Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

Balloon Dilation of the Eustachian Tube

Effective: May 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☐ No ☒
Notification Required	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products
- Tufts Health Direct
- Tufts Health Together
- Tufts Health RITogether
- Tufts Health One Care

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

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. Patulous eustachian tube dysfunction
4. 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

List of Medically Necessary ICD-10 Codes

References:

1. Eustachian Tube Balloon Dilation for the Treatment of Chronic Eustachian Tube Dysfunction in Adults; Hayes Technology Assessment, February 16, 2021, Annual Review March 12, 2024-By Subscription Access Only.
2. US Food and Drug Administration, ACCLARENT AERA Eustachian Tube Dilation System; December 13, 2023. Accessed at: https://www.accessdata.fda.gov/cdrh_docs/pdf23/K230742.pdf, on March 9, 2026
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 March 11, 2026
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
- December 1, 2024: Reviewed and approved by the UM Committee 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
- April 17, 2024: Reviewed by MPAC, Balloon Dilation of the Eustachian Tube will be covered when submitted with a diagnosis code listed above for Harvard Pilgrim Health Care Commercial Products, effective August 1, 2024
- June 13, 2024: Reviewed and approved by the UM Committee effective August 1, 2024
- February 19, 2025: Reviewed by MPAC. References updated, clarification to limitation language. Effective April 1, 2025.
- March 18, 2026: Reviewed and approved by MPAC to be effective May 1, 2026. Template updated.

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.