PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	**POLICY NUMBER**	**CRITERIA CHANGE**	**MATERIAL AMENDEMENT**	**EFFECTIVE DATE**	**LINK TO FULL POLICY**

Balloon Dilation of the Eustachian Tube	2018007	Restricted Coverage will be added for 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) when the following criteria is met:
		• Adults (age 18 years and older) with symptoms of obstructive ETD (aural fullness, aural pressure, otalgia, and/or hearing loss) for 12 months or longer in 1 or both ears that significantly affects quality of life or functional health status;
		  ○ Aural fullness and pressure must be present
		AND
		• 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:
		  ○ Abnormal tympanogram (Type B or C);
		  ○ Abnormal tympanic membrane (retracted membrane, effusion, perforation, or any other abnormality identified on exam).
		AND
		• 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.
		AND
		• 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.
			No	01/01/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2018007

		AND • If the individual had a history of tympanostomy tube placement, symptoms of obstructive ETD should have improved while tubes were patent. **AND** • The individual does not have patulous ETD or another contraindication to the procedure (see Policy Guidelines). **AND** • The individual's ETD has been shown to be reversible (see Policy Guidelines). **AND** • Symptoms are continuous rather than episodic (e.g., symptoms occur only in response to barochallenge such as pressure changes while flying). **AND** • The individual has not had a previous BDET procedure.			