POSTUROGRAPHY

Guideline Number: MPG258.03

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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.

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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 LCDs, NCDs, 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.

**POLICY SUMMARY**

**Overview**

Computerized dynamic posturography (CDP) is a means of assessing a patient’s ability to use vestibular system information. The equipment for dynamic posturography consists of a moveable platform surrounded by a moveable screen that is computer-controlled. Both can move separately or simultaneously. CDP includes three protocols:

- The Sensory Organization Test (SOT) assesses the patient’s ability to balance using visual, vestibular, and proprioceptive information and to appropriately suppress disruptive visual and/or proprioceptive information under sensory conflict conditions.
- The Motor Control Test (MCT) measures the ability to reflexively recover from unexpected external provocations.
- Adaptation Test (ADT) measures the ability to modify automatic reactions when the support surface is irregular or unstable.

**Guidelines**

UnitedHealthcare will consider CDP medically reasonable and necessary for any of the following indications:

**Neurologic disease and disorders: Inherited disorders**

- Patients with significant disequilibrium and dysfunction following head trauma, and a complete neurological workup is negative and symptoms persist. CDP may be considered medically necessary for patients who are being evaluated for balance impairment after trauma. Either brain trauma or damage to the inner ear may result in disequilibrium and impaired postural stability. Posturography may help identify and characterize abnormalities of vestibulo-spinal function when other tests do not.
- Differentiation of peripheral sensory and central nervous system postural control abnormalities.
- Gait or balance disorders in which neurologic evaluation is insufficient to explain symptoms.
- Identification of early Multiple Sclerosis in patients with balance impairment when the MRI is normal.

**Peripheral Vestibular Disorders**

- Patients with non-localizing vestibular tests (e.g. ENG performed prior to platform testing is normal or does not localize lesion to a specific inner ear) but symptoms of dizziness or disequilibrium persist.
- Differentiation of vestibular, visual, and somatosensory impairments to postural control. CDP may be considered medically necessary for patients who have symptoms of disequilibrium and conventional tests of vestibular function have not detected an abnormality. Because it is used to test vestibular-oculomotor reflexes primarily mediated by the lateral vermicular canal and/or posterior canals, electronystagmography does not test many of the vestibular receptors, CDP may be helpful when it is important to document whether an abnormality in postural control is present. It may show an abnormality for patients who have dysfunction of the other receptors that are important for balance or may point to non-organic disorders.
- Post aminoglycoside therapy, chemotherapy, or post–operative inner ear surgery with persistent symptoms or disequilibria.

**Aging and the elderly, Disequilibrium**

- History of one or more falls due to persistent vertigo or dizziness with disequilibrium and normal cardiac testing
- Severe disabling disequilibrium without obvious explanation
- Vertigo or dizziness not responsive to usual medications
- Documentation of age-related changes in balance function (including falls in the elderly)

Aging patients are most prone to falls and injuries related to falls. Many of these patients do not have true vertigo but instead exhibit chronic disequilibrium. CDP may help identify deficits in balance function when the vestibule-oculomotor reflexes are intact, leading to effective intervention.

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.

**Documentation Guidelines**

Documentation should include copies of the graphical summaries obtained during CDP testing and the physician’s interpretation.

Medical necessity for providing the service must be clearly documented in the patient’s records and submitted upon request for review.

In addition the medical record should include the following:

- When CDP is performed for patients who have a history of falls due to persistent vertigo or dizziness and is not related to a cardiac condition, the medical record must clearly document the falls, and include information about recent evaluation by treating physician. This may include EKG, laboratory studies, holter monitor, MRI, EEG, EMG or other medical documentation.
- When CDP is performed for patients with significant disequilibrium and dysfunction following head trauma, the medical record must clearly reflect the nature of the trauma and the date that the trauma occurred.
- It should be documented that this test is being done as part of a provider initiated workup for chronic unexplained disequilibrium, vertigo or dizziness. It is expected that this test would be performed as part of an organized balance and/or fall prevention program.
- When CDP is performed for patients with non-localizing vestibular function tests, but symptoms of dizziness or disequilibrium persist the medical record must clearly reflect the vestibular study was performed.
- The medical record should also document the patient’s general cognitive status. That is, the patient must be able to understand and follow commands, in order to learn appropriate habituation and compensatory strategies. It is not expected that patients with severe or advanced dementia would undergo CDP testing.

It is expected that these services would not be performed more than once for a clinical indication. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

**APPLICABLE CODES**

The following list(s) of 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.

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<tr>
<th>CPT Code</th>
<th>Description</th>
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<tr>
<td>92548</td>
<td>Computerized dynamic posturography</td>
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*CPT® is a registered trademark of the American Medical Association*
ICD-10 Diagnosis Codes

REFERENCES

CMS Local Coverage Determinations (LCDs)

<table>
<thead>
<tr>
<th>LCD</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
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<tr>
<td>L34537 (Vestibular Function Testing) Palmetto</td>
<td>FL, PR, VI</td>
<td>NC, SC, VA, WV</td>
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<tr>
<td>L33987 (Computerized Dynamic Posturography) First Coast Retired 05/10/2017</td>
<td>FL, PR, VI</td>
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<tr>
<td>L34210 (Vestibular Function Testing) Noridian Retired 04/29/2016</td>
<td>AS, CA (Northern), CA (Southern), GU, HI, MP, NV</td>
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CMS Benefit Policy Manual
Chapter 15, § 80.3 Audiology Services, § 80.3.1 Definition of Qualified Audiologist

CMS Transmittals
Transmittal 1975, Change Request 6447, Dated 07/23/2010 (Revisions and Re-issuance of Audiology Policies)
Transmittal 1992, Change Request 6974, Dated 06/25/2010 (July Update to the 2010 Medicare Physician Fee Schedule Database (MPFSDB))

UnitedHealthcare Commercial Policies
Computerized Dynamic Posturography

Others
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(ll)(3), (ll)(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.

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<tr>
<th>Date</th>
<th>Action/Description</th>
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<tr>
<td>09/13/2017</td>
<td>• Annual review</td>
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