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SHP Balloon Eustachian Tuboplasty

AUTH: SHP Medical 328 v2 (AC)

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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

Exceptions and Limitations

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 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.

Clinical Indications for Procedure

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NA

Document History

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- · Revised Dates:
- · Reviewed Dates:
 - · 2023: January
 - · 2022: January
- Effective Date: January 2021

Coding Information

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- · CPT/HCPCS codes covered if policy criteria is met:
 - None
- · CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 69705 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
 - CPT 69706 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
 - · CPT 69799 Unlisted procedure, middle ear

References

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References used include but are not limited to the following:

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XprESS ENT Dilation System. (2022). Retrieved Nov 4, 2022, from Stryker: https://www.stryker.com/us/en/ent/products/xpress-ent-dilation-system.html

Eustachian Tube Balloon Dilation for the Treatment of Chronic Eustachian Tube Dysfunction in Adults - Jan 23, 2022. (n.d.). Retrieved Nov 4, 2022, from HAYES: https://evidence.hayesinc.com/report/dir.eustachian5042

Codes

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