Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms “experimental” and “investigational” are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.

**Description:**

Dynamic posturography is a diagnostic test used as an adjunct to other tests in the evaluation and treatment of an individual with suspected vestibular disorders (vertigo, dizziness). Balance function and dysfunction is assessed as it relates to visual, somatosensory and vestibular information relevant to postural control. A digital computer measures postural stability (sway) under several test conditions.
DYNAMIC POSTUROGRAPHY (cont.)

Criteria:

For electronystagmography and videonystagmography testing batteries, caloric testing or rotational chair testing, see BCBSAZ Medical Coverage Guideline #O1018, “Vestibular Function Testing”.

- Dynamic posturography is considered **medically necessary** for **ANY** of the following indications:
  1. Measure progress of balance rehabilitation or vestibular therapy
  2. Assess symptoms of disequilibrium in which standard vestibular function tests have not detected an abnormality
  3. Assess for balance impairment after trauma
  4. Assess level of disability in individuals with vestibular and/or neurologic disorders
  5. Receiving potentially vestibulotoxic medications, such as certain antibiotics, aminoglycosides, erythromycin, loop diuretics and salicylates
  6. In environments where vestibular structures of the inner ear may become damaged
  7. History of repeated falls of unknown origin
  8. History of significant disequilibrium
  9. Assess suspected non-organic imbalance, i.e., malingering

- Dynamic posturography for all other indications not previously listed or if above criteria not met is considered **experimental or investigational** based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome.
DYNAMIC POSTUROGRAPHY (cont.)

Resources:

Literature reviewed 03/14/17. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.


DYNAMIC POSTUROGRAPHY (cont.)

Resources: (cont.)


DYNAMIC POSTUROGRAPHY (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’ é atah nílíníííí Blue Cross Blue Shield of Arizona haada yit’ éego bina’idííkidgo éí doodago Háída bíjá anílyeeegííí t’aadoo le’e yína’idííkidgo beehaz’áanii hólo díí t’áá hazaadē’ehií háká a’dowolgo beez’á doo báqí ilíníogó. Ata’ halné’ééií kójí bíchí jí hodíilihííí 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic: إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Blue Cross Blue Shield of Arizona غير معروفة، يمكنك الحصول على المساعدة والمعلومات من خلال الاتصال ب 877-475-4799.
DYNAMIC POSTUROGRAPHY (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuuanan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuhang tulong at impormasyon sa iyong wika ng walang gastos. Uapang makuasa ang isang tagsasali, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하의 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통해하시기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеет право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

بیش از آنکه شما یا کسی که شما به آن کمک می‌کنید، سوالی ندارد و اطلاعاتی که باید با طور رایگان دریافت نمایید، اطلاعات حاصل نمی‌سازد.

Assyrian:

Blue Cross Blue Shield of Arizona ؛ بیش از آنکه شما یا کسی که شما به آن کمک می‌کنید، سوالی ندارد و اطلاعاتی که باید با طور رایگان دریافت نمایید، اطلاعات حاصل نمی‌سازد.

Serbo-Croatian: Ukoiko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijate pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคุณช่วยเหลือคนอื่น ๆ ที่มีข้อสงสัยเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิ์จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่เสียค่าใช้จ่าย โปรดโทรมาที่ 877-475-4799.