

Eustachian tube balloon dilation (ETBD) Tuboplasty

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Coverage Policy	Medical 328
Version	5

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details*.

Purpose:

This policy addresses the medical necessity of Eustachian tube balloon dilation (ETBD) Tuboplasty.

Description & Definitions:

Eustachian tube balloon dilation (ETBD) Tuboplasty is a minimally invasive endoscopic procedure that inserts a small fluid filled balloon to open or enlarge the eustachian tube to improve patency.

Criteria:

Unilateral or bilateral Eustachian tube balloon dilation (ETBD) Tuboplasty is medically necessary in when **All** the following criteria are met:

- Adults (18 years or older)
- Diagnosis of chronic Eustachian tube dysfunction (ETD) and **1 or more** of the following:
 - Tympanogram; or
 - If the patient has a history of tympanostomy tube placement, symptoms of obstructive eustachian tube dysfunction improved while tubes were patent.
- Absence of co-morbid condition that would be contraindicated for balloon dilation including but not limited to:
 - Carotid abnormalities in the skull base;
 - Nasopharyngeal or skull base neoplasm;
 - Patous eustachian tube;
 - Untreated allergic rhinitis, rhinosinusitis, laryngopharyngeal reflux.

Eustachian tube balloon dilation (ETBD) Tuboplasty is considered **not medically necessary** for any use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

Coding	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
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Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2023: August
- 2023: January

Reviewed Dates:

- 2024: January
- 2023: August
- 2022: January

Effective Date:

- January 2021

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Keywords:

SHP Eustachian Tube Balloon Dilation (ETBD)/Tuboplasty, SHP Medical 328, balloon dilation, tubal dilation, BDE, eustachian tube dysfunction, ETD, ETBD, Tuboplasty