**Balloon Dilation of the Eustachian Tube**

**Published:** 07/01/2017

**Next Review:** 06/2018

**Last Review:** 06/2017

**Medicare Link(s) Revised:** N/A

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**IMPORTANT REMINDER**

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured’s benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other healthcare providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

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**DESCRIPTION**

The eustachian tube equalizes pressure across the tympanic membrane, protects the middle ear, and clears middle ear secretions. Eustachian tube dysfunction can interfere with any of these functions. A eustachian tube balloon dilation system is a device that includes an inflatable balloon and flexible catheter that dilates the cartilaginous portion of the eustachian tube, and is used to treat persistent eustachian tube dysfunction.

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**MEDICARE ADVANTAGE POLICY CRITERIA**

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<thead>
<tr>
<th>Policy ID</th>
<th>Description</th>
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<tbody>
<tr>
<td>CMS Coverage Manuals*</td>
<td>None</td>
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<tr>
<td>National Coverage Determinations (NCDs)*</td>
<td>None</td>
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<td>Noridian Healthcare Solutions (Noridian) Local</td>
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Medicare coverage guidance is not available for balloon dilation of the eustachian tube. Therefore, the health plan’s medical policy is applicable.

Balloon Dilation of the Eustachian Tube, Surgery, Policy No. 206 (see “NOTE” below)

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. (Medicare IOM Pub. No. 100-04, Ch. 23, §30 A). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an objective, evidence-based process, based on authoritative evidence. (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan’s evidence-assessment process (see Cross References).

POLICY GUIDELINES

REGULATORY STATUS

The Aera Eustachian Tube Balloon Dilation System manufactured by Acclarent received U.S. Food and Drug Administration (FDA) approval, and is classified as class II. This device is indicated for treatment of eustachian tube dysfunction in adults 22 and older, and is restricted to prescription use in accordance with 21 CFR 801.109. [1]

CROSS REFERENCES

Investigational (Experimental) Services and New and Emerging Medical Technologies and Procedures, Medicine, Policy No. M-149

REFERENCES


CODING

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<thead>
<tr>
<th>Codes</th>
<th>Number</th>
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<tr>
<td>CPT</td>
<td>69799</td>
<td>Unlisted procedure, middle ear</td>
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<tr>
<td>HCPCS</td>
<td>C9745</td>
<td>Nasal endoscopy, surgical; balloon dilation of eustachian tube</td>
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</table>
IMPORTANT NOTE: Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.