

# Medical Policy

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| <b>Policy:</b>  | <b>94007</b>  | <b>Effective Date:</b>     | <b>12/10/2024</b> |
| <b>SUBJECT:</b> | <b>Evaluation of Vestibular Disorders</b>   | <b>Annual Review Date:</b> | <b>11/21/2024</b> |
|                 | <ul style="list-style-type: none"><li>- <b>Vestibular Function Tests</b></li><li>- <b>Vestibular Rehabilitation</b></li><li>- <b>Cervical Vestibular Evoked Myogenic Potential (cVEMP) and/or Ocular Vestibular Evoked Myogenic Potential (oVEMP) Testing</b></li><li>- <b>Computerized Dynamic Posturography</b></li><li>- <b>Vestibular Autorotation Test (VAT)</b></li></ul> | <b>Last Revised Date:</b>  | <b>11/21/2024</b> |

**Some or all procedure codes listed in this Corporate Medical Policy may be considered experimental/investigational.**

**Definition:** Vestibular function studies, computerized dynamic posturography, and vestibular autorotation are diagnostic tests used to assess underlying sensory and motor control impairments associated with balance disorders, such as persistent vertigo or dizziness. These tests evaluate vestibular dysfunction associated with pathology of the inner ear, as well as dysfunction associated with pathology of the oculovestibular and/or somatosensory pathways of the brain.

Vertigo is the partial or complete loss of spatial orientation that manifests as a sensation that stationary objects are moving relative to the subject. Vertigo is often due to a disturbance in the vestibular system, a complex system of sensory organs located within the inner ear, or to associated processing pathways in the central nervous system. The following diagnostic tests may assist in identifying the cause of vertigo:

- *Vestibular function tests* may be used to determine if vertigo or dizziness is due to dysfunction of the inner ear vestibular system. Tests include spontaneous and gaze nystagmus testing, positional nystagmus testing, caloric vestibular testing, optokinetic nystagmus testing, oscillating tracking testing, video head impulse testing (vHIT), and sinusoidal vertical axis rotational testing. Electronystagmography or videonystagmography may be employed to record involuntary eye movements by placing electrodes above, beside, and below each eye.
- *Vestibular Rehabilitation* is an exercise-based treatment program designed to stimulate and retrain the vestibular system using head movements. Vestibular system damage can improve through compensation. Vestibular rehabilitation program can aid in the recovery by promoting compensation.
- *Cervical vestibular evoked myogenic potential (cVEMP) testing and ocular vestibular evoked myogenic potential (oVEMP) testing* are assessment techniques used to evaluate otolith and vestibular nerve function. The VEMP is a short latency electromyographic (EMG) potential and it is evoked in response to high-level acoustic stimuli. The

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responses are mediated by the vestibular system and the test provides ear-specific information about otolith and nerve function.

- *Computerized dynamic posturography* (moving platform posturography) is a systemic balance function test used to evaluate persistent vertigo or dizziness. During testing, the individual stands on a platform that moves in various planes to simulate types of body movement and postures. A computer assesses and records postural stability and motor response to platform tilting. Computerized dynamic posturography does not identify the site of pathology, but complements other clinical tests designed to localize and characterize balance disorder pathological mechanisms. The Balance Rehabilitation Unit (BRU™) [Interacoustics A/S, Assens, Denmark] and EquiTest™ system (NeuroCom® International Inc., Clackamas, OR) are examples of computerized posturography testing.
- *Vestibular autorotation test (VAT)* is a head rotation test used to evaluate the vestibular-ocular reflex. Impairment of the vestibular-ocular reflex may result in chronic dizziness and imbalance. During testing, a lightweight head-strap is worn and peri-ocular electrodes measure eye movement with side-to-side and up-and-down head movements.

## Medical Necessity:

- I. **Vestibular function tests:** The Company considers vestibular function tests (**CPT Codes 92531, 92532, 92533, 92534, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92547, and 92700**) **medically necessary** and eligible for reimbursement providing that **at least one** of the following clinical conditions is present:
  - Vertiginous syndromes and other disorders of vestibular system; or
  - Sensorineural hearing loss; or
  - Dizziness and giddiness.
- II. **Vestibular rehabilitation:** The Company considers vestibular rehabilitation for chronic vertigo **medically necessary** and eligible for reimbursement when **all** of the following criteria are met:
  - Symptoms (e.g., vertigo, imbalance) have existed for more than 6 months; and
  - The member has dizziness of the vestibular origin; and
  - Failure of conservative therapy (e.g., use of vestibular suppressant medications to reduce symptoms).
- III. **Cervical vestibular evoked myogenic potential (cVEMP) and/or ocular evoked myogenic potential (oVEMP) testing:** The Company considers cVEMP and/or oVEMP testing (**CPT Codes 92517, 92518, 92519**) **medically necessary** and eligible for reimbursement for the detection of superior semicircular canal dehiscence syndrome.

**NOTE:** The Company considers cVEMP and/or oVEMP testing (**CPT Codes 92517, 92518, 92519**) **investigational** and **not** eligible for reimbursement for all other indications, including evaluation of vestibular function specifically related to the saccule/utricle and diagnosis of benign paroxysmal positional vertigo or vestibular neuritis.

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- IV. Computerized dynamic posturography:** Based upon our findings, the Company has determined computerized dynamic posturography (**CPT Codes 92548 and 92549**) has not demonstrated equivalence or superiority to currently accepted standard diagnostic techniques. The Company considers computerized dynamic posturography (**CPT Codes 92548 and 92549**) **investigational** and **not** eligible for reimbursement.
- V. Vestibular autorotation test (VAT):** Based upon our findings, the Company has determined vestibular autorotation (**CPT Code 92700<sup>†</sup>**) has not demonstrated equivalence or superiority to currently accepted standard diagnostic techniques. The Company considers vestibular autorotation (**CPT Code 92700<sup>†</sup>**) **investigational** and **not** eligible for reimbursement.

<sup>†</sup>When *unlisted otorhinolaryngological service or procedure (92700)* is determined to be vestibular autorotation testing (VAT).

**NOTE:** All tests for evaluation of vestibular disorders may be performed only by licensed audiologists with a physician's order; by a licensed physician (preferably with certification by the American Board of Medical Specialties in Otolaryngology, Neurology, or Otolaryngology/Neurology); or by personnel employed incident to a physician.

## Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

**NOTE:** After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

*Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.*

*Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.*

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## Sources of Information:

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| <b>Applicable Code(s):</b>    |   |
| <b>CPT:</b>                   | 92517, 92518, 92519, 92531, 92532, 92533, 92534, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92547, 92548, 92549, 92700 |
| <b>HCPCS:</b>                 | N/A   |
| <b>ICD10 Procedure Codes:</b> | N/A   |

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