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.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

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: 1). 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. 2). The Motor Control Test (MCT) measures the ability to reflexively recover from unexpected external provocations. 3). Adaptation Test (ADT) measures the ability to modify automatic reactions when the support surface is irregular or unstable.

Reimbursement Guidelines
UnitedHealthcare will consider CDP medically reasonable and necessary for any of the following indications:
I. 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.
II. 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.
III. Aging and the elderly, Disequilibrium
  - History of one or more falls due to persistent vertigo or dizziness with disequilibrium and normal cardiac testing.
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- 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-ocular motor 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 (ICD-9-CM Code 780.4) 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.

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<tr>
<th>Code</th>
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**References Included (but not limited to):**

- **CMS LCD(s)**
  - Numerous LCDs

- **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 Medical 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

**History**

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<tr>
<td>09/10/2014</td>
<td>Annual review</td>
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<tr>
<td>06/26/2013</td>
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<tr>
<td>12/19/2012</td>
<td>Reimbursement Policy presented to MRP Committee and approved</td>
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<tr>
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