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
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
(iii) The service or benefit 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

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:


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


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
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.