Coverage Summary

Cochleostomy with Neurovascular Transplant for Meniere's Disease

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<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date:</td>
<td>08/18/2020</td>
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<tr>
<td>Related Medicare Advantage Policy Guideline:</td>
<td>Cochleostomy with Neurovascular Transplant for Meniere's (NCD 50.7)</td>
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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Cochleostomy with neurovascular transplant for the treatment of Meniere’s disease is not a covered benefit.

Guidelines/Notes:
Meniere's disease (or syndrome) is a common cause of paroxysmal vertigo. Meniere's syndrome is usually treated medically. When medical treatment fails, surgical treatment may be required.

While there are two recognized surgical procedures used in treating Meniere's disease (decompression of the endolymphatic hydrops and labyrinthectomy), there is no scientific evidence supporting the safety and effectiveness of cochleostomy with neurovascular transplant in treatment of Meniere's syndrome. Accordingly, Medicare does not cover cochleostomy with neurovascular transplant for treatment of Meniere’s disease.

See the NCD for Cochleostomy with Neurovascular Transplant for Meniere's Disease (50.7). (Accessed July 28, 2020)
II. DEFINITIONS

None

III. REFERENCES

See above

IV. REVISION HISTORY

08/18/2020  •  Routine review; no change to coverage guidelines