

WellCare Health Plans, Inc.
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Clinical Coverage Guideline



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Canalith Repositioning

Guideline Number: HS-176

Original Effective Date: 7/1/2010

Revision Date: n/a

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

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DISCLAIMER

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APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

CLINICAL COVERAGE GUIDELINE

Canalith repositioning (Epley maneuver) is considered medically necessary for the treatment of benign positional paroxysmal vertigo (BPPV) that has been diagnosed by:

- The member's history and physical: **AND**,
- A positive Dix-Hallpike or analogous test for horizontal canaliths.

BACKGROUND

The Canalith repositioning is a non-invasive treatment for the most common cause of vertigo, benign paroxysmal positional vertigo (BPPV). BPPV is a clinical syndrome characterized by brief recurrent episodes of vertigo triggered by canaliths (calcium carbonate crystals) which move within the fluid-filled chambers of the inner ear. The CRP involves guiding the patient through a series of positions which results in movement of the canaliths from the region where they can cause symptoms (i.e., the semi-circular canals within the inner ear fluid chambers) to the region of the inner ear where the canaliths do not cause symptoms (i.e., the vestibule).

The canaliths normally reside on an inner ear organ called the otolith organ. These crystal particles can break free from the otolith organ and then become free floating within the inner ear chambers. In most cases of BPPV, the canaliths enter the posterior semi-circular canal where they become trapped due to the anatomy of the canal and the effects of gravity. The canaliths move in the canal when the head position is changed with respect to gravity, and the movement within the canal causes deflection of the nerve ending within the canal (the cupula). When the nerve ending is stimulated, patients experience the sudden onset of vertigo and a characteristic back-and-forth movement of the eyes called nystagmus. The inner ear organs are tightly connected to the centers of the brain responsible for controlling eye movements, which is the reason that these particles in the inner ear result in eye movements. During the occurrence of nystagmus, the affected persons actually experience their environment spinning (since the eyes are moving very quickly) about them even though they are not actually moving.

Canalith Repositioning Procedure

The canalith repositioning procedure was a remarkable discovery when it was first introduced. The procedure involves laying the patient back onto an examination table into a position that causes movement of the canaliths, which is the trigger of the vertigo symptoms and the nystagmus. (Figure) Moving the patient into this first position is called the “Dix-Hallpike test”. The Dix-Hallpike test is necessary to confirm the diagnosis of BPPV and localize the side (left or right) and the site (posterior, anterior, or horizontal semi-circular canal) of the canaliths causing the patients’ symptoms. If the patient has a positive Dix-Hallpike test, then the patient is guided through a series of movements (Figure) before being brought back up to the sitting position. The series of positions results in the particles moving around in the canal toward the opening of the canal. When the patient sits up quickly the canaliths fall out of the canal and back into the middle chamber where they do not cause symptoms.

Proper and effective use of the CRP requires clearly identifying the affected side, proper positioning of the patient’s head during the procedure, and waiting the appropriate intervals in-between the steps of the procedure.

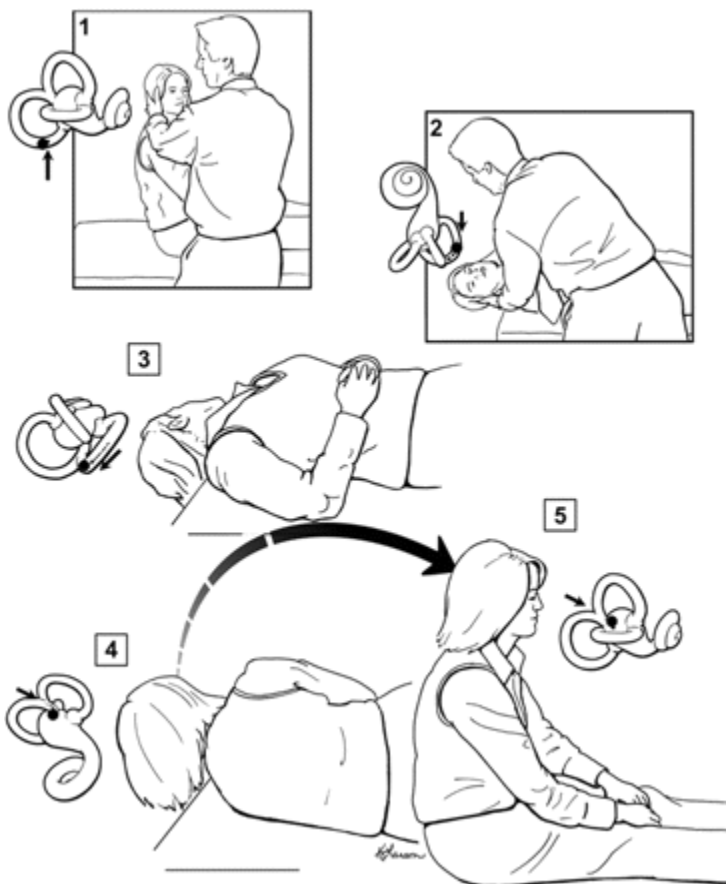


Figure. Canalith repositioning procedure for right-sided benign paroxysmal positional vertigo.

Steps 1 and 2 are identical to the Dix–Hallpike maneuver. The patient is held in the right head hanging position (Step 2) for 20 to 30 seconds, and then in Step 3 the head is turned 90 degrees toward the unaffected side. Step 3 is held for 20 to 30 seconds before turning the head another 90 degrees (Step 4) so the head is nearly in the face-down position. Step 4 is held for 20 to 30 seconds, and then the patient is brought to the sitting up position. The movement of the canalith material within the labyrinth is depicted with each step, showing how canaliths are moved from the semicircular canal to the vestibule. Although it is advisable for the examiner to guide the patient through these steps, it is the patient’s head position that is the key to a successful treatment. (Figure from Fife, et al. *Neurology* 2008;70:2067-74)

CODING

Covered CPT® Codes

95992 Canalith repositioning procedure(s), (eg, Epley maneuver, Semont maneuver), per day

ICD-9-CM Procedure Codes

Not applicable

HCPCS Level II Code

No applicable code

Covered ICD-9-CM Diagnosis Codes

386.11 Benign Paroxysmal Positional Vertigo (BPPV)

*Current Procedural Terminology (CPT) 2010 American Medical Association: Chicago, IL.®©

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