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Category: Medicine
***Current Policy Effective Date: 9/01/07**

Title: Vestibular Rehabilitation/Canalith Repositioning **Procedure Code(s): S9476; S9092**

Description/Background

Patients with inner ear disorders are often referred to physical and occupational therapy for primary symptoms of balance disorders and movement-related dizziness. The symptoms result from pathology within the vestibular system in the inner ear that reduces the member's ability to maintain balance or function without dizziness.

Vestibular rehabilitation is a short term (usually 3-5 visits) subset of physical therapy aimed at instructing individuals on how to compensate for or adjust to their vestibular disorder. By performing specific exercises, the member's symptoms can often be reduced or eliminated.

Exercises may include any combination of the following:

- Particle repositioning maneuvers: These are maneuvers used to "dislodge" material in the posterior canal of the involved ear of members with the diagnosis of benign paroxysmal positional vertigo (also known as canalith repositioning).
- Habituation exercises: These include repetitive exercises used to stimulate the central nervous system to adapt in a way that reduces or eliminates symptoms provoked by movements.
- Eye-head coordination exercises: These exercises are used to improve the accuracy of eye movements when combined with head motion.
- Balance activities: This encompasses a variety of activities used to maximize the use of sensory information and improve the selection and implementation of motor responses.
- Leg strengthening exercises: These exercises are used to improve muscle power so that balance reactions can be more effective.

(*See policy history boxes for any previous effective dates, if applicable)

- 1 -

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Vestibular Rehab/Canalith Repositioning RGps.090107

- Flexibility exercises: These exercises are designed to improve joint mobility, and also assist in improving the balance response.

Benign paroxysmal positional vertigo (BPPV) is a common, typically self-limited but recurrent disorder characterized by episodes of vertigo precipitated by certain head movements. Typically, the patient reports sudden vertigo associated with movements such as rolling over in bed, looking up suddenly or straightening up after bending over.

The etiology of BPPV is thought to be related to the presence of dense canaliths (free-floating densities) collecting in the dependent portion of the ear's semicircular canal. A change in head position relative to gravity causes the canaliths to move through the canal, causing movement of the endolymph within the canal, resulting in vertigo. Canalith repositioning maneuvers have been investigated as a technique to move the canaliths back into the utricle of the semicircular canal, where they will remain stationary.

Canalith repositioning maneuvers may be repeated over a series of treatment sessions if symptoms do not resolve or if they recur.

CPT/HCPCS Level II Codes and Description *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

Established codes:

S9476	Vestibular rehabilitation program, non-physician provider, per diem
S9092	Canalith repositioning, per visit

Diagnoses/Medical Conditions

- Benign paroxysmal positional vertigo
- Ménière's disease

Medical Policy Statement

The safety and effectiveness of vestibular rehabilitation have been established. It may be considered a useful therapeutic option for the following conditions

- Acute or abrupt loss of vestibular function
- Peripheral vestibular abnormalities that do not demonstrate a spontaneous resolution of symptoms (dizziness, disequilibrium) within three to six months.
- Benign paroxysmal positional vertigo
- Unilateral or bilateral vestibular hypofunction
- Ménière's disease

- Post surgical intervention for a vestibular condition

The safety and effectiveness of canalith repositioning have been established. It may be considered a useful therapeutic option for the treatment of benign positional paroxysmal vertigo (BPPV).

Rationale

Vestibular rehabilitation treatment of vestibular and balance disorders consists of two different approaches.

- Particle repositioning maneuvers
- Graded exercises

Particle repositioning maneuvers are the treatment of choice for benign positional vertigo (BPV) and are effective in BPV patients after one or two treatment attempts. Graded exercises are used to treat vestibular vertigo other than BPV.

Vestibular rehabilitation appears to be a low-cost treatment that can reduce or eliminate the symptoms of vertigo in selected populations of patients with dizziness and balance disturbances of vestibular origin.

Medical Policy Position Summary (Non-clinical summary statement for customer use)

The vestibule of the ear is the inner portion involved with the sensation of position and movement. When there are disorders of the inner ear an individual may be referred for occupational or physical therapy. Vestibular rehab is a subset of this therapy and the person is taught how to compensate and adjust for the dizziness while going through occupational and physical therapy. It has been proven that this therapy is both safe and effective for inner ear disorders.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Vestibular rehabilitation exercises may include any combination of the following:

- Particle repositioning maneuvers: Maneuvers used to “dislodge” material in the posterior canal of the involved ear of members with the diagnosis of benign paroxysmal positional vertigo.
- Habituation exercises: Repetitive exercises used to stimulate the central nervous system to adapt in a way that reduces or eliminates symptoms provoked by movements.
- Eye-head coordination exercises: Exercises used to improve the accuracy of eye movements when combined with head motion.

- Balance activities: A variety of activities used to maximize the use of sensory information and improve the selection and implementation of motor responses.
 - Leg strengthening exercises: Exercises used to improve muscle power so that balance reactions can be more effective.
 - Flexibility exercises: Exercises to improve joint mobility which also assists in improving the balance response.
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Related Policies

Physical and Occupational Medicine

Medicare Information

Medicare does not address vestibular rehabilitation in a policy.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

References

- Black, F. O., et al., "Outcome analysis of individualized vestibular rehabilitation protocols," *American Journal of Otology*," Vol. 21, No. 4, July 1, 2000.
 - Blue Cross Blue Shield Association, "Canalith Repositioning as a Treatment of Benign Paroxysmal Positional Vertigo (BPPV)," *Medical Policy Reference Manual*, # 2.01.37, Issue 1: 2004, Original Policy Date 12/15/00, Last Review Date 1: 2004.
 - Calder, J. H., et al., "Acquired bilateral peripheral vestibular system impairment: Rehabilitative options and potential outcomes," *Journal of the American Academy of Audiology*, Vol. 11, No. 9, October 1, 2000.
 - Clendaniel, Richard A., PT, PhD, "Practical Issues in the Management of the Dizzy and Balance Disorder Patient: Outcome Measures for Assessment of Treatment of the Dizzy and Balance Disorder Patient," *Otolaryngologic Clinics of North America*, Vol. 33, No. 3, June 2000.
 - Furman, Joseph M. MD, PhD, "A Hands-On Guide to Benign Paroxysmal Positional Vertigo," Hippocrates, *New England Journal of Medicine*, January 2001, <http://www.hippocrates.com/archive/January2001/01features/01feat_vertigo.html>
 - Goldvasser, D., et al., "Vestibular rehabilitation outcomes: velocity trajectory analysis of repeated bench stepping," *Clinical Neurophysiology*, Vol. 111, No. 10, October 1 2000.
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Medical Policy Title: Vestibular Rehabilitation/Canalith Repositioning

- *Hayes Medical Technology Directory*, "Vestibular Rehabilitation for the Treatment of Vestibular and Balance Disorders," (vest0001) Lansdale, PA: HAYES, Inc., October 8, 1999, Update August 19, 2004.
- Toledo, H., et al., "Semont maneuver and vestibular rehabilitation exercises in the treatment of benign paroxysmal postural vertigo. A comparative study," *Neurologia*, Vol. 15, No. 4, April 1, 2000.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through April 4, 2007, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
7/8/02	7/8/02	7/8/02	Joint policy established
06/15/05	06/15/05	05/23/05	Routine maintenance
09/01/07	7/1/07	08/29/07	Routine maintenance-policy retired.

Next Review: This policy is established and no longer subject to periodic review.

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN 5/4/99	Revised: 11/5/01
BCBSM 5/14/01	Revised: N/A

BLUE CARE NETWORK

POLICY: VESTIBULAR REHABILITATION/CANALITH REPOSITIONING

I. Coverage Determination:

Vestibular rehabilitation is a covered benefit for the following conditions:

- Acute or abrupt loss of vestibular function.
- Peripheral vestibular abnormalities that do not demonstrate a spontaneous resolution of symptoms (dizziness, disequilibrium) within three to six months.
- Benign paroxysmal positional vertigo
- Unilateral or bilateral vestibular hypofunction
- Ménière's disease
- Post surgical intervention of a vestibular condition

Canalith repositioning is a covered benefit as a treatment for benign positional paroxysmal vertigo.

II. Benefit Information:

This procedure is covered under the physical therapy benefit. Appropriate copayment will apply:

- BCN 1: Coverage is limited to 60 treatments per medical episode per benefit year. No copay unless the certificate has an applicable office copay.
- BCN 5 OneBlue and BCN 10: Coverage is limited to a 60 consecutive day period of treatment per medical episode per benefit year. Office visit copays and applicable riders apply.
- BCN Basic: Coverage is limited to 30 visits which occur within a 60-day period of treatment per medical episode per benefit year. Copay: 50% of fee per visit.
- Personal Plus: Coverage is limited to a 30 consecutive day period of treatment per medical episode per benefit year. Copay: \$10.00 per visit
- BCN 65: Coinsurance amount covered for Medicare covered services.

III. Benefit Exclusions:

Patients not meeting the patient selection criteria.

IV. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Appropriate copayments will apply.

Medical Policy Title: Vestibular Rehabilitation – Canalith Repositioning

- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.
- Payment is based on BCN payment rules, individual certificate benefits and certificate riders.

Duplicate (back-up) equipment is not a covered benefit

V. Effective Date:

Policy updated: 6/15/05

Joint policy effective date: 6/28/02

Supersedes benefit information of: 5/04/99, 11/25/01