

## CLINICAL UM POLICY FOR COVERAGE DETERMINATION

|                       |   |                   |              |
|-----------------------|---|-------------------|--------------|
| Policy Title:         | Policy – Vestibular Testing             | Number & Version: | UMVestib.v.3 |
| Functional Unit:      | Utilization Management                  | Effective Date:   | 6/7/2024     |
| Policy Owner (Title): | Senior Director, Utilization Management | Page Number:      | 1 of 6       |

### I. **POLICY STATEMENT and PURPOSE**

In its administration of Medicare Advantage plans (Health Plans), the Company shall determine benefits in accordance with the requirements of the Centers for Medicare & Medicaid Services (CMS). Where CMS has established a national coverage policy on an item or service or a local Medicare contractor has done so as authorized by CMS, the Company follows the Medicare coverage policy. In the absence of fully established Medicare coverage criteria, the Company may develop and implement internal criteria based on current evidence in widely used treatment guidelines or clinical literature. Internal criteria are reviewed and approved by the Medical Management Committee and are made publicly accessible.

CMS has not established national coverage criteria for Vestibular Testing, therefore the Company has developed and implemented this coverage policy to ensure that patients receive clinically appropriate, medically necessary care at the appropriate level, which allows for the best clinical outcome and prevents harm. The purpose of this policy is to describe the circumstances under which Vestibular Testing would be medically necessary.

### 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

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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).

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

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### VI. PROTOCOLS / COVERAGE POLICY

The protocols/coverage policy that follow are pertinent only to the following states: *KY, IN, MO, IL, OH*

The following states are covered by the Local Coverage Determination(s), as described in section VIII: *AR, MI*

- 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.
  - 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,

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- 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. These services are performed in the home.
- viii. To perform the technical components of these services in the inpatient hospital, outpatient hospital, or emergency department setting.

(Bhattacharyya, 2017), (Dougherty, 2023), (Regna, 2019)

### **VII. SUMMARY OF EVIDENCE**

There is evidence to support the usefulness of Vestibular Testing when ordered by a physician and performed by a qualified audiologist or board-certified physician when the following conditions are met: Testing should be preceded by a thorough physical examination and medication review, the ruling out of other most common balance issues has been performed, and the documentation of how Vestibular Testing results will impact patient management is complete.

Evidence does not support Vestibular Testing performed without a physician order, when the symptoms are non-vestibular in nature, when the appropriate course of treatment is known to the physician, for selecting a hearing aid, for dizziness in the absence of other qualifying symptoms, or for repeat testing other than that required to determine treatment success or further therapy. Evidence does not support testing in the following settings: home, inpatient/outpatient hospital, or in the emergency department.

(Bhattacharyya, 2017), (Dougherty, 2023), (Regna, 2019)

### **VIII. REGULATORY REFERENCES / CITATIONS**

|   |                         |
|---|-------------------------|
| CMS National Coverage Determinations (NCDs) | None                    |
| CMS Local Coverage Determinations (LCDs)    | L35007 (see table next) |

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| ID     | Title                                      | Type | Service Area                                   | Contractor  |
|--------|--|------|--|---|
| L35007 | Vestibular and Audiologic Function Studies | LCD  | AR, CO, DC, DE, LA, MD, MI, NJ, NM, OK, PA, TX | Novitas Solutions, Inc.<br>(MAC - Part A, MAC - Part B) |

### IX. PROFESSIONAL REFERENCES / CITATIONS

1. Bhattacharyya, Neil et al. “Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo (Update).” *Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery* vol. 156,3\_suppl (2017): S1-S47. doi:10.1177/0194599816689667 Accessed at: <https://aao-hnsfjournals.onlinelibrary.wiley.com/doi/10.1177/0194599816689667> on April 17, 2024.
2. Casale J, Browne T, Murray I, et al. Physiology, Vestibular System. [Updated 2023 May 1]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 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 April 17, 2024.
3. Cleveland Clinic. Reviewed May 9, 2023. Vestibular Test Battery. MyClevelandClinic.org. Accessed at: <https://my.clevelandclinic.org/health/diagnostics/21518-vestibular-test-battery> on April 17, 2024.
4. Dougherty JM, Carney M, Hohman MH, et al. Vestibular Dysfunction. [Updated 2023 Jul 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Accessed at: <https://www.ncbi.nlm.nih.gov/books/NBK558926/> on April 17, 2024.
5. Renga, Vijay. “Clinical Evaluation of Patients with Vestibular Dysfunction.” *Neurology research international* vol. 2019 3931548. 3 Feb. 2019, doi:10.1155/2019/3931548. Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6377969/> on April 17, 2024.
6. 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://www.ejroopen.com/article/S2352-0477\(17\)30038-2/fulltext](https://www.ejroopen.com/article/S2352-0477(17)30038-2/fulltext). Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5717502/> on April 17, 2024.
7. 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).



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(<https://www.sciencedirect.com/science/article/pii/S1836955312700978>). Accessed at: <https://www.sciencedirect.com/science/article/pii/S1836955312700978?via%3Dihub> on April 17, 2024.

8. Talmud JD, Coffey R, Edemekong PF. Dix Hallpike Maneuver. [Updated July 19, 2023]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459307/>. Accessed at: <https://www.ncbi.nlm.nih.gov/books/NBK459307/> on April 17, 2024.



### X. RELATED POLICIES / PROCEDURES

None

### XI. ATTACHMENTS

See Section VIII.

### APPROVALS:

|                                     | Printed Name         | Signature  |
|-------------------------------------|----------------------|--|
| Senior Medical Officer (MMC Chair): | Michael Fusco, MD    |  |
| Corporate Chief Medical Officer:    | Debbie Zimmerman, MD |  |

### VERSION HISTORY:

| Version # | Date       | Author      | Purpose/Summary of Major Changes  |
|-----------|------------|-------------|---|
| 01        | 03/23/2023 | Gina Vehige | Original – Approved by MMC  |
| 02        | 02/21/2023 | Gina Vehige | Updated links & MAC table, no substantive changes to content, added exclusions as noted in sections VI.B.vii and VI.B.viii  |
| 03        | 04/17/2024 | Gina Vehige | Updated Policy Statement and added Summary of Evidence. Updated Professional References. Updated Regulatory References section. Updated section numbering. No substantive changes to content or conclusions. Updated approvers' titles. Approved by MMC 6/7/2024. |