

Posturography

Guideline Number: MPG258.09
Approval Date: December 13, 2023

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Related Medicare Advantage Coverage Summary
<ul style="list-style-type: none"> Hearing Services and Devices

Policy Summary

[↪ See Purpose](#)

Overview

Computerized dynamic posturography is a "quantitative method for assessing balance functioning under various simulated tasks. Protocols are designed to test the sensory, motor and biomechanical components of balance individually and in concert." Computerized dynamic posturography "may assist with lesion localization, identifying adaptive strategies and functional capabilities."

Guidelines

American Academy of Otolaryngology -Head and Neck Surgery (AAO-HNS)

AAO-HNS recognizes that the following tests or evaluation tools are medically indicated and appropriate in the evaluation or treatment of certain persons with suspected balance or dizziness disorders:

- Static platform posturography.
- Computerized static platform posturography.
- Computerized dynamic platform posturography.
- Dynamic (or moving) platform posturography.

Dizziness may support the medical necessity for hearing tests in the initial otolaryngologic evaluation of patients in whom general medical causes (anemia, cardiovascular, metabolic, etc.) have been excluded. However, since dizziness is a vague complaint, a diagnosis of dizziness alone does not qualify for coverage for vestibular function testing(VFT).. There must be sufficient evaluation of the patient that vestibular testing is likely to contribute directly to the patient's therapy. In those instances, full audiometric evaluation can be a critical part of a full vestibular evaluation. We would expect this documentation to be in the chart if requested.

Diagnostic audiologic testing (including hearing and balance assessment services) is covered when performed by a physician or a qualified audiologist. An individual with a master's or doctoral degree in audiology and is licensed as such by the relevant State is considered to be a qualified audiologist. In addition to required licensure, audiologists are encouraged to obtain a Certificate of Clinical Competence from the American Speech-Language-Hearing Association (ASHA).

When the medical conditions requiring medical or surgical treatment are already known by the physician, or are not under consideration, and the diagnostic services are performed only to determine the need for or the appropriate type of hearing aid, the services are statutorily excluded from Medicare coverage whether performed by a physician or non-physician.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
92548	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	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; with motor control test (MCT) and adaptation test (ADT)

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Diagnosis Code	Description
D33.3	Benign neoplasm of cranial nerves
H81.01	Meniere's disease, right ear
H81.02	Meniere's disease, left ear
H81.03	Meniere's disease, bilateral
H81.11	Benign paroxysmal vertigo, right ear
H81.12	Benign paroxysmal vertigo, left ear
H81.13	Benign paroxysmal vertigo, bilateral
H81.21	Vestibular neuronitis, right ear
H81.22	Vestibular neuronitis, left ear
H81.23	Vestibular neuronitis, bilateral
H81.311	Aural vertigo, right ear
H81.312	Aural vertigo, left ear
H81.313	Aural vertigo, bilateral
H81.391	Other peripheral vertigo, right ear
H81.392	Other peripheral vertigo, left ear
H81.393	Other peripheral vertigo, bilateral
H81.4	Vertigo of central origin
H81.8X1	Other disorders of vestibular function, right ear
H81.8X2	Other disorders of vestibular function, left ear
H81.8X3	Other disorders of vestibular function, bilateral
H81.91	Unspecified disorder of vestibular function, right ear
H81.92	Unspecified disorder of vestibular function, left ear
H81.93	Unspecified disorder of vestibular function, bilateral
H82.1	Vertiginous syndromes in diseases classified elsewhere, right ear
H82.2	Vertiginous syndromes in diseases classified elsewhere, left ear

Diagnosis Code	Description
H82.3	Vertiginous syndromes in diseases classified elsewhere, bilateral
H83.01	Labyrinthitis, right ear
H83.02	Labyrinthitis, left ear
H83.03	Labyrinthitis, bilateral
H83.11	Labyrinthine fistula, right ear
H83.12	Labyrinthine fistula, left ear
H83.13	Labyrinthine fistula, bilateral
H83.2X1	Labyrinthine dysfunction, right ear
H83.2X2	Labyrinthine dysfunction, left ear
H83.2X3	Labyrinthine dysfunction, bilateral
H83.8X1	Other specified diseases of right inner ear
H83.8X2	Other specified diseases of left inner ear
H83.8X3	Other specified diseases of inner ear, bilateral
H83.91	Unspecified disease of right inner ear
H83.92	Unspecified disease of left inner ear
H83.93	Unspecified disease of inner ear, bilateral
H90.0	Conductive hearing loss, bilateral
H90.11	Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.12	Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.3	Sensorineural hearing loss, bilateral
H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.6	Mixed conductive and sensorineural hearing loss, bilateral
H90.71	Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.72	Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.A11	Conductive hearing loss, unilateral, right ear with restricted hearing on the contralateral side
H90.A12	Conductive hearing loss, unilateral, left ear with restricted hearing on the contralateral side
H90.A21	Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
H90.A22	Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
H90.A31	Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side
H90.A32	Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing on the contralateral side
R42	Dizziness and giddiness

References

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L34537 Vestibular Function Testing	A56497 Billing and Coding: Vestibular Function Testing	Palmetto		AL, GA, NC, SC, TN, VA, WV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L34428 Outpatient Physical Therapy	A53065 - Billing and Coding: Outpatient Physical Therapy	Palmetto	AL, GA, NC, SC, TN, VA, WV	
L34427 Outpatient Occupational Therapy	A53064 Billing and Coding: Outpatient Occupational Therapy	Palmetto	AL, GA, NC, SC, TN, VA, WV	

CMS Benefit Policy Manual

[Chapter 15, § 80.3 Audiology Services, § 80.3.1 Definition of Qualified Audiologist](#)

Other(s)

[Position Statement: Posturography American Academy of Otolaryngology—Head and Neck Surgery](#)

Title XVIII of the Social Security Act:

- [§ 1833\(e\), prohibits Medicare payment for any claim that lacks the necessary information to process that claim](#)
- [§ 1861\(II\)\(3\), \(II\)\(4\)\(B\) Speech-Language Pathology Services; Audiology Services](#)
- [§ 1862\(a\)\(1\)\(A\), allows coverage and payment for only those services that are considered reasonable and necessary](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
12/13/2023	<p>Policy Summary</p> <p>Guidelines</p> <p>American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS)</p> <ul style="list-style-type: none"> • Replaced language indicating “<i>in a 2014 position statement</i>, AAO-HNS recognizes that the [listed] tests or <i>treatments</i> are medically indicated and appropriate in the evaluation or treatment of persons with suspected balance or dizziness disorders” with “AAO-HNS recognizes that the [listed] tests or <i>evaluation tools</i> are medically indicated and appropriate in the evaluation or treatment of <i>certain</i> persons with suspected balance or dizziness disorders” • Added language to indicate: <ul style="list-style-type: none"> ○ Diagnostic audiologic testing (including hearing and balance assessment services) is covered when performed by a physician or a qualified audiologist ○ An individual with a master's or doctoral degree in audiology and is licensed as such by the relevant State is considered to be a qualified audiologist ○ In addition to required licensure, audiologists are encouraged to obtain a Certificate of Clinical Competence from the American Speech-Language-Hearing Association (ASHA) <p>Supporting Information</p> <ul style="list-style-type: none"> • Updated <i>References</i> section to reflect the most current information • Archived previous policy version MPG258.08

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support

coverage. Please utilize the links in the [References](#) section above to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).