

***For dates of service 02/26/18  
and after, refer to L34537.***



**BlueCross BlueShield  
of Alabama**

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**Name of Blue Advantage Policy:**  
**Vestibular Autorotation Test (VAT)**

Policy #: 329  
Category: Medical

Latest Review Date: November 2019  
Policy Grade: **Active Policy but no longer  
scheduled for regular literature  
reviews and updates.**

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**BACKGROUND:**

*Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:*

1. *Safe and effective;*
2. *Not experimental or investigational\*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
  - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
  - *Furnished in a setting appropriate to the patient's medical needs and condition;*
  - *Ordered and furnished by qualified personnel;*
  - *One that meets, but does not exceed, the patient's medical need; and*
  - *At least as beneficial as an existing and available medically appropriate alternative.*

*\*Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare** for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

## **POLICY:**

### **Effective for dates of service on or after December 20, 2008:**

**Blue Advantage** will treat **vestibular autorotation test (VAT)** as a **non-covered** benefit and as **investigational** for the diagnosis of individuals with vestibular disorders or any other indications because its sensitivity, specificity, reproducibility, and clinical utility have not been demonstrated.

*Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*

## **DESCRIPTION OF PROCEDURE OR SERVICE:**

Impairment of the vestibular-ocular reflex (VOR) may result in chronic dizziness and imbalance. The VAT is a high frequency, active head rotation (AHR) test to subjectively evaluate the VOR and its function. Patients wear a lightweight head-strap with a velocity sensor on the back. They follow instructions to shake their head, first side-to-side, and then up-and-down. Conventional electro-olfactogram electrodes placed around the eyes measure patients' eye movements.

Although some published studies have suggested that the VAT may be useful in evaluating patients with vestibular disorders/diseases, there are few studies that examined the sensitivity and specificity of the VAT in evaluating patients with suspected vestibular abnormalities. Furthermore, there is a lack of data supporting the value of the VAT in the management of patients with vestibular disorders/diseases.

Additional drawbacks of the VAT include (i) slippage of the head velocity sensor at high frequencies and accelerations during testing, (ii) contribution of the cervico-ocular reflex to the compensatory eye movement response, and this contribution may be increased significantly in the presence of bilateral, peripheral vestibular pathology, (iii) results of different head autorotation tests may not be directly comparable, and (iv) poor test-retest reliability.

## **KEY POINTS:**

Literature review through November 2019.

### **Summary of Evidence:**

Review of available literature shows that vestibular autorotation test (VAT) for the diagnosis of individuals with vestibular disorders, vestibular migraine, or any other indications is lacking. The sensitivity, specificity, reproducibility, and clinical utility have not been demonstrated.

### **Practice Guidelines and Position Statements**

No practice guidelines identified.

**KEY WORDS:**

Vestibular autorotation test (VAT), vestibular ocular reflex (VOR), Vorteq system, Epley maneuver, active head rotation (AHR).

**APPROVED BY GOVERNING BODIES:**

Not applicable

**BENEFIT APPLICATION:**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

**CURRENT CODING:****CPT Codes:**

There is no specific code for the vestibular autorotation test (VAT).

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| <b>92537</b> | Caloric vestibular test with recording, bilateral; bithermal (i.e. one warm and one cool irrigation in each ear for a total of four irrigations)   |
| <b>92538</b> | ; monothermal (i.e. one irrigation in each ear for a total of two irrigations.   |
| <b>92541</b> | Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording  |
| <b>92542</b> | Positional nystagmus test, minimum of 4 positions, with recording  |
| <b>92544</b> | Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording  |
| <b>92545</b> | Oscillating tracking test, with recording  |
| <b>92546</b> | Sinusoidal vertical axis rotational testing  |
| <b>92547</b> | Use of vertical electrodes (list separately in addition to code for primary procedure)   |
| <b>92548</b> | Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (i.e. eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report   |
| <b>92549</b> | ;with motor control test (MCT) and adaptation test (ADT)   |
| <b>92540</b> | Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording |

## REFERENCES:

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## POLICY HISTORY:

Adopted for Blue Advantage, November 2008

Available for comment November 6-December 19, 2008

Medical Policy Group, October 2010

Medical Policy Group, September 2012 (3): **Effective September 14, 2012, this policy is no longer scheduled for regular literature reviews and updates.**

Medical Policy Group, November 2015

Medical Policy Group, November 2019

Medical Policy Group, December 2019: Annual Coding Update

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*This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.*

*This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.*