



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Treatment of Chronic Vertigo

Policy Number: PG0193
Last Review: 09/11/2018

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional
 Facility

DESCRIPTION

Vertigo can be described as a dizzy or spinning sensation. Some people perceive self-motion whereas others perceive motion of the environment. Individuals may experience vertigo as an illusion of motion, vague dizziness, imbalance, disorientation, transient spinning or a sense of swaying or tilting. Vertigo may be caused by any number of conditions and is a symptom rather than a diagnosis. Once a diagnosis has been identified, treatment is focused on the specifics of the disease/disorder, relief of symptoms and promotion of recovery. The treatment also depends on whether the patient is suffering from acute or chronic symptoms. Acute vertigo will present as isolated spells and has a distinct beginning and end whereas chronic vertigo is continuous and/or recurring.

Particle repositioning maneuvers (Canalith repositioning procedures) are utilized to manage episodes of benign paroxysmal positional vertigo (BPPV). Particle repositioning maneuvers include, but are not limited to, the Brandt-Daroff exercises, the Epley maneuver and the Semont maneuver. The theory behind these therapies is that through a series of rotational movements, the particles will be cleared out of the semicircular canals via the common crus of the utricle where they will no longer have an impact on the dynamics of the semicircular canals. All of these maneuvers are generally well tolerated; however, they sometimes cause a migration of debris into the anterior and horizontal canals which cause other variants of positional vertigo.

Vestibular rehabilitation is a therapeutic program that utilizes exercises to help regain the sense of balance. Specific movements of the head and body are developed for individual patients with the intent of reducing or eliminating motion provoked or positional sensitivity.

POLICY

Vestibular rehabilitation exercises and/or particle repositioning maneuvers do not require prior authorization.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Vestibular rehabilitation exercises and/or particle repositioning maneuvers are considered medically necessary for the treatment of BPPV when ALL of the following criteria are met:

- Initial therapy is limited to two visits
- Medical management has failed
- Member has a confirmed diagnosis of a vestibular disorder (eg, BPPV)
- Symptoms have existed for greater than four weeks

Note: Patients are expected to perform exercises themselves in the home setting following initial therapy.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
95992	Standard Canalith repositioning procedure(s) (e.g. Epley maneuver, Semont maneuver), per day
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

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 01/15/2009

08/17/12: Per the Medical Policy Reimbursement/Coverage Committee, it was determined that this procedure will only be covered for members with the diagnosis of BPPV.

09/10/13: ICD-10 Codes added from ICD-9 conversion. Policy reviewed and updated to reflect most current clinical evidence. Approved by Medical Policy Steering Committee as revised.

01/10/17: Title changed from Canalith Repositioning to Treatment of Chronic Vertigo. Code 97112 added. Diagnosis codes 386.11, H81.10, H81.11, H81.12, & H81.13 removed. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

09/11/18: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

12/16/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
Hayes, Inc.

Industry Standard Review