

Vestibular Rehabilitation, Medical 91

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Effective Date 11/2005
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Coverage Policy Medical 91
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 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:

- September – no changes references updated
- 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:

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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LCD: Physical Therapy - Home Health, L33942. (2024, 6). Retrieved 9 2024, from CMS Local Coverage Determination (LCD): <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33942&ver=48&keyword=Physical%20Therapy%20-%20Home%20Health&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Vestibular rehabilitation. (2008, 8). Retrieved 9 2024, from American Speech-Language Hearing Association (ASHA): <https://www.asha.org/articles/vestibular-rehabilitation/>

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Vestibular rehabilitation therapy (VRT). (2024). Retrieved 9 2024, from Vestibular Disorders Association (VDA): <https://vestibular.org/article/diagnosis-treatment/treatments/vestibular-rehabilitation-therapy-vrt/>

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:

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