

Eustachian Tube Balloon Dilation

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Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	
Original Effective Date:	N/A
Annual Approval Date:	12/2022
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 3

Disclaimer

Highmark Health Options medical policy is intended to serve only as a coverage for the services described. This policy does not constitute medical advice and is not intended to govern general reference resources regarding or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary balloon tube balloon dilation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Balloon dilation – A mechanical method to expand the eustachian tube to relieve the symptoms of Eustachian Tube Dysfunction (ETD) in adults.

PROCEDURES

A prior authorization is not required.

Eustachian tube balloon dilation may be considered medically necessary in adult individuals (age 18 and older) with ALL the following criteria:

- Diagnosis of chronic ETD and

- Absence of a comorbid condition that would be contraindicated for balloon dilation including but not limited to:
 - Carotid abnormalities in the skull base; or
 - Patulous eustachian tube

Eustachian tube balloon dilation is considered experimental/investigational for all other indications and therefore noncovered because the safety and/or effectiveness have not been established.

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

Place of Service: Outpatient

Experimental/investigational (E/I) services are not covered regardless of place of service.

Eustachian tube balloon dilation is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in exceptional circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT 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

Covered Diagnosis Codes for Procedure Codes: 69705, 69706, C9745

H68.001	H68.002	H68.003	H68.009	H68.021	H68.022	H68.023
H68.029	H69.80	H69.81	H69.82	H69.83	H69.90	H69.91
H69.92	H69.93	H65.21	H65.22	H65.23	H66.001	H66.002
H66.003	H66.004	H66.005	H66.006	H66.011	H66.012	

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

References

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POLICY UPDATE HISTORY

<Date>	<Event>
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