



## Medica Central Coverage Policy

**Policy Name: Eustachian Tube Balloon Dilation (Acclarent AERA) MP9604**

**Effective Date: 12/01/2023**

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

### Coverage Policy

Eustachian tube balloon dilation (ETBD) is not investigative, and therefore **COVERED** for the treatment of chronic obstructive Eustachian tube dysfunction (ETD) in adults (18 years and older) that is refractory to medical management.

Eustachian tube balloon dilation for all other indications is investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

### Description

Eustachian tube dysfunction (ETD) is the inability of the eustachian tube (ET) to ventilate the middle ear, drain secretions, or protect the middle ear from sounds or pathogens in the nasopharynx. The cartilaginous portion of the ET is the most likely source of pathology. ETD is associated with otologic and rhinology symptoms, including tinnitus (ringing in the ears), aural fullness, an inability to equilibrate middle ear pressure, a sensation of being underwater, impaired hearing, pain, and balance problems. Many individuals will have otalgia but hearing loss may not be present in all individuals (e.g., individuals with Type C tympanograms).

Because the symptoms of ETD are nonspecific, clinical practice guidelines emphasize the importance of ruling out other causes of ETD with a comprehensive diagnostic assessment that includes individual-reported questionnaires (e.g., Eustachian Tube Dysfunction Questionnaire [EDTQ-7]), history and physical exam, tympanometry if the tympanic membrane is intact, nasal endoscopy, and comprehensive audiometry (audiogram may be normal or show conductive hearing loss) to establish a diagnosis.

The ET balloon dilation system is intended to dilate the cartilaginous portion of the ET to treat persistent ET dysfunction. The physician inserts a guidance catheter through the nose and advances it to the ET. A balloon is then advanced through the guidance catheter to the isthmus of the ET, which is at the end of the cartilaginous tissue prior to the bony portion. The balloon is inflated for 2 minutes and then withdrawn. It is purported that this procedure opens the pathway for



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mucus and air to flow through the ET to restore proper function. The procedure is generally performed under general anesthesia.

### FDA Approval

FDA granted 510(K) marketing clearance for:

Acclarent AERA™ ET balloon dilation system (K171761).

XprESS ENT Dilation System (K163509)

### Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

### Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

#### CPT Codes:

- **69705** - Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
- **69706** - Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
- **C1726** - Catheter, balloon dilation, nonvascular

	<b>Committee/Source</b>	<b>Date(s)</b>
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