



## Corporate Medical Policy

# Canalith Repositioning for Benign Paroxysmal Positional Vertigo

**File Name:** canalith\_repositioning\_for\_benign\_paroxysmal\_positional\_vertigo  
**Policy Number:** MED1075  
**Origination:** 9/9/2004  
**Last Review:** 12/2005

**Active policy, no longer scheduled for routine literature review.**

### Description of Procedure or Service

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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 patient'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 patients over multiple sessions. Often, patients are then instructed to remain vertical and not lie on the affected side for 24 to 48 hours after treatment.

### Benefits Application

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Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

### Policy

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**Active policy, no longer scheduled for routine literature review.**

**BCBSNC will provide coverage for Canalith Repositioning as a treatment of benign positional paroxysmal vertigo (BPPV) when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.**

## Policy: Canalith Repositioning for Benign Paroxysmal Positional Vertigo

### When Canalith Repositioning is covered

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

### When Canalith Repositioning is not covered

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Canalith repositioning is not covered if the criteria listed above is not met.

### Policy Guidelines

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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. Patients 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.

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: 95992*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### Policy Key Words

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**Key Words:** dizziness, spinning, ear rocks, light-headedness, imbalance, BPV, particle repositioning, repositioning maneuvers, MED1075

### Medical Term Definitions

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Not applicable.

### Scientific Background and Reference Sources

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BCBSA Medical Policy Reference Manual, 2.01.37; 12/15/00

## **Policy: Canalith Repositioning for Benign Paroxysmal Positional Vertigo**

BCBSA Medical Policy Reference Manual, 2.01.37; 10/08/02

ECRI Windows on Medical Technology Report- Vestibular Rehabilitation and Particle Repositioning for Benign Positional Vertigo, (2003, January) Issue No. 88 retrieved on 9/11/03 at [http://www.ta.ecri.org/Med\\_Tech/Prod/summary/detail.aspx?doc\\_id=6910&q=particle+repositioning&anm](http://www.ta.ecri.org/Med_Tech/Prod/summary/detail.aspx?doc_id=6910&q=particle+repositioning&anm)

BCBSA Medical Policy Reference Manual, 2.01.37; 2/25/04

Specialty Matched Consultant Advisory Panel - 6/2004

### **Policy Implementation/Update Information**

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09/9/04 Notification of new policy. Canalith Repositioning may be considered medically necessary as a treatment of benign positional paroxysmal vertigo that has been diagnosed by the patient's history and physical and a positive Dix-Hallpike test or analogous testing for horizontal canaliths. Notification given 9/9/04. Effective date 11/11/04.

1/20/05 Changes in formatting.

1/5/06 Policy status changed to "Active policy, no longer scheduled for routine literature review."

01/05/09 CPT code 95992 effective January 1, 2009 added to Billing/Coding section. Removed deleted CPT code S9092.

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.