



CLINICAL UM POLICY FOR COVERAGE DETERMINATION

Policy Title:	Policy – Vestibular Testing	Number & Version:	UMVestib.v.1
Functional Unit:	Utilization Management	Effective Date:	03/30/2023
Policy Owner (Title):	Director, Utilization Management	Page Number:	1 of 6

I. POLICY STATEMENT and PURPOSE

The purpose of this policy is to describe the circumstances under which Vestibular Testing (also known as “Vestibular Function Testing”) would or would not be considered medically necessary for members under the guidelines used for clinical review of organizational determinations.

II. BACKGROUND

Vestibular Testing includes several different tests performed to determine how well the vestibular portion of the inner ear system is functioning. It is sometimes ordered when patients present with symptoms of vertigo, dizziness, or feeling off-balance. The tests will show if these symptoms are due to an inner ear problem or a neurological (brain) problem and are used to help develop a treatment plan. The testing is usually performed by an audiologist in a laboratory setting. During testing, the audiologist will look for the presence of nystagmus that can be caused by vestibular or neurological problems (Cleveland Clinic, 2021).

III. SCOPE

This Policy applies to Vestibular Testing (sometimes referred to as Vestibular Function Testing). Tests include but are not limited to: Ocular Vestibular Evoked Myogenic Potentials (oVemp), Cervical Vestibular Evoked Myogenic Potential Testing (CVEMP), Video Head Impulse Test (vHIT), Unilateral Centrifugation, Subjective Visual Vertical and Horizontal (SVV/SVH), and vestibular autorotation testing (VAT).

IV. DEFINITIONS

Dix-Hallpike Test: The Dix-Hallpike maneuver is indicated for patients with paroxysmal vertigo in whom benign positional paroxysmal vertigo is being considered. It involves a series of head movements conducted to stimulate the movement of the debris in the posterior semicircular canal which is responsible for symptoms in the majority of cases. The patient starts in a sitting position and their head is turned 45° towards the side to be tested. The patient is assisted to lie down quickly and extend their neck 20° over the end of the table, maintaining a 45-degree rotation. The provider should be able to see the patient's eyes and should observe for nystagmus (Sumner, 2012).

Nystagmus: Involuntary eye movements.

Superior Semicircular Canal Dehiscence: Superior semicircular canal dehiscence is an abnormality of the inner ear associated with the absence of the bony covering of the superior semicircular canal causing clinical dizziness (Sood, 2017).



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Vestibular System: The vestibular system is a group of structures and neural pathways that contribute to the sense of proprioception and equilibrium. Functions include the sensation of orientation and acceleration of the head in any direction with associated compensation in eye movement and posture. The vestibular system involves neural pathways in the brain that react to input from the peripheral vestibular system in the inner ear and provide signals that support these reflexes. It is also suggested that the vestibular system has a role in consciousness. Dysfunctions of the system have been reported to cause cognitive deficits related to spatial memory, learning, and navigation (Casale, 2022).

Medically Necessary – Covered Services rendered by a Health Care Provider that the Plan determines are:

- 1) Safe and effective
- 2) Not experimental or investigational
- 3) Appropriate for patients,
 - a) including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is—
 - i) furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member,
 - ii) furnished in a setting appropriate to the patient's medical needs and condition,
 - iii) ordered and furnished by qualified personnel,
 - iv) one that meets, but does not exceed, the patient's medical need; and
 - v) is at least as beneficial as existing and available medically appropriate alternatives.

V. OWNERSHIP & TRAINING

The Director of Utilization Management is responsible for administration, oversight, and training regarding performance under this Policy.

VI. PROTOCOLS / COVERAGE POLICY

- A. Vestibular Testing (Vestibular Function Testing) may only be approved when the following conditions are met:
 - i. A complete physical exam (including the Dix-Hallpike test unless contraindicated), history, and review of medications must be performed prior to the test being ordered to rule out other common causes of balance problems and to attempt to differentiate between vestibular and non-vestibular dizziness (Talmud, 2022).
 - ii. Documentation must include how the results of the requested vestibular testing will impact the management of the patient.



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- iii. Testing that would identify the most common causes of balance problems should be conducted first, progressing to those tests associated with identifying the least likely causes of balance problems.
- iv. The medical record should clearly support the need for vestibular testing if the physician cannot definitively differentiate between vestibular and non-vestibular causes for the patient’s symptoms.
- v. Testing must be performed only by a qualified audiologist, with a physician’s order, or the physician treating the patient who has completed training requirements sufficient to satisfy the relevant American Board of Medical Specialties (ABMS)/American Osteopathic Association (AOA) boards for certification in Otolaryngology, Neurology, or Otology/Neurotology. The technical component of vestibular function tests may be performed by an audiology assistant under the direct supervision of a qualified audiologist or physician with a specialty directly related to vestibular disorders.
- vi. When a qualified physician or Non-Physician Practitioner orders diagnostic audiological tests by an audiologist without naming specific tests, the audiologist may select the appropriate battery of tests.
- vii. Vestibular evoked myogenic potential (VEMP) tests may be considered medically necessary in the diagnostic evaluation of suspected superior semicircular canal dehiscence.

B. Vestibular Testing (Vestibular Function Testing) will **NOT be approved when:**

- i. the test is performed by an audiologist without a physician referral, even if the audiologist discovers a pathological condition,
- ii. it is a case where it is evident that the symptoms are non-vestibular in nature,
- iii. when diagnostic information required to determine the appropriate medical or surgical treatment is already known to the physician,
- iv. if the vestibular testing is performed only to determine the need for or the appropriate type of hearing aid.
- v. A diagnosis of dizziness alone does not qualify for coverage for vestibular testing. There must be sufficient evaluation of the patient that vestibular testing is likely to contribute directly to the patient’s treatment plan.
- vi. Repeating the entire battery of vestibular function tests is generally not medically necessary. In the instance where testing is performed to assess the efficacy of medical or surgical intervention, testing should be limited to those tests medically necessary to determine the success of treatment and guide further therapy and the medical record must clearly reflect the medical necessity of such an approach.

VII. REGULATORY REFERENCES / CITATIONS

CMS National Coverage Determinations (NCDs)	None
CMS Local Coverage Determinations (LCDs)	L33966, L34537 (see table next)
CMS Articles	A56497 (see table next)



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ID	Title	Type	Contractor
Title Results (2)			
A56497	Billing and Coding: Vestibular Function Testing	Article	Palmetto GBA
L34537	Vestibular Function Testing	LCD	Palmetto GBA
Entire Document Results (1)			
L33966	Vestibular Function Tests	LCD	First Coast Service Options, Inc.

NOTE: A table on the last page of the policy lists the states covered by the contractor.

VIII. PROFESSIONAL REFERENCES / CITATIONS

1. Casale J, Browne T, Murray I, et al. Physiology, Vestibular System. [Updated 2022 May 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK532978/>. Accessed at <https://www.ncbi.nlm.nih.gov/books/NBK532978/#:~:text=The%20vestibular%20system%20functions%20to,movements%2C%20posture%2C%20and%20equilibrium> on May 25, 2022.
2. Cleveland Clinic. Reviewed April 27, 2021. Vestibular Test Battery. MyClevelandClinic.org. Accessed at: <https://my.clevelandclinic.org/health/diagnostics/21518-vestibular-test-battery> on May 25, 2022.
3. Sood, D., Rana, L., Chauhan, R., Shukla, R., & Nandolia, K. (2017). Superior semicircular canal dehiscence: A new perspective. *European journal of radiology open*, 4, 144–146. <https://doi.org/10.1016/j.ejro.2017.10.003> Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5717502/> on May 25, 2022.
4. Sumner, Amanda. The Dix-Hallpike Test. *Journal of Physiotherapy*, Volume 58, Issue 2, 2012, Page 131. ISSN 1836-9553, [https://doi.org/10.1016/S1836-9553\(12\)70097-8](https://doi.org/10.1016/S1836-9553(12)70097-8). (<https://www.sciencedirect.com/science/article/pii/S1836955312700978>). Accessed at: <https://www.sciencedirect.com/science/article/pii/S1836955312700978?via%3Dihub> on May 25, 2022.
5. Talmud JD, Coffey R, Edemekong PF. Dix Hallpike Maneuver. [Updated 2022 May 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available



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from: <https://www.ncbi.nlm.nih.gov/books/NBK459307/>. Accessed at: <https://www.ncbi.nlm.nih.gov/books/NBK459307/> on May 25, 2022.



IX. RELATED POLICIES / PROCEDURES

None

X. ATTACHMENTS

See Section VII.

APPROVALS:

	Printed Name	Signature
Senior Medical Director, UM:	<u>Michael Fusco, MD</u>	
Corporate Chief Medical Officer (QMMC Chair):	<u>Debbie Zimmerman, MD</u>	

VERSION HISTORY:

Version #	Date	Author	Purpose/Summary of Major Changes
01	03/23/2023	Gina Vehige	Original – Approved by MMC



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Medicare Administrative Contractors (MACs) As of June 2021

MAC Jurisdiction	Processes Part A & Part B Claims for the following states/territories:	MAC
DME A	Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont	Noridian Healthcare Solutions, LLC
DME B	Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin	CGS Administrators, LLC
DME C	Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Puerto Rico, U.S. Virgin Islands	CGS Administrators, LLC
DME D	Alaska, Arizona, California, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands	Noridian Healthcare Solutions, LLC
5	Iowa, Kansas, Missouri, Nebraska	Wisconsin Physicians Service Government Health Administrators
6	Illinois, Minnesota, Wisconsin **HH + H for the following states: Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Michigan, Minnesota, Nevada, New Jersey, New York, Northern Mariana Islands, Oregon, Puerto Rico, US Virgin Islands, Wisconsin and Washington	National Government Services, Inc.
8	Indiana, Michigan	Wisconsin Physicians Service Government Health Administrators
15	Kentucky, Ohio **HH + H for the following states: Delaware, District of Columbia, Colorado, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Dakota, Utah, Virginia, West Virginia, and Wyoming	CGS Administrators, LLC
E	California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands	Noridian Healthcare Solutions, LLC
F	Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	Noridian Healthcare Solutions, LLC
H	Arkansas, Colorado, New Mexico, Oklahoma, Texas, Louisiana, Mississippi	Novitas Solutions, Inc.
J	Alabama, Georgia, Tennessee	Palmetto GBA, LLC
K	Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont **HH + H for the following states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont	National Government Services, Inc.
L	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania (includes Part B for counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia)	Novitas Solutions, Inc.
M	North Carolina, South Carolina, Virginia, West Virginia (excludes Part B for the counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia) **HH + H for the following states: Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, and Texas	Palmetto GBA, LLC
N	Florida, Puerto Rico, U.S. Virgin Islands	First Coast Service Options, Inc.

**Also Processes Home Health and Hospice claims