstrated at 52 weeks in the uncontrolled extension phase of both RCTs. No serious device- or procedure-related adverse events were reported through 52 weeks of followup. Multiple observational studies and case series have reported that patients experienced improvement when comparing symptoms before and after balloon dilation. Krogshede, et al (2022) concluded, “The procedure is feasible and no complications were reported. The study indicates that balloon dilation of the Eustachian tube may be a beneficial treatment in a selected group of adult patients with mild chronic Eustachian tube dysfunction”. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

POSITION STATEMENT:

Balloon dilation of the eustachian tube for treatment of chronic obstructive eustachian tube dysfunction **meets the definition of medical necessity** when **ALL** of the following are met:

1. Adults (age 18 years and older) with symptoms of obstructive eustachian tube dysfunction (aural fullness, aural pressure, otalgia, and/or hearing loss) lasting 3 months or longer in one or both ears that significantly affects quality of life or functional health status.
    - Aural fullness and pressure must be present;
2. The member has undergone a comprehensive diagnostic assessment; including patient-reported questionnaires, history and physical exam, tympanometry if the tympanic membrane is intact, nasal endoscopy, and comprehensive audiometry, with the following findings:
    - Abnormal tympanogram (Type B or C)
    - Abnormal tympanic membrane (retracted membrane, effusion, perforation, or any other abnormality identified on exam);
3. Failure to respond to appropriate medical management of potential co-occurring conditions, if any, such as allergic rhinitis, rhinosinusitis, and laryngopharyngeal reflux, including 4-6 weeks of a nasal steroid spray, if indicated;
4. Other causes of aural fullness such as temporomandibular joint disorders, extrinsic obstruction of the eustachian tube, superior semicircular canal dehiscence, and endolymphatic hydrops have been ruled out;
5. If the member had a history of tympanostomy tube placement, symptoms of obstructive eustachian tube dysfunction should have improved while tubes were patent;
6. The member does not have patulous eustachian tube dysfunction or another contraindication to the procedure*;
7. The member's eustachian tube dysfunction has been shown to be reversible (demonstrated by several means such as the member states they are able to relieve the pressure by performing a Valsalva maneuver to "pop" their ears);
8. Symptoms are continuous rather than episodic (e.g., symptoms occur only in response to barochallenge such as pressure changes while flying); **AND**
9. The member has not had a previous balloon dilation of the eustachian tube procedure.

Balloon dilation of the eustachian tube is considered **experimental or investigational** if the above criteria are not met.

*The following members should not be considered for balloon dilation of the eustachian tube:

- Members with patulous eustachian tube dysfunction (a diagnosis is suggested by symptoms of autophony of voice, audible respirations, pulsatile tinnitus, and/or aural fullness);
- Members with extrinsic reversible or irreversible causes of eustachian tube dysfunction including but not limited to:
    - craniofacial syndromes, including cleft palate spectrum

- neoplasms causing extrinsic obstruction of the eustachian tube
- history of radiation therapy to the nasopharynx
- enlarged adenoid pads
- nasopharyngeal mass
- 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, Wegener's disease, mucosal pemphigus) that is ongoing/active (i.e. not in remission)

- Members with aural fullness but normal exam and tympanogram
- Members with chronic and severe atelectatic ears.

BILLING/CODING INFORMATION:

CPT Coding:

69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral

Unlisted CPT code 69799 may also be used to report balloon dilation of the eustachian tube.

ICD-10 Diagnosis Codes That Support Medical Necessity:

H65.00 – H65.93	Nonsuppurative otitis media
H66.001 – H66.93	Suppurative and unspecified otitis media
H67.1 – H67.9	Otitis media in diseases classified elsewhere
H68.001 – H68.029	Eustachian salpingitis
H69.80 – H69.83	Other specified disorders of Eustachian tube
H69.90 – H69.93	Unspecified Eustachian tube disorder
H71.00 – H71.93	Cholesteatoma of middle ear
H72.00 – H72.93	Perforation of tympanic membrane
H81.311 – H81.399	Other peripheral vertigo
H81.4	Vertigo of central origin
H90.0 – H90.A32	Conductive and sensorineural hearing loss
H91.01 – H91.93	Other and unspecified hearing loss
J30.0 – J30.9	Vasomotor and allergic rhinitis
J31.0 – J31.2	Chronic rhinitis, nasopharyngitis and pharyngitis
J32.0 – J32.9	Chronic sinusitis

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) was found at the time of the last guideline reviewed date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

REFERENCES:

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 10/24/24.

GUIDELINE UPDATE INFORMATION:

04/15/18	New Medical Coverage Guideline.
04/15/19	Annual review; Position statement maintained and references updated.
11/15/20	Review; Position statements, coding, and references updated.
01/01/21	Annual CPT/HCPCS update. Codes 69705 and 69706 added; code C9745 deleted.
11/15/21	Review; Position statements updated; references updated.
12/15/22	Review: Position statements maintained and references updated.
05/23/23	Update to Program Exceptions section.
11/15/23	Review: Position statements maintained; references updated.
11/15/24	Review: Position statements maintained; description and references updated.