Sentara Health Plans

Medicaid

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

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Effective Date	10/2007
Next Review Date	2/2026
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

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 Virginia Medicaid products.
- Authorization requirements
  - Pre-certification by the Plan is required.
- Special Notes:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. 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.
  - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
  - **Documentation Requirements** Durable Medical Equipment appendix-b-21-excel-version-with-all-categories-of-appendix-b-july-2024-v2.xlsx
    - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care

professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
        - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
        - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.
    - **Repair vs. Replacement Guidelines**
        - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.
        - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:
            - What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
            - The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and
            - If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.
    - **Rental vs. Purchase Guideline**
        - When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
        - When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

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=Tinitus%20treatment&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1#H10015034

Benign Paroxysmal Positional Vertigo (Update). (March 1, 2017). Retrieved 2 2025, from American Academy of Otolaryngology - Head and Neck Surgery: https://www.entnet.org/quality-practice/quality-products/clinical-practice-guidelines/bppv/

Durable Medical Equipment (DME). (2025). Retrieved 2 2025, from DMAS: https://www.dmas.virginia.gov/for-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, DizzyFfix, Auditory impedance tester, tympanometer, Positive Pressure Therapy (PPT), Auditory impedance tester, tympanometer, Positive Pressure Therapy (PPT), Tinnitus masker, Transtympanic Micropressure, Lenire Device (Neuromod)