Subject: Vestibular Rehabilitation

DESCRIPTION:

There are two general approaches to vestibular rehabilitation – particle repositioning maneuvers and graded exercises programs. Particle repositioning maneuvers strive to relocate displaced otoconia residing in the semicircular canal into the utricle, where they become harmless. This relocation is performed by rotating the head and the body in a series of maneuvers. Graded exercises involve repetitive movements or prolonged exposure, with the goal being to loosen and disperse the debris from the cupula.

Vestibular rehabilitation exercises are different from canalith repositioning maneuvers. Vestibular rehabilitation describes a series of exercises designed to correct maladaptive postural control strategies, or to overcome poor central nervous system compensation after an acute injury to the vestibular system. Canalith repositioning maneuvers are designed to address the underlying cause of benign positional paroxysmal vertigo (BPPV). The goals of vestibular rehabilitation are to improve balance, minimize falls, and decrease dizziness by restoring normal vestibular function and promoting mechanisms of central adaptation and compensation.

The accurate diagnosis and assessment of the individual is critical for a successful individualized program. The diagnosis and assessment include quantifying the degree of damage to peripheral vestibular structures and central vestibular pathways and evaluating the level of physiologic and neurologic compensation that may have already occurred. Functional abilities such as gait, ambulation with head movement, balance with altered sensory cues, and balance under static (i.e., sitting, standing)
and dynamic conditions are assessed. Sensory evaluation should include visual and proprioceptive abilities since multi-sensory deficits can impede functional progress.

Evaluation for vestibular rehabilitation may include one or more of the following:

- Caloric vestibular testing
- Hyperventilation induced nystagmus test
- Visual fixation of vestibular nystagmus maneuver
- Dynamic or head shaking acuity testing
- Head impulse or head thrust test
- Optokinetic nystagmus test
- Spontaneous nystagmus test
- Valsalva test for nystagmus
- Vibration induced nystagmus testing (VIN)
- Skull vibration induced nystagmus testing (SVINT)
- Bone conduction vibration

Assessment should also include a complete medical history and a detailed history of the balance symptoms including a description of the type of symptoms (e.g., vertigo, imbalance, disequilibrium, presyncopal sensations, gait ataxia), frequency and duration of symptoms, specific activities or positions that provoke symptoms, presence of visual disturbances, and the individual’s perception of the impact of the symptoms on daily activities.

**POSITION STATEMENT:**

Vestibular rehabilitation meets the definition of medical necessity for the treatment of chronic vertigo when ALL of the following criteria are met:

A. The individual has a diagnosis of vertigo, benign paroxysmal positioning vertigo or has had ablative vestibular surgery

B. Symptoms of vertigo and imbalance have existed for duration of 8 weeks or more

C. The individual has persistent symptoms despite optimal medical management such as vestibular suppressant medication prescribed to reduce symptoms

**BILLING/CODING INFORMATION:**

The following codes may be used to describe vestibular rehabilitation:

**HCPCS Coding:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>S9476</td>
<td>Vestibular rehabilitation program, non-physician provider, per diem</td>
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</table>
**REIMBURSEMENT INFORMATION:**

**NOTE:** Vestibular rehabilitation services are considered part of the contract benefit for rehabilitative services.

**LOINC Codes:**

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, treatment plan, medication history and operative report (if applicable).

<table>
<thead>
<tr>
<th>Documentation Table</th>
<th>LOINC Codes</th>
<th>LOINC Time Frame Modifier Code</th>
<th>LOINC Time Frame Modifier Codes Narrative</th>
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<tbody>
<tr>
<td>Physician history and physical</td>
<td>28626-0</td>
<td>18805-2</td>
<td>Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim</td>
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<tr>
<td>Attending physician visit note</td>
<td>18733-6</td>
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<td>Treatment plan</td>
<td>18776-5</td>
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<td>History of medication use</td>
<td>10160-0</td>
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<td>Surgical report</td>
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**PROGRAM EXCEPTIONS:**

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage products:**
No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

**DEFINITIONS:**

**Cupula:** the bony apex of the cochlea.

**Otoconia:** small crystals of calcium carbonate in the saccule and utricle of the ear that under the influence of acceleration in a straight line cause stimulation of the hair cells by their movement relative to the gelatinous supporting substrate containing the embedded cilia of the hair cells – called also statoconia.

**Proprioceptive:** activated by, relating to, or being stimuli arising within the organism.

**Saccule:** the smaller chamber of the membranous labyrinth of the ear.

**Utricle:** the part of the membranous labyrinth of the ear into which the semicircular canals open.

**Vertigo:** the sensation of moving around in space (subjective vertigo) or of having objects move about the person (objective vertigo).

**Vestibular:** of or relating to the vestibule of the inner ear, the vestibular apparatus, the vestibular nerve, or the labyrinthine sense.

**RELATED GUIDELINES:**

**01-92502-12, Computerized Dynamic Posturography**

**OTHER:**

None applicable.

**REFERENCES:**


12. ECRI Windows on Technology. “Vestibular Rehabilitation and Particle Repositioning for Benign Positional Vertigo” (01/03).


**COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 09/27/18.

**GUIDELINE UPDATE INFORMATION:**

<table>
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<tr>
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<tr>
<td>06/15/05</td>
<td>New Medical Coverage Guideline.</td>
</tr>
<tr>
<td>06/15/07</td>
<td>Scheduled review; reformatted guideline; updated references.</td>
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<tr>
<td>06/15/09</td>
<td>Scheduled review of guideline. Update position statement and ICD 9 coding</td>
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<tr>
<td></td>
<td>section. Remove reference to canalith repositioning guideline.</td>
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<tr>
<td>10/15/10</td>
<td>Revision; related ICD-10 codes added.</td>
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<tr>
<td>06/15/11</td>
<td>Scheduled review; Position Statement unchanged; references updated;</td>
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<tr>
<td>09/15/11</td>
<td>Revision; formatting changes.</td>
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<tr>
<td>02/15/14</td>
<td>Revision; Program Exceptions section updated.</td>
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<tr>
<td>11/01/15</td>
<td>Revision: ICD-9 Codes deleted.</td>
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<td>10/01/16</td>
<td>Revision: Billing/Coding Information section updated.</td>
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<tr>
<td>10/15/18</td>
<td>Revision: Updated description, related guidelines, and references. Reformatted</td>
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