

Eustachian tube balloon dilation (ETBD) Tuboplasty, Medical 328

Table of Content

[Description & Definitions](#)[Criteria](#)[Document History](#)[Coding](#)[Special Notes](#)[References](#)[Keywords](#)[Effective Date](#) 1/2021[Next Review Date](#) 1/2026[Coverage Policy](#) Medical 328[Version](#) 7

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.*.

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** 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 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.

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 Virginia Medicaid products.
- Authorization Requirements: Pre-certification by the Plan is required.
- 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.

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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Keywords:

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