

**PROVIDER NOTIFICATION OF POLICY CRITERIA
CHANGE**

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMEDEMMENT	EFFECTIVE DATE	LINK TO FULL POLICY
<p>Balloon Dilation of the Eustachian Tube</p>	<p>2018007</p>	<p>Added restricted coverage for individuals 8-17 years of age with symptoms of obstructive ETD for 6 months or longer:</p> <p>Balloon dilation of the eustachian tube (BDET) with a device approved by the U.S. Food and Drug Administration for the treatment of chronic obstructive eustachian tube dysfunction (ETD) meets member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts without Primary Coverage Criteria is considered Medically Necessary and is covered under the following conditions:</p> <ul style="list-style-type: none"> ○ Individuals (age 8 years and older) with symptoms of obstructive ETD (aural fullness, aural pressure, otalgia, and/or hearing loss) for 6 months or longer in 1 or both ears that significantly affects quality of life or functional health status; (see policy guidelines for individuals between the ages of 8 to 17) <ul style="list-style-type: none"> ▪ Aural fullness and pressure must be present <p>AND</p> <ul style="list-style-type: none"> ○ The individual has undergone a comprehensive diagnostic assessment; including patient-reported questionnaires, history and physical exam, tympanometry if the tympanic membrane is intact, nasal endoscopy, and comprehensive audiometry, with the following findings: <ul style="list-style-type: none"> ▪ Abnormal tympanogram (Type B or C); ▪ Abnormal tympanic membrane (retracted membrane, effusion, perforation, or any other abnormality identified on exam). 	<p>No</p>	<p>6/15/2026</p>	<p>https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2018007</p>

		<p>AND</p> <ul style="list-style-type: none">○ Failure to respond to appropriate medical management of potential co-occurring conditions, if any, such as allergic rhinitis, rhinosinusitis, and laryngopharyngeal reflux, including 4 to 6 weeks of a nasal steroid spray, if indicated. <p>AND</p> <ul style="list-style-type: none">○ Other causes of aural fullness such as temporomandibular joint disorders, extrinsic obstruction of the eustachian tube, superior semicircular canal dehiscence, and endolymphatic hydrops have been ruled out. <p>AND</p> <ul style="list-style-type: none">○ If the individual had a history of tympanostomy tube placement, symptoms of obstructive ETD should have improved while tubes were patent. <p>AND</p> <ul style="list-style-type: none">○ The individual does not have patulous ETD or another contraindication to the procedure (see Policy Guidelines). <p>AND</p> <ul style="list-style-type: none">○ The individual's ETD has been shown to be reversible (see Policy Guidelines). <p>AND</p> <ul style="list-style-type: none">○ Symptoms are continuous rather than episodic (e.g., symptoms occur only in response to barochallenge such as pressure changes while flying). <p>AND</p>			
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- The individual has not had a previous BDET procedure.

Policy Guidelines:

Contraindications to Balloon Dilation of the Eustachian Tube

- The following individuals should not be considered for balloon dilation of the eustachian tube:
 - Individuals with patulous eustachian tube dysfunction (ETD).
 - A diagnosis of patulous ETD is suggested by symptoms of autophony of voice, audible respirations, pulsatile tinnitus, and/or aural fullness.
 - Individuals with extrinsic reversible or irreversible causes of ETD including but not limited to:
 - craniofacial syndromes, including cleft palate spectrum;
 - neoplasms causing extrinsic obstruction of the eustachian tube;
 - history of radiation therapy to the nasopharynx;
 - enlarged adenoid pads;
 - nasopharyngeal mass;
 - neuromuscular disorders that lead to hypotonia/ineffective eustachian tube dynamic opening;
 - systemic mucosal or autoimmune inflammatory disease affecting the mucosa of the nasopharynx and eustachian tube (e.g. Samter's triad, Wegener's disease, mucosal pemphigus) that is ongoing/active (i.e. not in remission).
 - Individuals with aural fullness but normal exam and tympanogram.
 - Individuals with chronic and severe atelectatic ears.

Reversibility of Eustachian Tube Dysfunction

Reversibility of ETD can be demonstrated by several means, including any of the following:

		<ul style="list-style-type: none"> • The individual states that they are able to relieve the pressure by performing a Valsalva maneuver to “pop” their ears; • Performing a Valsalva maneuver produces temporary improvement of the individual's tympanogram to Type A tympanogram; • Performing a Valsalva maneuver causes the member’s middle ear to aerate, which is indicated by the provider visualizing lateral movement of the tympanic membrane on otoscopy. <p>Balloon Dilation of the Eustachian Tube Used in Pediatric Populations</p> <ul style="list-style-type: none"> • Individuals between the ages of 8 to 17 are eligible for treatment of persistent obstructive ETD refractory to standard surgical interventions with the Acclarent AERA Eustachian Tube Balloon Dilation System. • Contraindications include the following: <ul style="list-style-type: none"> ▪ Patulous eustachian tube dysfunction ▪ Dehiscent carotid artery identified on imaging without appropriate device safeguards ▪ Active acute infection of the nasopharynx or middle ear ▪ Anatomic obstruction from non-adenoid nasopharyngeal masses requiring alternative management ▪ Age less than 8 years ▪ Failure to confirm obstructive ETD with objective testing ▪ Uncontrolled allergic rhinitis or gastroesophageal reflux ▪ Craniofacial anomalies with possible abnormal eustachian tube anatomy ▪ Coagulopathy or bleeding disorders ▪ Trisomy 21 ▪ Chronic inflammatory diseases and immunodeficiency 			
Genetic Test: Assays of Genetic Expression in	2004029	Added the following noncovered indication:	Yes	7/15/2026	https://secure.arkansasbluecross.com/member

Tumor Tissue to Determine Prognosis in Patients With Breast Cancer (Oncotype DX®, EndoPredict, Breast Cancer Index, Prosigna, Mammaprint)		The use of a gene expression assay during workup for women with breast cancer considering preoperative (i.e., neoadjuvant) therapy does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes.			s/report.aspx?policyNumber=2004029
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