

Vestibular Evoked Myogenic Potential (VEMP) Testing, Medical 174

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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:

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 [**cervical (cVEMP), ocular (oVEMP), triceps (tVEMP)**] indicates the muscle other than the sternocleidomastoid (SCM) that is being monitored such as the ocular, cervical, or triceps.

Criteria:

Vestibular evoked myogenic potential (cVEMP and/or oVEMP) testing is considered medically necessary for **All** of the following:

- A comprehensive evaluation completed (i.e., history, physical) with inconclusive of **1 or more** of the following:
 - o Audiometry
 - o Brainstem audiometry
 - o Caloric testing
 - o Electrocochleography
 - o Electronystagmography
 - o Rotational chair testing
 - o Videonystagmography
- Individual with suspected diagnosis of **1 or more** of the following:
 - o Benign positional vertigo
 - o Inferior vestibular nerve dysfunction
 - o Labyrinthitis
 - o Meniere disease
 - o Sensorineural hearing loss (Pre and post op cochlear implantation)
 - o Superior canal dehiscence syndrome (SCDS)
 - o Superior vestibular nerve dysfunction

Vestibular evoked myogenic potential (cVEMP and/or oVEMP) testing is considered **not medically necessary** for any use other than those indicated in clinical criteria.

Document History:

Revised Dates:

- 2025: February – Added criteria for c VEMP and oVEMP
- 2025: January – Procedure coding updated to align with changes in service authorizations.
- 2024: April
- 2023: July
- 2021: November

Reviewed Dates:

- 2023: August
- 2022: August

Effective Date:

- November 2020

Coding:

Medically necessary with criteria:

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)

Considered Not Medically Necessary:

Coding	Description
	None

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

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.

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:
 - Commercial
 - 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.

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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