Medica Coverage Policy

Policy Name: Eustachian Tube Balloon Dilation
Effective Date: 1/21/2019

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for 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 and Minnesota Health Care Programs, this policy will apply unless those 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 about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica 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 is investigative and therefore NOT COVERED.

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.

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 The balloon is inflated for 2 minutes and then withdrawn.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 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 (K171761) for the Acclarent Aera™ ET balloon dilation system.

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:
69777 – Unlisted procedure, middle ear

HCPC Codes:
C9745 – Nasal endoscopy, surgical; balloon dilation of eustachian tube

Original Effective Date: 1/21/2019

Re-Review Date(s):