

Posturography

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<p>Related Medicare Advantage Coverage Summary</p> <ul style="list-style-type: none"> Hearing Screening and Audiologist Services

Policy Summary

[↪ See Purpose](#)

Overview

Computerized dynamic posturography is a "quantitative method for assessing balance functioning under various simulated tasks. Protocols are designed to test the sensory, motor and biomechanical components of balance individually and in concert." Computerized dynamic posturography "may assist with lesion localization, identifying adaptive strategies and functional capabilities."

Guidelines

Posturographic methods that do not satisfy the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) and the American Academy of Neurology (AAN) criteria cannot be considered equivalent to those that do comply with the AAO-HNS and AAN guidelines.

As defined by the American Academy of Otolaryngology- Head and Neck Surgery and the American Academy of Neurology, CDP includes:

- Isolation and quantification of orientation inputs from the visual, vestibular and somatosensory systems
- Isolation and quantification of central integrating mechanisms for selecting functionally appropriate orientation sense(s)
- Isolation and quantification of functionally appropriate movement strategy (s) in a variety of controlled task conditions.
- Isolation and quantification of motor output mechanisms for generating timely and effective postural movements

Dizziness may support the medical necessity for hearing tests in the initial otolaryngologic evaluation of patients in whom general medical causes (anemia, cardiovascular, metabolic, etc.) have been excluded. However, since dizziness is a vague complaint, a diagnosis of dizziness alone does not qualify for coverage for vestibular function testing. There must be sufficient evaluation of the patient that vestibular testing is likely to contribute directly to the patient's therapy. In those instances, full audiometric evaluation can be a critical part of a full vestibular evaluation. We would expect this documentation to be in the chart if requested.

When the medical conditions requiring medical or surgical treatment are already known by the physician, or are not under consideration, and the diagnostic services are performed only to determine the need for or the appropriate type of hearing aid, the services are statutorily excluded from Medicare coverage whether performed by a physician or non-physician.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
92548	Computerized dynamic posturography

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Diagnosis Code	Description
D33.3	Benign neoplasm of cranial nerves (Effective 05/28/2020)
H81.01	Meniere's disease, right ear
H81.02	Meniere's disease, left ear
H81.03	Meniere's disease, bilateral
H81.11	Benign paroxysmal vertigo, right ear
H81.12	Benign paroxysmal vertigo, left ear
H81.13	Benign paroxysmal vertigo, bilateral
H81.21	Vestibular neuronitis, right ear
H81.22	Vestibular neuronitis, left ear
H81.23	Vestibular neuronitis, bilateral
H81.311	Aural vertigo, right ear
H81.312	Aural vertigo, left ear
H81.313	Aural vertigo, bilateral
H81.391	Other peripheral vertigo, right ear
H81.392	Other peripheral vertigo, left ear
H81.393	Other peripheral vertigo, bilateral
H81.4	Vertigo of central origin (Effective 10/01/2019)
H81.41	Vertigo of central origin, right ear (Deleted 10/01/2019)
H81.42	Vertigo of central origin, left ear (Deleted 10/01/2019)
H81.43	Vertigo of central origin, bilateral (Deleted 10/01/2019)
H81.8X1	Other disorders of vestibular function, right ear
H81.8X2	Other disorders of vestibular function, left ear
H81.8X3	Other disorders of vestibular function, bilateral
H81.91	Unspecified disorder of vestibular function, right ear
H81.92	Unspecified disorder of vestibular function, left ear
H81.93	Unspecified disorder of vestibular function, bilateral
H82.1	Vertiginous syndromes in diseases classified elsewhere, right ear
H82.2	Vertiginous syndromes in diseases classified elsewhere, left ear
H82.3	Vertiginous syndromes in diseases classified elsewhere, bilateral
H83.01	Labyrinthitis, right ear
H83.02	Labyrinthitis, left ear
H83.03	Labyrinthitis, bilateral

Diagnosis Code	Description
H83.11	Labyrinthine fistula, right ear
H83.12	Labyrinthine fistula, left ear
H83.13	Labyrinthine fistula, bilateral
H83.2X1	Labyrinthine dysfunction, right ear
H83.2X2	Labyrinthine dysfunction, left ear
H83.2X3	Labyrinthine dysfunction, bilateral
H83.8X1	Other specified diseases of right inner ear
H83.8X2	Other specified diseases of left inner ear
H83.8X3	Other specified diseases of inner ear, bilateral
H83.91	Unspecified disease of right inner ear
H83.92	Unspecified disease of left inner ear
H83.93	Unspecified disease of inner ear, bilateral
H90.0	Conductive hearing loss, bilateral
H90.11	Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.12	Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.3	Sensorineural hearing loss, bilateral
H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.6	Mixed conductive and sensorineural hearing loss, bilateral
H90.71	Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.72	Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.A11	Conductive hearing loss, unilateral, right ear with restricted hearing on the contralateral side
H90.A12	Conductive hearing loss, unilateral, left ear with restricted hearing on the contralateral side
H90.A21	Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
H90.A22	Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
H90.A31	Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side
H90.A32	Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing on the contralateral side
R42	Dizziness and giddiness

References

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L34537 Vestibular Function Testing	A56497 Billing and Coding: Vestibular Function Testing	Palmetto		AL, GA, NC, SC, TN, VA, WV

CMS Benefit Policy Manual

[Chapter 15. § 80.3 Audiology Services, § 80.3.1 Definition of Qualified Audiologist](#)

UnitedHealthcare Commercial Policy

[Computerized Dynamic Posturography](#)

Other(s)

Title XVIII of the Social Security Act:

- [§ 1833\(e\), prohibits Medicare payment for any claim that lacks the necessary information to process that claim](#)
- [§ 1861\(II\)\(3\), \(II\)\(4\)\(B\) Speech-Language Pathology Services; Audiology Services](#)
- [§ 1862\(a\)\(1\)\(A\), allows coverage and payment for only those services that are considered reasonable and necessary](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">• Reformatted policy; transferred content to new template
09/09/2020	Applicable Codes <ul style="list-style-type: none">• Added ICD-10 diagnosis codes D33.3 and H81.4• Added notation to indicate ICD-10 diagnosis codes H81.41, H81.42, and H81.43 were “deleted Oct. 1, 2019” Supporting Information <ul style="list-style-type: none">• Updated <i>References</i> section to reflect the most current information• Archived previous policy version MPG258.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered,

which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).