

CLINICAL UM POLICY FOR COVERAGE DETERMINATION

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|-----------------------|---|-------------------|--------------|
| Policy Title: | Vestibular Testing | Number & Version: | UM Vestib.v3 |
| Functional Unit: | Utilization Management | Effective Date: | 04/18/2025 |
| Policy Owner (Title): | Senior Director, Utilization Management | Page Number: | 1 of 5 |

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 is a battery of tests which test the function of the inner ear. These tests are performed to determine if certain conditions, such as dizziness, might be caused by the vestibular portion of the inner ear. Adequate testing requires an audiometer (a device that presents controlled sounds), a controlled acoustic environment and an audiologist (a healthcare professional that specializes in hearing and auditory disorders).

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: a maneuver indicated for patients with questionable Benign Paroxysmal Positional Vertigo (BPPV). It involves a series of head movements to simulate the movement of debris in the posterior semicircular canal, which is responsible for the majority of BPPV cases. The patient starts in a sitting position with their head turned 45° toward the side in question. The patient is assisted to lie down quickly and extend their neck 20° over the end of the table, maintaining 45° rotation. The provider should be able to see the patient's eyes throughout this maneuver and should observe for nystagmus (involuntary eye movements, Sumner, 2012).



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Superior Semicircular Canal Dehiscence: an abnormality of the inner ear described as the absence of bony covering on the superior semicircular canal causing dizziness (Sood, 2017).

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) are 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.

VI. PROTOCOLS / COVERAGE POLICY

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

- A. Vestibular Testing (Vestibular Function Testing) may only be approved when the following conditions are met:
 - i. complete history and physical exam (including Dix-Hallpike test results, unless contraindicated) 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 (Sumner, 2012),
 - ii. documentation must include how the results will impact the management of the patient,
 - iii. after testing that would identify the most common causes of balance problems have been completed (progressing to testing associated with identifying the least likely causes of balance problems),
 - iv. the medical record clearly supports the need for vestibular testing because the physician cannot definitively differentiate between vestibular and non-vestibular causes for the patient's symptoms,
 - v. testing is performed only by a qualified audiologist with a physician's order, or by a physician who has completed sufficient training required by the American Board of Medical Specialties

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(ABMS) and the American Osteopathic Association (AOA) boards for certification in Otolaryngology, Neurology, or Otology/Neurotology

- i) the technical component of vestibular function tests may be performed by an audiology assistant under the direct supervision of a qualified audiologist or qualified physician (described above)
- vi. 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. testing is performed by an audiologist without a physician referral (even if the audiologist discovers a pathological condition),
- ii. prior to testing, it is evident that symptoms are non-vestibular in nature,
- iii. prior to testing, the physician already has necessary diagnostic information required to determine the appropriate medical or surgical treatment,
- iv. testing is performed only to determine the need for or the appropriate type of hearing aid,
- v. there is insufficient evaluation of the patient to indicate that vestibular testing is likely to contribute directly to the patient's treatment plan (a diagnosis of dizziness alone does not qualify for vestibular testing coverage),
- vi. repeating the entire battery of vestibular function tests to determine the success of treatment and guide further therapy (testing should be limited to medically necessary tests to assess the efficacy of medical or surgical intervention)
- vii. these services are performed in the home, or the technical components of these services are performed in the inpatient hospital, outpatient hospital, or emergency department setting

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

VII. SUMMARY OF EVIDENCE

Evidence supports that Vestibular Testing is more accurate than clinical examination to identify inner ear disorders. Testing should be preceded by documentation that includes: a thorough physical examination and a thorough medication review ruling out the most common causes of balance and dizziness issues, and documentation explaining how Vestibular Testing will impact patient management.

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VIII. REGULATORY REFERENCES / CITATIONS

CMS National Coverage Determinations (NCDs) None
 CMS Local Coverage Determinations (LCDs) L34537, L35007
 CMS Local Coverage Article (LCAs) none

| ID | Title | Type | Service Area | Contractor |
|--------|------------------------------------|------|--|--|
| L34537 | Vestibular Function Testing | LCD | AL, GA, TN, SC, VA, WV, NC | Palmetto |
| L35007 | Vestibular and Audiologic Function | LCD | AR, CO, DC, DE, LA, MD, MI, NJ, NM, OK, PA, TX | Novitas Solutions, Inc. (MAC – Part A, MAC – Part B) |

IX. PROFESSIONAL REFERENCES / CITATIONS

1. Bhattacharyya, Neil.; et al. Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo (Update). American Academy of Otolaryngology – Head and Neck Surgery Foundation. Vol. 156, Issue S3, Pg. S1-S47. Issued March 2017. Accessed April 2025. <https://aao-hnsfjournals.onlinelibrary.wiley.com/doi/10.1177/0194599816689667>
2. Dougherty, JM.; et al. Vestibular Dysfunction. National Library of Medicine-National Center for Biotechnology Information. Updated 2023. Accessed April 2025. <https://www.ncbi.nlm.nih.gov/books/NBK558926/>
3. Renga, Vijay. Clinical Evaluation of Patients with Vestibular Dysfunction. National Library of Medicine-National Center for Biotechnology Information. Issued Feb 2019. Accessed April 2025. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6377969/>
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5. Sumner, Amanda. The Dix-Hallpike Test. Science Direct: Journal of Physiotherapy. Vol. 58, Issue 2, Pg. 131. Issued 2012. Accessed April 2025. <https://www.sciencedirect.com/science/article/pii/S1836955312700978?via%3Dihub>



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APPROVALS:

Chief Medical Officer
(MMC Chair):

Saria Saccocio, 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 | Annual review. Updated links & MAC table, added exclusions as noted in sections VI.B.vii and VI.B. viii. |
| 03 | 04/17/2024 | Gina Vehige | Annual review. Updated Policy Statement and added Summary of Evidence. No substantiative changes to content. Approved by MMC 6/7/2024. |
| 04 | 04/11/2025 | Sheila Gray / Kerrie Stehl | Annual review; no substantive changes to coverage criteria. Updated wording and formatting. Approved by MMC 04/16/2025. |