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1.0 Description of the Procedure, Product, or Service

Benign paroxysmal positional vertigo (BPPV) is a common, typically self-limited but recurrent disorder characterized by brief (seconds), attacks of vertigo after moving the head into certain positions. The main symptom of (BPPV) is a sensation that you or your surroundings are spinning, whirling, or tilting when neither are actually moving (vertigo). Typically occurs after lying down, turning to a particular side, or after leaning the head forward. BPPV is believed to occur when debris collects in the fluid-filled canal system (semicircular canals) in the inner ear. This debris consists of crystals of a calcium compound (canaliths) that have been set loose from inner ear structures that may have been damaged by injury (such as a blow to the head), degenerative diseases, viral infection of the inner ear or as in most cases, no specific event can be identified as the cause.

Sometimes, BPPV resolves itself, but canalith repositioning maneuvers have been investigated as a technique to move the canaliths back where they belong. Canalith repositioning usually consists of one of two different maneuvers, the Epley maneuver or the Semont, also called the liberatory maneuver, or modifications of these maneuvers. In both maneuvers, the recipient's body is rotated with special additional head rotation to try to move the canaliths. The goal here is actual movement of the canaliths to an area in the inner ear where they won't cause BPPV. Some clinicians repeat the maneuver during the treatment session until all symptoms disappear; others treat recipients over multiple sessions. Often, recipients are then instructed to remain vertical and not lie on the affected side for 24 to 48 hours after treatment.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Canalith Repositioning may be considered medically necessary as a treatment of benign positional paroxysmal vertigo when the condition has been diagnosed by the recipient's history and physical AND a positive Dix-Hallpike test or analogous testing for horizontal canaliths.

3.3 Policy Guidelines

Canalith repositioning maneuvers must be distinguished from vestibular rehabilitation exercises. Vestibular rehabilitation is an alternative form of treatment involving specific exercises designed to decrease dizziness, increase balance function and increase general activity levels. The exercise program is designed by specially trained therapists to help a person compensate for a loss or imbalance within the inner ear. Recipients are asked to perform custom-designed exercises at home several times a day without therapist supervision and to visit the physical therapist or occupational therapist during an initial period of four to six weeks.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Canalith repositioning is not covered if the criterion listed in **Subsection 3.2** is not met.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for canalith repositioning for BPPV.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**

- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
September 30, 2011	Throughout	Policy Date of Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT Code
95992

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Outpatient Hospital

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.