Cochleostomy with Neurovascular Transplant for Meniere’s Disease (NCD 50.7)

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<tr>
<th>Policy Number</th>
<th>Approved By</th>
<th>Current Approval Date</th>
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<tr>
<td>50.7</td>
<td>UnitedHealthcare Medicare Reimbursement Policy Committee</td>
<td>07/09/2014</td>
</tr>
</tbody>
</table>

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies 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.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

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Summary

Overview
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.

Reimbursement Guidelines
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.

CPT/HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>69949</td>
<td>Unlisted procedure, inner ear</td>
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References Included (but not limited to):

CMS NCD
NCD 50.7 Cochleostomy with Neurovascular Transplant for Meniere’s Disease

CMS LCD

CMS Article
One article

CMS Transmittals
Transmittal 142, Change Request 1738, Dated 07/17/20

UnitedHealthcare Medicare Advantage Coverage Summaries
Cochleostomy with Neurovascular Transplant for Meniere's Disease

History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revisions</th>
</tr>
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</table>
| 07/09/2014 | • Annual review  
              • Administrative updates |
| 07/10/2013 | • Annual review  
              • Administrative updates |