

March 14, 2022

Re: Coding and Coverage for Vestibular Evoked Myogenic Potential Testing

Dear:

I am writing on behalf of the American Academy of Audiology (the Academy) to call your attention to the lack of coverage and reimbursement of Vestibular Evoked Myogenic Potential Testing (VEMP) for Medicaid beneficiaries in your State. The Academy is the largest organization of, by, and for audiologists nationwide. We are dedicated to the provision of quality hearing and balance care services through professional development, education, research, and increased public awareness of hearing and balance disorders.

VEMP, a short-latency electromyographic (EMG) potential, has proven useful in differential diagnosis, assessment, and plan of care for patients with dizziness, disequilibrium, and other balance disorders. Currently there are two VEMP procedures in clinical use: cervical VEMP and ocular VEMP. VEMP is now being used clinically on a widespread basis in the U.S. by audiologists, ENTs and neurologists as a measure of vestibular function, particularly for the identification of disorders such as semicircular canal dehiscence, large vestibular aqueduct, otolithic dysfunction, and VIII cranial nerve disorders. In the past, VEMP procedures were considered by many payers to be experimental/investigational, as the effectiveness could not be established based on the available published peer reviewed literature. As such, prior to January 2021, VEMP procedures did not have a separate and distinct CPT code and were reported using unlisted CPT 92700. However, since the initial VEMP literature in the late 1990s, hundreds of articles have been written on the efficacy in both VEMP tests (cervical and ocular) for aiding in the course of treatment for dizziness and balance disorders.

Effective January 1, 2021, three Category I CPT codes (cVEMP 92517, oVEMP 92518 and combined cVEMP and oVEMP 92519) are now available to describe VEMP procedures. The rigorous AMA CPT process requires that Category I CPT codes meet the following criteria:

- Equipment necessary for performance of the procedure or service has received FDA clearance or approval.
- The procedure is performed by many physicians and/or other qualified health care professionals in the U.S.
- The procedure service is performed with a frequency consistent with the intended clinical use.
- The procedure is consistent with current medical practice.
- The clinical efficacy of the procedure or service is well documented in the literature.

VEMP is now a widely accepted and effective clinical tool. Denial of these procedures may interfere with timely access to intervention, assessment, and management for individuals with vestibular and/or balance disorders.

It is estimated that 15-20 percent of adults complain of dizziness yearly (Neuhauser 2016). Unaddressed vestibular disorders are known to increase odds of falling by 12-fold (Agrawal et al, 2009; 2013). Falls are related to other downstream public health issues such as decreased mobility and increased risk of frailty, morbidity, and mortality (Jehu et al, 2020; CDC, 2016). Falls are also costly to the healthcare system,

leading to over \$50 billion in medical costs each year, of which \$9 billion is paid out through Medicaid programs alone (Florence et al, 2018). Research has demonstrated that targeted interventions for balance disorders can mitigate deleterious impacts of poor mobility and falls (Guirguis-Blake et al, 2018). VEMP testing procedures represent an important part of balance assessment which assists clinicians in developing informed plans of care and are increasingly important among a growing demographic of older adults.

Audiologists play a critical role in providing access to cost-effective care for vulnerable individuals, especially older adults in need of timely access to balance care. The Academy appreciates the opportunity to share this information with you to ensure that Medicaid recipients receive the clinically appropriate care they need.

If you require additional information about how audiologists regularly engage in the delivery of VEMP services, we welcome the opportunity to discuss this further. If you have any questions, please contact Kathryn Werner, Vice President of Public Affairs, the Academy, at (703) 226-1044 or kwerner@audiology.org.

Sincerely,

Sarah Sydlowski, AuD, PhD, MBA
President, American Academy of Audiology