Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP165

Section: Medical Benefit Policy

Subject: Treatment of Vestibular Disorders

Applicable Lines of Business

Commercial	**X**	**CHIP**	**X**
Medicare	**X**	**ACA**	**X**
Medicaid	**X**		

I. Policy: Treatment of Vestibular Disorders

II. Purpose/Objective:

To provide a policy of coverage regarding Treatment of Vestibular Disorders

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

DEFINITIONS:
Particle repositioning maneuvers (i.e. Epley Canalith maneuver and/or Semont Maneuver) is a series of rotational maneuvers of the head and body designed to relocate displaced otoconia and other material from a foreign location in one of the semicircular canals to the vestibule area.

Vestibular Rehabilitation, also known as vestibular exercise and balance retraining, is a series of graded exercises that consist of eye, head, and body movements designed to stimulate the vestibular system. The goals of vestibular rehabilitation therapy are to improve balance, minimize falls, and decrease the subjective sensation of dizziness by improving vestibular function and promoting mechanisms of central adaptation and compensation. A minimal detectable change should also be noted on the appropriately administered functional outcome measure (ie. Dynamic gait Index, Berg Balance Assessment) to assure treatment efficacy.

Dix-Hallpike test, based on the theory of canalithiasis, involves rapidly changing the patient's position from sitting upright to lying down with the head to one side. The positionally provoked nystagmus can be used to diagnose posterior canal benign positional vertigo, and furthermore may help determine which side is affected.

INDICATIONS:
Particle repositioning maneuvers (i.e. Epley Canalith maneuver and/or Semont Maneuver) may be considered medically necessary for the treatment of benign paroxysmal positional vertigo and benign positional vertigo other than paroxysmal when evidenced by a Dix-Hallpike test and/or clinical signs and symptoms indicative of BPPV are present.

Vestibular function testing by electronystagmography (ENG) and videonystagmography testing batteries, caloric testing, or rotational chair testing may be considered medically necessary when the following conditions have been met:
- The member is experiencing symptoms of a vestibular disorder (eg, dizziness, vertigo, imbalance); **AND**
- A clinical evaluation, including the Dix-Hallpike test if indicated, has not identified the cause of the symptoms.

Vestibular Rehabilitation may be considered medically necessary for the treatment of stable, non-fluctuating central or peripheral vestibular dysfunctions when performed by a licensed physical/occupational therapist and **ALL** the following criteria are met:
- Stable vestibular lesions associated with balance dysfunction
- Documentation of previously failed medical management
- Symptoms which interfere with daily activities

LIMITATIONS:
The coverage for Vestibular Rehabilitation is subject to the availability and limitations of the physical/occupational therapy benefit as described in the member's applicable benefit document.

EXCLUSIONS:
The Plan does **NOT** provide coverage for Vestibular Rehabilitation for indications with fluctuating vestibular symptoms, including but not limited to Meniere's disease because it is considered **experimental, investigational or unproven.** There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this treatment on health outcomes when compared to established treatments or modalities.

The Plan does **NOT** provide coverage for the use of SensoryView^{tm} because it is considered **experimental, investigational or unproven.** There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this treatment on health outcomes when compared to established treatments or modalities.

The Plan does **NOT** provide coverage for use of an aural low-pulse pressure generator (i.e. Meniett™ Device) as a treatment for Meniere's disease because it is considered **experimental, investigational or unproven**. Although the device is FDA approved, there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this treatment on health outcomes when compared to established treatments or technologies. **See MP176 Meniett™ Device.**

Vestibular Rehabilitation used to maintain a current level of function once therapeutic goals of treatment have been achieved and no additional functional progress is apparent or expected to occur is **NOT COVERED**.

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.

CODING ASSOCIATED WITH: Treatment of Vestibular Disorders

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov ***or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.***

92531 Spontaneous nystagmus, including gaze
92532 Positional nystagmus test
92533 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)
92534 Optokinetic nystagmus test
92537 Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)
92538 monothermal (ie, one irrigation in each ear for a total of two irrigations)
92540 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation
92541 spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542 positional nystagmus test, minimum of 4 positions, with recording
92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545 Oscillating tracking test, with recording
92546 Sinusoidal vertical axis rotational testing
92547 Use of vertical electrodes (list separately in addition to code for primary procedure)
95992 Canalith repositioning procedure(s) (eg. Epley Maneuver, Semont Maneuver), per day
97110 Therapeutic procedure I or more areas each 15 minutes; Therapeutic exercises to develop strength and endurance, range of motion and flexibility.
97112 Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97140 Manual Therapy Techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or More regions, each 15 minutes
S9476 Vestibular rehabilitation program, non-physician provider, per diem

LINE OF BUSINESS:

Eligibility and contract specific benefits, 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 supercede this policy. For PA Medicaid Business segment, this policy applies as written.

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

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vestibular function testing)

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