

# Eustachian tube balloon dilation (ETBD) Tuboplasty, Medical 328

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**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*.**

### 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) with **1 or more** of the following:
  - Tympanogram;
  - 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

Considered Not Medically Necessary:

Coding	Description
	None

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

## Document History:

Revised Dates:

- 2023: August
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- 2024: January
- 2023: August
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Effective Date:

- January 2021

## References:

Including but not limited to: 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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(2023). Retrieved Dec 2023, from Carelon Medical Benefits Management: [https://guidelines.carelonmedicalbenefitsmanagement.com/?s=Eustachian+Tube&et\\_pb\\_searchform\\_submit=et\\_search\\_process&et\\_pb\\_search\\_cat=11%2C1%2C96&et\\_pb\\_include\\_posts=yes](https://guidelines.carelonmedicalbenefitsmanagement.com/?s=Eustachian+Tube&et_pb_searchform_submit=et_search_process&et_pb_search_cat=11%2C1%2C96&et_pb_include_posts=yes)

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Clinical Practice Guidelines. (2023). Retrieved Dec 2023, from AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY (AAO-HNS): <https://www.entnet.org/quality-practice/quality-products/clinical-practice-guidelines/>

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### Special Notes: \*

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. 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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

### Keywords:

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