

Guideline Title: SHP Vestibular Functioning Test

ORG/OTC Code: SHP Medical 174

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 Optima Virginia Medicare and Optima Commercial LOBs.

Optima Virginia Medicare will utilize the NCD/LCD.

Authorization Requirements:

Pre-certification by the Plan is required.

Description of Item or Service:

Vestibular tests are designed to identify a potential cause of balance problems and to determine if a problem exists with the vestibular portion of the brainstem and inner ear. Studies have documented that in appropriate clinical settings, vestibular tests are more accurate than clinical examination in identifying these disorders. Other causes of balance problems can be found in other systems including the senses of sight and touch, proprioception, muscle movement, and from the integration of sensory input by the cerebellum. Causes of balance problems can also include low blood pressure (BP), including postural hypotension, asymmetrical gait due to pain, poor vision, poorly fitting shoes, lack of concentration on safety in the immediate environment, anxiety, and others.

Vertigo is a condition where a person has the sensation of movement or of surrounding objects moving when they are not. The most common form of vertigo is benign paroxysmal positional vertigo (BPPV). It is attributed to canalithiasis, or calcium debris within the semicircular canal. Patients with BPPV usually present with short-lived, recurrent episodes of vertigo which are provoked by specific head movements. In patients with a typical history, BPPV can be diagnosed by observing nystagmus during provoking maneuvers.

Vestibular evoked myogenic potential (VEMP) testing is a noninvasive program and device used for the assessment of otolith and vestibular function by applying EMG electrodes to measure the response to stimulation of the ear with repetitive pulse or clicking sounds and vibrations.

The small letter in front of the VEMP indicates the muscle other than the sternocleidomastoid (SCM) that is being monitored such as the ocular, cervical, or triceps.

Exceptions and Limitations:

Vestibular function testing for the assessment of typical benign paroxysmal positional vertigo that can be diagnosed clinically is considered not medically necessary.

Vestibular evoked myogenic potential tests are considered investigational and experimental as their clinical utility in the evaluation and management of a patient with dizziness has not been established.

Repeat vestibular function testing for a member who is no longer having symptoms is not medically necessary as the clinical utility of repeat testing has not been established.

There is insufficient scientific evidence to support the medical necessity of Vestibular Function Testing for uses other than those listed in the clinical indications for procedure section.

There is insufficient scientific evidence to support the medical necessity of Vestibular evoked myogenic potential (VEMP) testing as it is not shown to improve health outcomes upon technology review.

Clinical Indications for Procedure:

Vestibular function testing is considered medically necessary for members with **Optima Virginia Medicaid** when **ALL** the following criteria are met:

- The member presents with complaint of balance problem, vertigo, or dizziness.
- A clinical evaluation, including **ALL** the following, has failed to identify a cause of the symptoms:
 - History and physical exam including test of testing of sight, touch, proprioception, muscle movement, and cerebellar function.
 - Dix-Hallpike test
 - Electrocardiogram
 - Orthostatic blood pressure testing

Vestibular function testing is **NOT COVERED** for **ANY** of the following indications:

- Vestibular function testing for the assessment of typical benign paroxysmal positional vertigo that can be diagnosed clinically.
- Vestibular evoked myogenic potential tests.
- Repeat vestibular function testing for a member who is no longer having symptoms.
- Vestibular evoked myogenic potential (VEMP) testing

Document History:

Revised Dates:

2023: July

2021: November

Reviewed Dates:

2022: August

Effective Date: November 2020

Coding Information:

CPT/HCPCS codes covered if policy criteria is met for members with Optima Virginia Medicaid:

CPT 92537 Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)

CPT 92538 Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)

CPT 92540 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording

CPT 92541 Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording 92542 Positional nystagmus test, minimum of 4 positions, with recording

CPT 92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording

CPT 92545 Oscillating tracking test, with recording

CPT 92546 Sinusoidal vertical axis rotational testing

CPT 92547 Use of vertical electrodes (List separately in addition to code for primary procedure)None

CPT/HCPCS codes considered not medically necessary per this Policy:

CPT 92517 - Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)

CPT 92518 - Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)

CPT 92519 - Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)

CPT 92700 - Unlisted otorhinolaryngological service or procedure

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Codes:

Add above codes

Keywords:

SHP Vestibular evoked myogenic potential, SHP Medical 174, vestibular-evoked myogenic potential, cVEMP, VEMP, superior canal dehiscence syndrome, cervical Vestibular evoked myogenic potential, cVEMP, ocular Vestibular evoked myogenic potential, oVEMP, Evoked Potential studies, triceps Vestibular evoked myogenic potential, tVEMP, vestibular test, Bithermal irrigation, monothermal irrigation, vestibular evaluation, spontaneous nystagmus test, Positional nystagmus test, Optokinetic nystagmus test, Vestibular evoked myogenic potential