**MEDICAL POLICY – 7.01.158**

**Balloon Dilation of the Eustachian Tube**

<table>
<thead>
<tr>
<th>BCBSA Ref. Policy:</th>
<th>7.01.158</th>
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<tbody>
<tr>
<td>Effective Date:</td>
<td>May 1, 2019</td>
</tr>
<tr>
<td>Last Revised:</td>
<td>April 18, 2019</td>
</tr>
<tr>
<td>Replaces:</td>
<td>N/A</td>
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**RELATED MEDICAL POLICIES:**

None

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**Select a hyperlink below to be directed to that section.**

POLICY CRITERIA | CODING | RELATED INFORMATION

EVIDENCE REVIEW | REFERENCES | HISTORY

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**Introduction**

The eustachian tube is a small, hollow structure that connects the middle ear to the back of the nose. Each ear has a eustachian tube, which is usually filled with air. Its function is to keep pressure inside the ear the same as the pressure outside of the body. It does this by opening and closing, like a valve. These are the tubes that open as a person swallows or yawns, and that make your ears “pop” when you change altitude. If one or both tubes aren’t able to open and close properly, this can lead to symptoms like muffled hearing, a feeling of fullness in the ear, ringing in the ear (tinnitus), and feeling dizzy (vertigo). Over time, ongoing problems with the eustachian tube(s) can lead to inflammation, damage to the eardrum, and possible hearing loss. A technique has been developed in which a small tube containing a balloon is inserted into the nose and then threaded into the eustachian tube. The tiny balloon is then inflated, which opens the tube. The balloon is left in place for a couple of minutes, deflated, and removed. This technique is unproven (investigational). More studies are needed to show how safe and effective it is over the long term.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
### Policy Coverage Criteria

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Investigational</th>
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<td>Balloon dilation of the eustachian tube</td>
<td>Balloon dilation of the eustachian tube for treatment of</td>
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<td>patients with chronic eustachian tube dilatory dysfunction is</td>
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<td>considered investigational.</td>
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### Coding

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<td>CPT</td>
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<tr>
<td>69799</td>
<td>Unlisted procedure, middle ear</td>
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### Related Information

N/A

### Evidence Review

**Description**

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 ET is a procedure intended to improve the patency by inflating a balloon in the cartilaginous part of the ET to cause local dilation.
Background

**Eustachian Tube Function**

The ET connects the middle ear space to the nasopharynx. It is approximately 36 mm long in adults. The ET ventilates the middle ear space to equalize pressure across the tympanic membrane, clears mucociliary secretions, and protects the middle ear from infection and reflux of nasopharyngeal contents.\(^1\) The tube opens during swallowing or yawning.

Eustachian tube dysfunction (ETD) occurs when the functional valve of the ET fails to open and/or close properly. This failure may be due to inflammation or anatomic abnormalities. ET dilatory dysfunction (ETDD) is most commonly caused by inflammation including rhinosinusitis and allergic rhinitis. ETDD can cause symptoms such as muffled hearing, ear fullness, tinnitus, and vertigo.\(^2\) Chronic ETDD can lead to hearing loss, otitis media, tympanic membrane perforation, and cholesteatomas.

**Epidemiology of ETD**

The epidemiology of ETD, including incidence and prevalence of the disorder and associated symptoms in the community, primary care and referral populations, is not well-characterized. Data are also lacking to describe the natural history of the disorder and impact on patient’s functioning.

**Diagnosis and Outcome Measures**

There are no comprehensive guidelines regarding the diagnosis of ETD. In response to a National Institute for Health Research Health Technology Assessment (2014) concluding that an important limitation with available evidence for treatments of ETD is a lack of consensus on the definition and diagnosis,\(^3\) an international group of scientists and physicians with expertise in ET disorders developed consensus statements on ETD.\(^1\) The meeting was funded by Acclarent, a manufacturer of a dilation technology. The following summarizes relevant 2015 consensus statements from the group.

- There is no universally accepted set of patient-reported symptom scores, functional tests, or scoring systems to diagnose ETD.
Diagnosis of ETDD should consider patient-reported symptoms along with evidence of negative pressure in the middle ear assessed by clinical assessment.

Transient ETD is ETD with symptoms and signs lasting less than 3 months while chronic ETD is ETD with symptoms and signs lasting for more than 3 months.

Future clinical trials should include outcomes related to patient-reported symptoms, otoscopy, tympanometry, and pure-tone audiometry, and outcomes should be assessed at baseline, in the short-term (6 weeks to 3 months) and the long-term (6 months to 12 months).

The 7-item Eustachian Tube Dysfunction Questionnaire is the only patient-reported outcome scale to have undergone initial validation studies.

Tympanometry is a frequently used outcome measure in ETD. Tympanometry measures the mobility of the tympanic membrane and graphically displays results in tympanograms. Tympanograms are classified by the height and location of the tympanometric peak. They are classified into 3 general patterns: type A indicates normal middle ear and ET function; type B indicates poor tympanic membrane mobility (“flat” tympanogram), and type C indicates the presence of negative middle ear pressure.4

The 7-item Eustachian Tube Dysfunction Questionnaire is used to assess ETD-related symptoms such as pressure, pain, “clogged” ears, and muffled hearing over the previous month. The seven items are rated by patients on a 7-level scale from 1 (no problem) to 7 (severe problem). The overall score is reported as a mean item score with a range from 1.0 to 7.0. The Eustachian Tube Dysfunction Questionnaire has been shown to be a valid and reliable symptom score for use in adults with ETD with overall score of 2.1 or higher having high accuracy to detect the presence of ETD.5

Other important outcomes for evaluating a treatment for ETD are hearing outcomes, otitis media, clearance of middle ear effusion, tympanic membrane retraction, and quality of life. Another important consideration is the need for additional treatment, eg, additional surgical procedures (including reintervention).

**Treatment of ETDD**

Medical management of ETDD is determined by the underlying etiology: treatment of viral or bacterial rhinosinusitis; systemic decongestants, antihistamines, or nasal steroid sprays for allergic rhinitis; behavioral modifications and/or proton pump inhibitors for laryngopharyngeal
reflux; and treatment of mass lesions. Although topical nasal steroids are commonly used for ETDD, triamcinolone acetonide failed to show benefit in patients ages 6 and older presenting with otitis media with effusion and/or negative middle ear pressure in a randomized, placebo-controlled, double-blind trial published (2011).  

Patients who continue to have symptoms following medical management may be treated with surgery. Available surgical management includes myringotomy with the placement of tympanostomy tubes or eustachian tuboplasty. There is limited evidence and no randomized controlled trials supporting the use of these surgical techniques. Norman et al (2014) reported that eustachian tuboplasty (other than balloon dilation) has been evaluated in 7 case series and was associated with improvement in symptoms in 36% to 92% of patients with low rates (13%-36%) of conversion to type A tympanogram (which is normal). Myringotomy and tympanostomy have been evaluated in two case series and were associated with symptom alleviation in a subgroup of patients.

**Balloon Dilatation of the ET**

Balloon dilation is a tuboplasty procedure intended to improve the patency of the cartilaginous ET. During the procedure, a saline-filled balloon catheter is introduced into the ET through the nose using a minimally invasive transnasal endoscopic method. Pressure is maintained for approximately two minutes after which the balloon is emptied and removed. The procedure is usually performed under general anesthesia.

**Summary of Evidence**

For individuals with chronic ETDD despite medical management who receive balloon dilation of the ET, the evidence includes case series, systematic reviews of case series, a retrospective cohort study, and two randomized controlled trials (RCTs). The relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. The criteria for diagnosing ETDD are not standardized. Several medical and surgical treatments are used for ETDD, but there is limited evidence for available treatments. Most case series assessed provided follow-up of less than a year and all showed short-term improvement comparing symptoms before and after balloon dilation. The number of revision procedures required due to the failure of the first ET balloon dilation procedure was reported in 3 case series (n=714 patients); 122 revisions were reported. In one published RCT evaluating balloon dilation of the ET, patients were eligible if they reported persistent ETDD symptoms as measured on the ETDQ-7, a tool to
assess symptoms, and had abnormal tympanometry. A greater proportion of patients in the balloon dilation group demonstrated tympanogram normalization (52%) compared with the medical management group (14%) at 6 weeks and reported a reduction in symptoms at 6 weeks on the ETDQ-7. The durability of effect at 24 weeks was demonstrated in a subset of patients. The rate of adverse events was low, and none of the serious adverse events were thought to be related to the device or procedure. The 52-week follow-up data have not been reported. The second RCT enrolled patients with moderate to severe ETD based on the ETDQ-7 but who were not required to have abnormal middle ear functional assessments. Symptom score change was the primary outcome and mean score decrease was greater in the balloon dilation group than the medical management group. In both RCTs, the initiation, concomitant or continued use of medical therapy of multiple drug classes was at the discretion of the investigators. The durability of effect, rates of reoperation or revisions, and safety data over the first year are needed. The evidence is insufficient to determine the effects of the technology on health outcomes.

Ongoing and Unpublished Clinical Trials

A January 2019 search did not identify any ongoing or unpublished trials that might influence this review.

Practice Guidelines and Position Statements

National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence (2011) published guidance on balloon dilation of the eustachian tube. The guidance stated:

Current evidence on the efficacy and safety of balloon dilatation of the Eustachian tube is inadequate in quantity and quality. Therefore, this procedure should only be used in the context of research, which should address the efficacy of the procedure in the short and longer term, and also document safety outcomes.

Medicare National Coverage

There is no national coverage determination.
Regulatory Status

Table 1. Devices Cleared by the U.S. Food and Drug Administration

<table>
<thead>
<tr>
<th>Device</th>
<th>Manufacturer</th>
<th>Date Cleared</th>
<th>510(k) No.</th>
<th>Indication</th>
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<tr>
<td>Acclarent Aera Eustachian Tube Balloon D</td>
<td>Acclarent, Inc.</td>
<td>01/16/2018</td>
<td>K171761</td>
<td>Eustachian tube dilation</td>
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<tr>
<td>Xpress ENT Dilation System</td>
<td>Entellus Medical, Inc.</td>
<td>04/05/2017</td>
<td>K163509</td>
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In September 2016, the AERA® (Acclarent) was granted a de novo 510(k) classification by the U.S. Food and Drug Administration (FDA) (class II, FDA product code: PNZ). The new classification applies to this device and substantially equivalent devices of this generic type. The AERA® is cleared for dilating the eustachian tube in patients ages 22 and older with persistent ETD.

In December 2016, the XprESS™ ENT Dilation System (Entellus Medical, Plymouth, MN) was cleared for marketing by FDA through the 510(k) process (K163509). FDA determined this device was substantially equivalent to existing devices for use in ETD. The predicate devices are XprESS™ Multi-Sinus Dilation System and AERA® Eustachian Tube Balloon Dilation System.

References


15. Satmis MC, van der Torn M. Balloon dilatation of the Eustachian tube in adult patients with chronic dilatory tube dysfunction: a retrospective cohort study. Eur Arch Otorhinolaryngol. Feb 2018;275(2):395-400. PMID 29285624


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**History**

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<th>Comments</th>
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<td>05/01/18</td>
<td>New policy, approved April 10, 2018. Policy created with literature review through October 2017. Balloon dilation of the Eustachian tube for treatment of patients with chronic Eustachian tube dilatory dysfunction is considered investigational.</td>
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U.S. Department of Health and Human Services
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