

April 7, 2017

Roy A. Beveridge, MD
Senior Vice President and Chief Medical Officer
Humana Inc.
500 W. Main St.
Louisville, KY 40202

RE: Humana Coverage Policy on Chronic Vertigo Evaluation and Treatments (Policy Number: HGO-0471-009)

Dear Dr. Beveridge:

The American Academy of Audiology is the world's largest professional organization of, by, and for audiologists. The American Academy of Audiology (the "Academy") promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research. The Academy writes this letter to request a reconsideration of Humana's coverage policy on Chronic Vertigo Evaluation and Treatments (Policy Number: HGO-0471-009). This coverage policy was recently changed with an effective date of 6/23/2016. Since the change in policy, the Academy has received numerous reports of denials from audiologists across the country with reports of multiple denials in Indiana and Florida. After carefully reviewing the coverage policy, the Academy has highlighted a number of areas of concern. Those areas of concern are noted below:

Caloric Testing

Humana has categorized caloric testing (CPT codes 92537 and 92538) as integral to the basic vestibular evaluation or office visit. As such, Humana has deemed caloric testing as not separately reimbursable. According to Current Procedural Terminology (CPT®), the descriptor for CPT code 92540 does not include caloric testing. That descriptor is as follows:

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.

Guidance put forth by the Centers for Medicare and Medicaid Services (CMS) via their National Correct Coding Initiative (NCCI) and the American Medical Association CPT Editorial Panel states that CPT codes 92537 and 92538 are distinct diagnostic tests and are not part of the basic vestibular evaluation (CPT code 92540). The following is a description of the basic vestibular evaluation:

CPT code 92540 (basic vestibular evaluation) includes all the services separately included in CPT codes 92541 (spontaneous nystagmus test), 92542 (positional nystagmus test), 92544 (optokinetic nystagmus test), and 92545 (oscillating tracking test). Therefore,

none of the component test CPT codes (92541, 92542, 92544, and 92545) may be reported with CPT code 92540. Additionally, if all four component tests are performed, CPT code 92540 should be reported rather than the four separate individual CPT codes. If one, two, or three of the component tests are performed without the others, the individual test codes may be reported separately. However, if two or three component test codes are reported, NCCI-associated modifiers should be utilized.¹

Within this description of the basic vestibular evaluation, there is no mention or discussion of CPT codes 92537 and 92538 being included in this procedure, as caloric testing is a separate and distinct service. Caloric vestibular testing enhances the ability to identify the origin of a patient's disorder which promotes a more specified management plan and provides a vestibular assessment that cannot be obtained through a basic vestibular evaluation or an office visit. Caloric vestibular testing results measures the difference between the patient's right and left vestibular functions by inducing nystagmus. This is done by completing bithermal (92537) or monothermal (92538) irrigation of the ear canal with either water or air. Caloric vestibular testing provides vestibular assessment that cannot be obtained through a basic vestibular evaluation or an office visit. Testing is safe and typically well-tolerated and can be helpful in reducing the need for further testing (MRI, CT, vascular studies etc).²

Basic Vestibular Evaluation

Humana's policy also notes that CPT codes 92541, 92542, 92544, and 92545 are all considered part of the basic vestibular evaluation and not separately reimbursable. As you will note from the description of the basic evaluation (CPT code 92540) listed above, there are instances when the components of the basic vestibular evaluation may be billed separately. The Academy encourages Humana to revisit this policy.

The Academy feels it is necessary for Humana to recognize that the types of vestibular evaluations described in their coverage policy are not included in a typical office visit. According to CMS coverage guidance³, during the office visit, if a patient presents with complaints of balance problems, a thorough history should be taken, a complete physical examination should be conducted and a thorough review of medications should be completed. These expected medical activities can often elicit a likely cause of the problem. A complete picture of the patient is necessary before testing decisions can be made. The tests that would identify a common cause of balance problems should be conducted first, with progression in testing toward the least common cause of balance problems.

The diagnosis of a vestibular disorder relies on a combination of tests and careful inspection of the history of the problem. A complete physical examination is essential to rule out other causes of dizziness, such as cardio vascular or central nervous system disorders. The patient would then be referred, if necessary, for further diagnostic vestibular evaluations. An office visit is key to assessing the

¹ Pg 15 Ch 11 Section H.7 <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/2017-NCCI-Policy-Manual.zip>

² Brazilian Journal of Otorhinolaryngology 74 (3) May/June 2008 <http://www.rborl.org.br>

³ <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34537&ver=18&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=All&CptHcpcsCode=92557&bc=gAAAACAAAAAAAA%3d%3d&>

patient and determining the appropriate next steps in terms of vestibular testing; however, these diagnostic assessments are conducted separately and are not part of the office visit.

Videonystagmography (VNG)

Humana's coverage policy states that Humana members may not be eligible for the evaluation of chronic vertigo and/or Meniere's disease using Videonystagmography (VNG), stating that this may not be medically necessary. The Academy strongly disputes this assertion. For many years, vestibular assessment consisted entirely of electronystagmography (ENG). With improvements in technology, the VNG was created as a comparable examination with a different method of measurement. VNG offers a multitude of clinical and diagnostic advantages over the traditional ENG protocols. For example, VNG goggles require just a few seconds to place on the patient, the VNG recording system has a very low noise floor, and VNG systems allow the session's video data to be recorded for later analysis.⁴ There are instances where it would be more appropriate, and medically necessary to use VNG rather than ENG.

Vestibular testing is medically necessary for a number of reasons and is critical to assist with the diagnosis and treatment a hearing and/or balance disorder. Caloric vestibular testing, ENG and VNG are distinct procedures that should remain separately reimbursable. As stated, these procedures are outside of what is typically performed during an office visit and it should remain separately covered services.

* * * * *

Thank you for your reconsideration of Humana's coverage policy on Chronic Vertigo Evaluation and Treatments. Should you have any questions regarding this reconsideration request, please contact Kate Thomas, senior director of advocacy and reimbursement, by e-mail at kthomas@audiology.org or by telephone at 703-226-1029.

Sincerely,

Kate Thomas

Kate Thomas
Senior Director of Advocacy and Reimbursement
American Academy of Audiology

⁴ <http://www.audiology.org/news/role-videonystagmography-vng>