

Policy: MP137

Section: Medical Benefit Policy

Subject: Vibroacoustic Therapy

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Vibroacoustic Therapy

II. Purpose/Objective:

To provide a policy of coverage regarding Vibroacoustic Therapy

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking

into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:

Vibroacoustic therapy is an investigational treatment modality that uses sound in the audible range to produce mechanical vibrations that are applied directly to the body via speakers and transducers placed within mats, mattresses, chairs, recliners, tables and soft furniture. Proponents of vibroacoustic therapy support its use for pain management, anxiety relief, symptom reduction, physical therapy, occupational therapy and health improvement. The device is currently marketed under the trade names “Somatron”, “Soundbox”, “Soundbed” and “Soundchair”.

EXCLUSIONS:

The Plan does **NOT** provide coverage for vibroacoustic therapy and its associated devices (unless otherwise mandated under Act 62)* because they are considered **experimental, investigational or unproven**. Although the devices are FDA approved, there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of these treatments on health outcomes when compared to established treatments or technologies.

*For additional information please see **MP 233 - Autism Spectrum Disorder – Evaluation and Medical Management**

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven services is outlined in **MP 15 - Experimental Investigational or Unproven Services or Treatment**

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

LINE OF BUSINESS:

Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

Boyd-Brewer, C. “Vibroacoustic Therapy, Sound Vibrations in Medicine”, *Alternative & Complimentary Medicine* pp257-263. Oct. 2003.

Naghdi L, Ahonen H, et al. The effect of low-frequency sound stimulation on patients with fibromyalgia: A clinical study. *Pain Res manag* 2015;20(1):e21-e27.

Hooper J. “Is VA therapy, music therapy?” *Music Therapy Today* (online) Oct. 2002, available at: <http://musictherapy-world.net>

Vibrotactile Devices http://www.soundbeam.co.uk/Vibrotactile_Devices.html

“The effects of vibroacoustic music on symptom reduction – inducing the relaxation response through good vibrations”. *IEE Engineering in Medicine and Biology*. March/April 1999. Somatron <http://www.somatron.com/IEE%20Engineering.htm>

“ The effect of vibrotactile stimulation, instrumentation, and precomposed melodies on physiological and behavioral responses of profoundly retarded children and adults”. Published in: *Journal of Music Therapy* 39(3):186-205. 1994.

Cited in: Somatron manufacturer’s website. http://www.somatron.com/mr_dd.htm

Naghdi L, Ahonen H, et al. The effect of low-frequency sound stimulation on patients with fibromyalgia: A clinical study. *Pain Res manag* 2015;20(1):e21-e27.

Kantor J, Kantorová L, Marečková J, Peng D, Vilímek Z. Potential of Vibroacoustic Therapy in Persons with Cerebral Palsy: An Advanced Narrative Review. *Int J Environ Res Public Health*. 2019;16(20):3940.

Kantor J, Campbell EA, et al. Exploring vibroacoustic therapy in adults experiencing pain: a scoping review. *BMJ Open* 2022;12:e046591

Bekniyazova AZ, KadralinovaA, et al. Case Report: Complex Treatment Using Vibroacoustic Therapy in a Patient With Co-Infection and COVID-19. *Front. Med*. 2022;9:893306

This policy will be revised as necessary and reviewed no less than annually.

Devised: 5/04

Revised:

Reviewed: 5/05, 5/06, 5/07, 5/08, 5/09, 7/10, 7/11, 7/12, 7/13, 7/14, 7/15, 7/16, 6/17, 6/18, 6/19, 6/20, 6/21, 6/22, 6/23, 6/24

CMS UM Oversight Committee Approval: 12/23, 7/24

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.