

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Posturography
Policy Number	2.01.20
Category	Technology Assessment
Original Effective Date	07/02/99
Committee Approval Date	02/01/01, 05/16/02, 04/24/03
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Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

Based upon our criteria and assessment of the peer-reviewed literature, posturography does not improve patient outcomes and therefore, is considered **not medically necessary**.

Refer to Corporate Medical Policy #11.01.15 regarding Medically Necessary Services

DESCRIPTION

Posturography, also known as moving platform posturography, dynamic posturography or Equitest, is a diagnostic test used to assess balance problems that may be caused by peripheral vestibular or oculovestibular dysfunction. The test involves the use of a platform that can be manipulated to assess the patient's responses to various demands on postural equilibrium control (balance). It attempts to identify disequilibrium due to pathology of the labyrinthine sensory organs (e.g., semicircular canals and otoliths) and the oculovestibular and somatosensory vestibular pathways. It is proposed that posturography is useful to assess progress in patients undergoing rehabilitation for balance disorders and postural deficits.

RATIONALE

Girardi and colleagues evaluated the results of computerized dynamic posturography in a group of 65 elderly patients who had a history of falling. While 78% of patients had abnormal results on computerized dynamic posturography testing, results in a broader group of patients are required, to determine whether results of computer dynamic posturography can identify those at risk for falling. Baloh and colleagues studied balance control in a group of elderly patients who complained of balance disorders and in a group of age-matched controls; the subjects were tested in a variety of situations (e.g., eyes open and closed, while standing on a foam pad to disrupt sensory cues, tilting of the platform, etc.). The authors concluded that posturography data provided little information about the cause of imbalance and did not correlate with the frequency of reported falls. Other authors have pointed out that the way results of computerized dynamic posturography

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may correlate to functional activities, such as gait, is uncertain. For example, measurements of gait and, frequently, gait velocity, are often used in the elderly to assess balance and mobility. A variety of patient questionnaires have been designed to measure self-perceived dizziness or balance. The correlation between the results of these clinical tests, questionnaires, and computerized dynamic posturography are uncertain.

The contribution of dynamic posturography to the overall assessment and customization of the exercise program is unclear. In particular, the reports do not describe how (or whether) the exercise programs were modified based on specific deficits identified by platform posturography. There are no controlled trials that have assessed whether individually customized therapy programs are more effective than generic vestibular exercises. The literature has not demonstrated that posturography provides any improvement in health outcomes over standard physical therapy; nor has it been shown to be clinically appropriate for diagnosis or treatment. There is no evidence of demonstrated improved treatment decision making and/or health outcomes based on the results of dynamic posturography.

CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- **CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).

CPT Codes

Code	Description
92548 (NMN)	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
92549 (NMN)	with motor control test (MCT) and adaptation test (ADT)

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HCPCS Codes

Code	Description
No specific code(s)	

ICD10 Codes

Code	Description
H81.10-H81.13	Benign paroxysmal vertigo (code range)
H81.20-H81.23	Vestibular neuronitis (code range)
H81.311-H81.319	Aural vertigo (code range)
H81.391-H81.399	Other peripheral vertigo (code range)
H81.8x1-H81.93	Other disorders of vestibular function (code range)
H82.1-H82.9	Vertiginous syndromes in diseases classified elsewhere (code range)
H83.2x1-H83.2x9	Labyrinthine dysfunction (code range)
H83.8x1-H83.8x9	Other specified diseases of inner ear (code range)
H83.90-H83.93	Unspecified disease of inner ear (code range)

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- *Key Article

KEY WORDS

Balance, Equitest, Posturography, Vestibular dysfunction.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, Posturography is not addressed in National or Regional Medicare coverage determinations or policies.