



Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Eustachian Tube Balloon Dilation (Acclarent AERA)

MP9604

Covered Service: Yes

Prior Authorization Required: No

Additional Information: An appropriate diagnosis code must appear on the claim. Claims will deny in the absence of an appropriate diagnosis code.

Medica Medical Policy:

- 1.0 Eustachian tube balloon dilation (e.g., Acclarent AERA) does not require prior authorization and is considered medically necessary for chronic/refractory eustachian tube dysfunction for members 18 years and older.
2.0 Eustachian tube balloon dilation for all other indications is considered experimental and investigational, and therefore not medically necessary.

Table with 3 columns: Document, Committee/Source, Date(s). Rows include Created, Revised, Reviewed, Retired, and Reinstated dates.

Published: 12/01/2023
Effective: 12/01/2023