

Vestibular Functioning Test

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Effective Date 11/2020
Next Review Date 12/2024
Coverage Policy Medical 174
Version 6

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.*.

Purpose:

This policy addresses the medical necessity for Vestibular Functioning Test.

Description & Definitions:

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.

Criteria:

Vestibular function testing is considered medically necessary for members with **ALL** the following:

- 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 medically necessary** for **ANY** of the following indications:

- Vestibular function testing for the assessment of typical benign paroxysmal positional vertigo that can be diagnosed clinically.
- Repeat vestibular function testing for a member who is no longer having symptoms.
- Vestibular function testing using Vestibular evoked myogenic potential (VEMP) is not medically necessary for any indication

Coding:

Medically necessary with criteria:

Coding	Description
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)
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
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542	Positional nystagmus test, minimum of 4 positions, with recording
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545	Oscillating tracking test, with recording
92546	Sinusoidal vertical axis rotational testing
92547	Use of vertical electrodes (List separately in addition to code for primary (procedure))

Considered Not Medically Necessary:

Coding	Description
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)
92700	Unlisted otorhinolaryngological service or procedure

Document History:

Revised Dates:

- 2023: December
- 2023: July
- 2021: November

Reviewed Dates:

- 2023: August
- 2022: August

Effective Date:

- November 2020

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).

Local Coverage Determination (LCD) Vestibular Function Testing L34537. Revision 9/9/2021
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=34537> Accessed 12/3/2021

<https://www.bluecrossma.org/medical-policies/sites/g/files/cspkws2091/files/acquiadam-assets/024%20Vestibular%20Function%20Testing%20prn.pdf> Accessed 12/3/2021

Barton, JJS. Benign Paroxysmal Positional Vertigo. UpToDate. Revision November 2021. Accessed 12/3/2021.

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 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.*

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