

Vestibular Rehabilitation

Table of Content

[Purpose](#)
[Description & Definitions](#)
[Criteria](#)
[Coding](#)
[Document History](#)
[References](#)
[Special Notes](#)
[Keywords](#)

[Effective Date](#) 11/2005
[Next Review Date](#) 9/15/2024
[Coverage Policy](#) Medical 91
[Version](#) 5

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details ^{*}.

Purpose:

This policy addresses the medical treatment program designed to promote vestibular adaptation and substitution.

Description & Definitions:

Vestibular rehabilitation is an outpatient program/physical therapy that uses exercises and medications to increase vestibular function, balance and ambulation.

Criteria:

Vestibular rehabilitation is considered medically necessary with **1 or more** of the following:

- Individual has benign paroxysmal positional vertigo (BPPV) and **1 or more** of the following:
 - Initial therapy and **All** of the following:
 - Physician-diagnosed benign paroxysmal positional vertigo (BPPV)
 - No clinically significant carotid or vertebral artery stenosis
 - Recent change in status as indicated by **1 or more** of the following:
 - Diagnosed within past 3 months
 - Recent functional decline or acute exacerbation
 - Goals of therapy include **1 or more** of the following:
 - Improved ability to perform activities of daily living
 - Decreased dizziness or vertigo
 - Increased understanding of disease management
 - Improvement in quality of life as reported by the individual
 - Planned interventions include **All** of the following:
 - Patient education, including **ALL** of the following:
 - Self-management
 - Disease process
 - Importance of self-positioning to maintain improvement
 - Therapeutic modalities including **1 or more** of the following:
 - Positional maneuvers
 - Functional retraining
 - Repeat/extended therapy and **All** of the following:

- Individual is actively participating in treatment sessions and is adherent to the home program
- Functional progress has been made during initial therapy
- Goals of therapy are not yet met
- No contraindications to ongoing therapy exist
- Individual has a peripheral vestibular disorder and **1 or more** of the following:
 - Initial therapy and **All** of the following:
 - Physician-diagnosed peripheral vestibular disorder (eg, labyrinthitis)
 - Recent change in status as indicated by **1 or more** of the following:
 - Diagnosed within past 3 months
 - Recent functional decline or acute exacerbation
 - Goals of therapy include **1 or more** of the following:
 - Improved ability to perform activities of daily living
 - Decreased dizziness or vertigo
 - Increased understanding of disease management
 - Improvement in quality of life as reported by the individual
 - Planned interventions include **All** of the following:
 - Patient education, including **ALL** of the following:
 - Self-management
 - Disease process
 - Therapeutic modalities including **1 or more** of the following:
 - Virtual reality habituation
 - Vertigo habituation
 - Functional retraining
 - Repeat or extended therapy and **All** of the following:
 - Individual is actively participating in treatment sessions and is adherent to the home program
 - Functional progress has been made during initial therapy
 - Goals of therapy are not yet met
 - No contraindications to ongoing therapy exist
- Individual's order is from **1 or more** of the following specialists:
 - A neurologist with **1 or more** of the following:
 - Central vestibular symptoms or signs, such as unremitting and disabling vertigo and nystagmus
 - Cerebellar symptoms, such as marked ataxia and incoordination
 - Focal neurologic symptoms
 - Persistent vertigo or dizziness
 - An Otolaryngologist with **1 or more** of the following:
 - Persistent vertigo or dizziness
 - Surgical treatment is being considered
 - Acoustic neuroma patients recovering from vestibular ablative surgery
 - Bilateral vestibular paresis
 - Meniere's disease

Coding:

Medically necessary with criteria:

Coding	Description
95992	Canalith repositioning procedure(s) (e.g. Epley maneuver, Semant maneuver), per day
97110	Therapeutic procedure 1 or more areas, each 15 minutes, therapeutic exercise to develop strength, range of motion
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement,

	balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97750	Physical performance test or measurement (e.g. musculoskeletal, functional capacity) with written report, each 15 minutes
S9476	Vestibular rehabilitation program, non-physician provider, per diem

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2020: October
- 2019: November
- 2014: July
- 2013: July
- 2010: August
- 2009: July
- 2008: July
- 2007: October

Reviewed Dates:

- 2023: September
- 2022: September
- 2021: October
- 2019: April
- 2018: April
- 2017: December
- 2016: July
- 2015: July
- 2012: July
- 2011: July
- 2006: January, June

Effective Date:

- November 2005

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2022, Aug 31). Retrieved Aug 18, 2023, from MCG: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved Aug 18, 2023, from Hayes, Inc: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522vestibular%2520rehabilitation%2522,%2522title>

[%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2527B%2522page%2522:0,%2522size%2522:50%2527D,%2522type%2522:%2522all%2522,%2522](#)

(2023). Retrieved Aug 18, 2023, from Carelon Medical Benefits Management: <https://guidelines.carelonmedicalbenefitsmanagement.com/pt-ot-speech-2023-04-09/>

Barton, J. (2022, Jun 23). Benign paroxysmal positional vertigo. Retrieved Aug 18, 2023, from UpToDate: https://www.uptodate.com/contents/benign-paroxysmal-positional-vertigo?search=Vestibular%20rehabilitation&source=search_result&selectedTitle=2~13&usage_type=default&display_rank=2#H22

CLINICAL PRACTICE GUIDELINES FOR PERIPHERAL VESTIBULAR HYPOFUNCTION. (2022, Feb). Retrieved Aug 18, 2023, from Academy of Neurologic Physical Therapy: https://www.neuropt.org/docs/default-source/cpgs/vestibular-update/summary-for-pt-final-2022.pdf?sfvrsn=7e665c43_0

Furman, J., & Barton, J. (2022, Nov 17). Treatment of vertigo. Retrieved Aug 18, 2023, from UpToDate: https://www.uptodate.com/contents/treatment-of-vertigo?search=Vestibular%20rehabilitation&source=search_result&selectedTitle=1~13&usage_type=default&display_rank=1#H5

LCD: Physical Therapy - Home Health (L33942). (2023, Jul 06). Retrieved Aug 18, 2023, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33942&ver=46&keyword=Vestibular%20rehabilitation&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Rehabilitation - Chapter IV: Covered Services and Limitations. (2022, Aug 15). Retrieved Aug 18, 2023, from Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-07/Rehab%20Manual%20Chapter%20IV%20-%20Updated%208.15.22_Final.pdf

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.

Keywords:

Vestibular Rehabilitation, shp medical 91, benign paroxysmal positional vertigo, BPPV, peripheral vestibular disorder, Commercial