



ND

Medical Policies



Policy Number:

S-262

Policy Name:

Eustachian Tube Balloon Dilation

Policy Type:

Medical

Policy Subtype:

Surgery

Effective Date:

09-15-2025

End Date:

11-02-2025

Description

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

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes: 69705 and 69706

H65.21	H65.22	H65.23	H66.001	H66.002	H66.003	H66.004
H66.005	H66.006	H66.011	H66.012	H67.1	H67.2	H67.3
H68.001	H68.002	H68.003	H68.021	H68.022	H68.023	H69.81

H69.82	H69.83	H69.91	H69.92	H69.93	H71.01	H71.02
H71.03	H71.11	H71.12	H71.13	H71.21	H71.22	H71.23
H71.31	H71.32	H71.33	H71.91	H71.92	H71.93	H72.01
H72.02	H72.03	H72.11	H72.12	H72.13	H72.2X1	H72.2X2
H72.2X3	H72.811	H72.812	H72.813	H72.821	H72.822	H72.823
H72.91	H72.92	H72.93	H90.0	H90.11	H90.12	H90.3
H90.41	H90.42	H90.6	H90.71	H90.72	H90.A11	H90.A12
H90.A21	H90.A22	H90.A31	H90.A32	H91.01	H91.02	H91.03
H91.11	H91.12	H91.13	H91.21	H91.22	H91.23	H91.8X1
H91.8X2	H91.8X3	H91.91	H91.92	H91.93		

CURRENT CODING

CPT:

69705	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE UNI	Commercial
69706	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI	Commercial
69705	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE UNI	Medicaid Expansion
69706	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI	Medicaid Expansion

References

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ND Committee Review

Internal Medical Policy Committee 7-22-2020

- **Revised** clinical criteria; and
- **Updated** diagnosis codes

Internal Medical Policy Committee 1-19-2021 Coding update:

- **Removed** procedure code 69799; and
- **Added** procedure codes 69705; 69706

Internal Medical Policy Committee 1-20-2022 Annual Review-no changes in criteria

Internal Medical Policy Committee 3-23-2022 Revision of criteria, language and coding update:

- **Removed** HCPCS (C code) C9745
- **Added** the following covered Diagnosis codes for Procedure codes 69705 and 69706:
 - H67.1; H67.2; H67.3; H71.01; H71.02; H71.03; H71.11; H71.12; H71.13; H71.21; H71.22; H71.23; H71.31; H71.32; H71.33; H71.91; H71.92; H71.93; H72.01; H72.02; H72.03; H72.11; H72.12; H72.13; H72.2X1; H72.2X2; H72.2X3; H72.811; H72.812; H72.813; H72.821; H72.822; H72.823; H72.91; H72.92; H72.93; H90.0; H90.11; H90.12; H90.3; H90.41; H90.42; H90.6; H90.71; H90.72; H90.A11; H90.A12; H90.A21; H90.A22; H90.A31; H90.A32; H91.01; H91.02; H91.03; H91.11; H91.12; H91.13; H91.21; H91.22; H91.23; H91.8X1; H91.8X2; H91.8X3; H91.91; H91.92; H91.93

Internal Medical Policy Committee 3-23-2023 Annual Review-no changes in criteria

Internal Medical Policy Committee 5-14-2024 Annual Review-no changes in criteria

- **Added** Policy Application

Internal Medical Policy Committee 9-17-2024 Coding update - **Effective November 04, 2024**

- **Removed** diagnosis codes H68.009; H68.029; H69.80; and H69.90.

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.