Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Balloon Dilation of the Eustachian Tube

Effective: April 1, 2024

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816

☒ Tufts Health Plan Commercial products; 617-972-9409

CareLink℠ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055

☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055

☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404

☒ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Harvard Pilgrim Health Care Stride Medicare Advantage; 866-874-0857

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965

☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965

☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Eustachian tube (ET) dysfunction occurs when the functional valve of the eustachian tube fails to open and/or close properly. This failure is frequently due to inflammation and can cause symptoms such as muffled hearing, ear fullness, tinnitus, and vertigo. Chronic dysfunction can lead to hearing loss, otitis media, tympanic membrane perforation, and cholesteatomas. Balloon dilation of the eustachian tube (BDET) is a procedure intended to improve the patency by inflating a balloon in the cartilaginous part of the ET to cause local dilation.

Clinical Guideline Coverage Criteria

Balloon dilation of the eustachian tube (BDET) may be considered reasonable and medically necessary for adults (18 years and older) with chronic eustachian tube dysfunction refractory to medical treatment when **ALL** of the following criteria are met:

1. Chronic signs and symptoms of eustachian tube (ET) obstruction such as:
    a. Hearing loss or aural fullness for greater than 3 months duration and other causes such as temporomandibular joint disorders, extrinsic obstruction of the ET, superior semicircular canal dehiscence, and endolymphatic hydrops have been ruled out; **or**
    b. There is a history of negative pressure in the middle ear, middle ear effusion for greater than or 3 months

duration; **and**

2. There is failure to respond to appropriate medical management of co-occurring conditions such as allergic rhinitis, rhinosinusitis, and laryngopharyngeal reflux, including 4-6 weeks of a nasal steroid spray, if indicated; **and**
3. There are no contraindications to BDET

Limitations

The Plan will not cover balloon dilation of the eustachian tube (BDET) for the following indications:

1. Members aged 17 and younger
2. Repeat BDET
3. BDET for patulous eustachian tube dysfunction
4. BDET use in a Eustachian tube with an ipsilateral carotid artery that is dehiscent into the ET lumen

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); unilateral
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); bilateral

References:

1. Eustachian Tube Balloon Dilation for the Treatment of Chronic Eustachian Tube Dysfunction in Adults; Hayes Technology Assessment, February 16, 2021, Annual Review April 6, 2023-By Subscription Access Only.
2. US Food and Drug Administration, ACCLARENT AERA® Eustachian Tube Balloon Dilation System; January 16, 2018. Accessed at: https://www.accessdata.fda.gov/cdrh_docs/pdf17/K171761.pdf, on February 7, 2024.
3. Keschner D, Garg R, Loch R, Luk LJ. Repeat Eustachian Tube Balloon Dilation Outcomes in Adults With Chronic Eustachian Tube Dysfunction. Otolaryngology–Head and Neck Surgery. 2022;166(5):951-956. doi:10.1177/01945998211037975
4. Meyer, Ted A.∗; O'Malley, Ellen M.†; Schlosser, Rodney J.∗; Soler, Zachary M.∗; Cai, Jason‡; Hoy, Mark J.∗; Slater, Patrick W.§; Cutler, Jeffrey L.||; Simpson, Roger J.¶; Clark, Michael J.#; Rizk, Habib G.∗; McRackan, Theodore R.∗; D'Esposito, Christopher F.∗; Nguyen, Shaun A.∗. A Randomized Controlled Trial of Balloon Dilation as a Treatment for Persistent Eustachian Tube Dysfunction With 1-Year Follow-Up. Otology & Neurotology 39(7):p 894-902, August 2018. | DOI: 10.1097/MAO.0000000000001853
5. National Institute for Health and Care Excellence. Balloon Dilation of the Eustachian tube Interventional procedures guidance [IPG665] Published: 18 December 2019; https://www.nice.org.uk/guidance/ipg665, Accessed February 7, 2024.
6. Otol Neurotol. 2019 Dec;40(10):1322-1325. doi: 10.1097/MAO.0000000000002396. Long-term Outcomes of Balloon Dilation for Persistent Eustachian Tube Dysfunction.
7. Poe D, Anand V, Dean M, et al. Balloon dilation of the eustachian tube for dilatory dysfunction: A randomized controlled trial. Laryngoscope. Sep 20 2017.
8. Siow, Jin-Keata,b,c; Tan, Jian-Lia,b,c. Indications for Eustachian tube dilation. Current Opinion in Otolaryngology & Head and Neck Surgery 28(1):p 31-35, February 2020. | DOI: 10.1097/MOO.0000000000000601
9. Tucci DL, McCoul ED, Rosenfeld RM, et al. Clinical Consensus Statement: Balloon Dilation of the Eustachian Tube. Otolaryngology–Head and Neck Surgery. 2019;161(1):6-17. doi:10.1177/0194599819848423

Approval And Revision History

January 18, 2023: Reviewed by the Medical Policy Approval Committee (MPAC)

Subsequent endorsement date(s) and changes made:

- February 16, 2023: Reviewed by the MPAC Committee. Criterion regarding failure to respond to medical management updated to reflect "if indicated" and language regarding "unless contraindicated" is removed. Policy to be effective April 1, 2023
- November 2023: Unify name changed to OneCare effective January 1, 2024

- February 21, 2024: Reviewed by MPAC. Addition of 4th limitation regarding ipsilateral carotid artery that is dehiscent into the ET effective April 1, 2024

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.