

Vertigo, Tinnitus, and Meniere's Diagnosis Treatment Devices, DME 225

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Member specific benefits take precedence over medical policy. Coverage varies across plans. Coverage varies across plans. Refer to the individual's benefit plan for coverage details.*

Description & Definitions:

Diagnosis Treatment and Devices:

- Acoustic Assistive Devices are devices that are used to treat/manage vertigo, tinnitus and Meniere's diagnosis.
- The dizzyFix device trains individuals to perform the Epley maneuver, repositioning procedure used to treat BPPV (Benign Paroxysmal Positional Vertigo)
- The Neuromonics Tinnitus Device is a device that emits music and other tones which filter tinnitus.
- The Meniett device delivers low-pressure pulses to the middle ear causing displacement of inner ear fluids.
- Lenire is a dual mode, custom combination of audio and tongue stimulation to distract the brain from tinnitus symptoms by altering and changing neural responses to repeated stimulation.

Other common names: Auditory impedance tester, tympanometer, Positive Pressure Therapy (PPT), Tinnitus masker, Transtympanic Micropressure, Lenire Device (Neuromod)

Criteria:

Vertigo, Tinnitus, and Meniere's Diagnosis Treatment Devices is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Acoustic Assistive Devices
- Lenire device (bi-modal neuromodulation)
- Neuromonics Tinnitus Treatment/Neuromonics Oasis device
- Noise/sound generators
- Sound therapy (including the Otoharmonics Levo System sound therapy)
- DizzyFix
- Meniett low-pressure pulse generator

Document History:

Revised Dates:

- 2025: February – Annual review completed, exceptions and references updated. 2021: February
- 2020: February, March
- 2019: October
- 2013: July
- 2012: July
- 2011: October

Reviewed Dates:

- 2024: February
- 2023: February
- 2022: February
- 2017: December
- 2016: July
- 2015: July
- 2014: July
- 2011: July
- 2010: July
- 2009: July
- 2008: July

Effective Date:

- October 2007

Coding:

Medically necessary with criteria:

| Coding | Description |
|--------|-------------|
| | None |

Considered Not Medically Necessary:

| Coding | Description |
|--------|--|
| E1399 | Durable medical equipment, miscellaneous |
| E2120 | Pulse generator system for tympanic treatment of inner ear endolymphatic fluid |

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage
 - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
 - Policy is applicable to Sentara Health Plan Medicare products.
- Authorization requirements
 - Pre-certification by the Plan is required.
- Special Notes:
 - This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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(2025, 1). Retrieved 2 2025, from UpToDate: https://www.uptodate.com/contents/treatment-of-tinnitus?search=Tinnitus%20treatment&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1#H10015034

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Durable Medical Equipment (DME). (2025). Retrieved 2 2025, from DMAS: <https://www.dmas.virginia.gov/providers/benefits-services-for-providers/long-term-care/services/durable-medical-equipment/>

Practice Guidelines and Standards. (2025). Retrieved 2 2025, from American Academy of Audiology (AAA): <https://www.audiology.org/practice-resources/practice-guidelines-and-standards/>

Keywords:

SHP Acoustic Assistive Devices, Durable Medical Equipment 225, Meniett Device, Meniere's Disease, Neuromonics Tinnitus Device, DizzyFix, Auditory impedance tester, tympanometer, Positive Pressure Therapy (PPT), Auditory impedance tester, tympanometer, Positive Pressure Therapy (PPT), Tinnitus masker, Transtympanic Micropressure, Lenire Device (Neuromod)