

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

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Effective Date	6/1/2026
Next Review Date	2/2027
Coverage Policy	DME 225
Version	9

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for 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), bi-modal neuromodulation, acoustic stimulation

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:

- 2026: February – Implementation date of June 1, 2026. Annual review completed, references updated.
- 2024: February
- 2023: February
- 2022: February
- 2017: December
- 2016: July
- 2015: July
- 2014: July
- 2011: July
- 2010: July
- 2009: July
- 2008: July

Origination 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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Policy Approach and 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 Commercial products.
- Authorization requirements
 - Pre-certification by the Plan is required.
- Special Notes:
 - 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.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered

Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

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).

(2026). Retrieved 1 2026, from Hayes:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Positive%2520Pressure%2520Therapy%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522>

(2026). Retrieved 1 2026, from MCG - 29th Edition: <https://careweb.careguidelines.com/ed29/index.html>

Meniere disease. (2025, 12). Retrieved 1 2026, from UpToDate: https://www.uptodate.com/contents/meniere-disease?search=tinnitus%20treatment&source=search_result&selectedTitle=3~150&usage_type=default&display_rank=3

National Coverage Determination (NCD) Tinnitus Masking 50.6 – RETIRED. (2014). Retrieved 1 2026, from CMS: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=85&ncdver=3&keywordtype=starts&keyword=Tinnitus&bc=0>

Provider Manual Title: Durable Medical Equipment, Prosthetics, Orthotics and Supplies-Chapter IV: Covered Services and Limitations. (Revision Date: 12/5/2025). Retrieved 1 2026, from DMAS: https://vamedicaid.dmas.virginia.gov/sites/default/files/2025-12/DME%20Chapter%20IV%20%28updated%2012.5.25%29_Final.pdf

S3 Guideline: Chronic Tinnitus. (2022, 10). Retrieved 1 2026, from German Society for Otorhinolaryngology, Head and Neck Surgery: <https://link.springer.com/article/10.1007/s00106-022-01207-4>

Keywords:

Auditory impedance tester, tympanometer, Positive Pressure Therapy (PPT), Tinnitus masker, Transtympanic Micropressure, Lenire Device (Neuromod), bi-modal neuromodulation, acoustic stimulation