

Eustachian Tube Balloon Dilation

Also known as	<div><div>1. Acclarent AERA ET balloon dilation system</div><div>2. ET balloon dilation system</div><div>3. XprESS ENT Dilation System</div></div>				
Description	<p>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.</p> <p>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 The balloon is inflated for 2 minutes and then withdrawn.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.</p>				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)				
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</p> <ul style="list-style-type: none">• Clinic POS: Also quote office visit benefits when done in the clinic.				
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Eustachian Tube Balloon Dilation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.• For investigative indications, not covered.				
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Eustachian Tube Balloon Dilation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.• For investigative indications, not covered.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Eustachian Tube Balloon Dilation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote outpatient surgery or inpatient hospital benefits.• For investigative indications, not covered.• DOS prior to 11.15.23: Considered investigative; not covered.• Medica is the only payer.				
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Eustachian Tube Balloon Dilation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote outpatient surgery or inpatient hospital benefits.• For investigative indications, not covered.• DOS prior to 11.15.23: Considered investigative; not covered.• Follows Medicare guidelines.				
Med Advantage	<p>Medica’s Coverage Policy, <i>Eustachian Tube Balloon Dilation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote outpatient surgery or inpatient hospital benefits.• For investigative indications, not covered.• DOS prior to 11.15.23: Considered investigative; not covered.• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	<p>Medica’s Coverage Policy, <i>Eustachian Tube Balloon Dilation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• For investigative indications, not covered.• DOS prior to 11.15.23: Considered investigative; not covered.				
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</p> <ul style="list-style-type: none">• Clinic POS: Also quote office visit benefits when done in the clinic.				
Medica	<p>Medica’s Coverage Policy, <i>Eustachian Tube Balloon Dilation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.• For investigative indications, not covered.• DOS prior to 11.15.23: Considered investigative; not covered.				
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