Vestibular Evoked Myogenic Potential Testing

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Vestibular evoked myogenic potential (VEMP) tests use loud sound (e.g., click, tone burst) or bone vibration (e.g., tendon hammer tap to the forehead or mastoid) to assess otolith function.

- Cervical VEMPs (cVEMPs) are measured by surface electrodes on the ipsilateral sternocleidomastoid muscle in the neck and are thought to originate primarily in the saccule. Abnormality in any part of the auditory cVEMP pathway (saccule, inferior vestibular nerve, vestibular nucleus, medial vestibulospinal tract, the accessory nucleus, the eleventh nerve, sternocleidomastoid) can affect the response.
- Ocular VEMPs (oVEMPs) detect subtle activity of an extraocular muscle using surface electrodes under the contralateral eye during an upward gaze and are thought to be due primarily to stimulation of the utricle. The vestibulo-ocular reflex stimulated by sound or vibration is very small, but synchronous bursts of activity of the extraocular muscles can be detected by electromyography. Lesions that affect the oVEMP may occur in the utricle, superior vestibular nerve, vestibular nucleus, and the crossed vestibulo-ocular reflex pathways.

The purpose of VEMP testing is to provide a diagnostic option that is an alternative to or an improvement on existing tests, such as clinical diagnosis, in patients with a suspected vestibular disorder not clinically diagnosed as benign paroxysmal positional vertigo (BPPV).

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy is limited to vestibular evoked myogenic potential (VEMP) testing. It does not address other types of vestibular function testing (e.g., caloric testing, rotational chair testing, or electronystagmography/videonystagmography testing batteries).

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	None[1]
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles	None
Medical Policy Manual	*Medicare coverage guidance is not available for vestibular evoked myogenic potential (VEMP) testing. Therefore, the health plan's medical policy is applicable.* Vestibular Evoked Myogenic Potential Testing, Medicine, Policy No. 169 *(see "NOTE" below)*

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. (*Medicare IOM Pub. No. 100-04, Ch. 23, §30 A*). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an ***objective, evidence-based process, based on authoritative evidence***. (*Medicare IOM Pub. No. 100-16, Ch. 4, §90.5*). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REGULATORY STATUS

Vestibular analysis devices are currently regulated by the U.S. Food and Drug Administration (FDA) through the 510(k) pathway and includes both diagnostic (e.g., rotary chairs, multiaxial chairs) and therapeutic devices (e.g., balance training and balance rehabilitation devices). Examples of devices indicated for diagnostic testing are included below:

DEVICE	MANUFACTURER	FDA APPROVAL
ICS Impulse®	Otometrics	Feb 2013
Sway Balance™	Sway Medical (Capacity Sports)	Sep 2012
Nydiag 200 Rotary Chair	Interacoustics A/S	Dec 2010
Epley Omniax®	Vesticon	Jun 2008
VMT System	Target Health	Oct 1998
VORTEQ™ (Vestibular Ocular Reflex Test Equipment)	Micromedical Technologies	May 1989
RVT-50 Rotary Chair for Vestibular Testing	ICS Medical	Sep 1987
EquiTest®	Natus Medical (NeuroCom International)	Aug 1985
Chair, Vestibular, Rotary, Computerized	Contraves	Aug 1978

An example of equipment used for vestibular evoked myogenic potentials is the Bio-Logic Nav-Pro (Bio-logic Systems Corp), which in 2003 was cleared for marketing by the FDA through the 510(k) process (K994149) for use in the recording and displaying human physiologic data, and for auditory screening and assisting in evaluation of auditory and hearing-related disorders using auditory brainstem responses recorded from electroencephalography electrodes placed on the scalp.

Note, the fact a new service or procedure has been issued a CPT/HCPCS code or is FDA approved for a specific indication does not, in itself, make the procedure medically reasonable and necessary. The FDA determines safety and effectiveness of a device or drug, but does not establish medical necessity. While Medicare may adopt FDA determinations regarding safety and effectiveness, Medicare or Medicare contractors evaluate whether or not the drug or device is reasonable and necessary for the Medicare population under §1862(a)(1)(A).

CROSS REFERENCES

Investigational (Experimental) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services, Medicine, Policy No. M-149

REFERENCES

1. NCD - Evoked Response Tests (160.10)

CODING

Codes	Number	Description
CPT	92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)

	92518	; ocular (oVEMP)
	92519	; cervical (cVEMP) and ocular (oVEMP)
	92700	Unlisted otorhinolaryngological service or procedure
HCPCS	None	

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.*