

Eustachian tube balloon dilation (ETBD) Tuboplasty, Medical 328

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

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 **1 or more** of the following criteria are met:

- Children 7 to 17 years of age with **ALL** of the following:
 - Has Eustachian tube dysfunction from inflammatory pathology resulting in chronic otitis media with effusion; and
 - The individual is refractory to at least one surgical intervention for persistent obstructive Eustachian tube dysfunction;
 - Absence of co-morbid condition that would be contraindicated for balloon dilation including the absence of **ALL** of the following:
 - Carotid abnormalities in the skull base; or
 - Nasopharyngeal or skull base neoplasm; or
 - Patous eustachian tube; or
 - Untreated allergic rhinitis, rhinosinusitis, laryngopharyngeal reflux.
- Adults (18 years or older) with **ALL** of the following:
 - Diagnosis of chronic Eustachian tube dysfunction (ETD) for **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 the absence of **ALL** of the following:
 - Carotid abnormalities in the skull base; or
 - Nasopharyngeal or skull base neoplasm; or
 - Patous eustachian tube; or

- Untreated allergic rhinitis, rhinosinusitis, laryngopharyngeal reflux.

There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

There is insufficient scientific evidence to support the medical necessity of Eustachian tube balloon dilation (ETBD) Tuboplasty for uses other than those listed in the clinical indications for procedure section.

Document History:

Revised Dates:

- 2025: February – Procedure codes updated to align with changes to service authorization. Annual review completed, no changes, references updated.
- 2023: August
- 2023: January

Reviewed Dates:

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

Effective Date:

- January 2021

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

Considered Not Medically Necessary:

Coding	Description
	None

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

The preceding/following codes for treatments and procedures applicable to this policy are included above for informational purposes only. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plan Commercial products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
 - 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.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

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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Keywords:

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