NO. 91637

COMPUTERIZED DYNAMIC POSTUROGRAPY

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Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This policy addresses computerized dynamic posturography for the diagnosis and evaluation of vestibular disorders, including vestibular rehabilitation applications.

Related policies:

- None

I. MEDICAL NECESSITY CRITERIA

A. Computerized dynamic posturography for the diagnosis of vestibular disorders, including vestibular rehabilitation applications is experimental and investigational due to insufficient evidence of efficacy and clinical benefit.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
None Identified	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	None Identified
First Coast Service Options, Inc.	None Identified
National Government Services, Inc.	None Identified
Noridian Healthcare Solutions	None Identified
Novitas Solutions, Inc.	None Identified
Palmetto GBA	LCD - Vestibular Function Testing (L34537)
WPS Insurance Corporation	None Identified

III. BACKGROUND

A vestibular disorder refers to a dysfunction of the structures of the inner ear responsible for processing balance and eye movement information (Renga, 2019). Common symptoms include vertigo, dizziness, and a sensation of spinning or imbalance. The diagnosis of vestibular disorders is clinically complex, as similar symptoms may arise from non-vestibular conditions, including middle ear disease, cerebrovascular abnormalities, neurologic disorders, and anxiety. Accurate differentiation therefore requires careful clinical evaluation and targeted testing (Agrawal et al., 2013; Renga, 2019).

Initial evaluation of suspected vestibular disorders typically includes a comprehensive patient history and physical examination. Standard vestibular diagnostic testing focuses on assessments of eye-movement responses to vestibular stimulation and includes dynamic visual acuity testing, electronystagmography, caloric testing, and rotational chair testing. These modalities are designed to localize vestibular pathology and evaluate peripheral and central vestibular function (Kung & Willcox, 2007; Renga, 2019).

Computerized dynamic posturography (CDP), also referred to as moving platform posturography, differs from these diagnostic tests in that it evaluates global balance performance and postural control, rather than vestibular end-organ function (Hain, 2022). CDP assesses an individual's ability to maintain postural stability under altered sensory conditions by systematically manipulating visual and somatosensory inputs using a force platform with sway-referenced support surfaces and/or visual surrounds. As such, CDP measures functional balance strategies rather than isolated vestibular system integrity (Nashner & Peters, 1990).

Standardized CDP protocols include the Sensory Organization Test (SOT) and may also include the Motor Control Test (MCT) and Adaptation Test (ADT). These protocols

quantify postural responses to controlled perturbations but do not directly measure vestibular end-organ function. As a result, CDP does not reliably distinguish between peripheral vestibular disorders, central nervous system disorders, or non-vestibular causes of imbalance and demonstrates limited diagnostic specificity. Meta-analytic evidence has shown poor sensitivity and specificity for vestibular diagnosis, and more recent studies have demonstrated poor correlation between CDP findings and objective vestibular end-organ tests such as vestibular evoked myogenic potentials (DiFabio, 1996; Mallinson et al., 2019; Julienne et al., 2024).

Methodological limitations further constrain the diagnostic applicability of CDP. A 2024 systematic review and meta-analysis evaluating normative data for instrumented and computerized dynamic posturography identified substantial heterogeneity in testing protocols, outcome parameters, and population characteristics across studies. Wide variability in sway metrics and sensory organization measures, inconsistent reporting of confounding variables (including age, sex, and comorbidities), and limited risk-of-bias mitigation were noted. The authors concluded that these limitations substantially restrict the clinical interpretability and generalizability of CDP results, particularly for diagnostic decision making, and limit the applicability of CDP normative data for routine clinical or coverage use (Julienne et al., 2024).

Current specialty society guidance does not support computerized dynamic posturography (CDP) as a standard or required diagnostic test for vestibular disorders. The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) recognizes posturography as a test that may be used in selected patients with dizziness or balance disorders; however, its position statement does not designate CDP as a diagnostic standard of care, does not recommend its routine use for vestibular diagnosis, and explicitly states that position statements do not establish clinical standards (American Academy of Otolaryngology–Head and Neck Surgery, 2021). Consistent with this position, AAO-HNS clinical practice guidelines for vestibular conditions such as benign paroxysmal positional vertigo and Ménière's disease emphasize clinical history, physical examination, audiometry, eye-movement-based vestibular testing, and targeted imaging when indicated, and do not include CDP within recommended diagnostic algorithms (Bhattacharyya et al., 2017; Basura et al., 2020).

In the pediatric population, the American Academy of Audiology's 2025 clinical consensus statement recommends vestibular function testing for children with dizziness, imbalance, or developmental motor delays, but focuses on age-appropriate vestibular tests such as video nystagmography, video head impulse testing, vestibular evoked myogenic potentials, and rotational chair testing; CDP is not identified as a required diagnostic modality and is considered within a broader, multidisciplinary assessment framework rather than as a primary diagnostic test (Lavender et al., 2025). Collectively, specialty society guidance characterizes CDP as an adjunctive functional balance assessment tool rather than a definitive diagnostic test for vestibular disorders (Basura et al., 2020).

Technology assessments further support the limited diagnostic value of CDP. A Hayes Evolving Evidence Review (2022; updated 2025) evaluating the clinical validity and clinical utility of computerized dynamic posturography (CDP) for diagnosing vestibular disorders found no studies meeting inclusion criteria demonstrating diagnostic benefit. The review identified only one older systematic review that failed to show diagnostic utility and two guidelines offering weak support based primarily on expert opinion rather

than high-quality clinical evidence. Hayes concluded that evidence is insufficient to demonstrate that CDP improves diagnostic accuracy or meaningfully influences diagnostic decision-making for vestibular disorders (Hayes, 2025).

Real-world utilization data demonstrate a disconnect between evidence and clinical practice. A national Medicare analysis reported that despite limited diagnostic accuracy and poor correlation with established vestibular tests, utilization of computerized dynamic posturography increased over time with significant geographic variation. The authors concluded that CDP represents a low-value diagnostic service, has not been shown to improve patient-centered outcomes or alter diagnostic or treatment pathways, and may be an appropriate target for deimplementation in contemporary practice (Chieffe et al., 2023).

Although CDP has been commercially available for several decades and has undergone technological advancements, including enhanced force-plate analytics and virtual-reality-based visual surrounds, high-quality evidence demonstrating improved diagnostic accuracy, changes in clinical decision making, or improved patient health outcomes remains lacking (Wittstein et al., 2020; Hayes, 2025). Evidence evaluating CDP in randomized and prospective studies supports its role primarily as a rehabilitation monitoring or biofeedback tool rather than as a diagnostic modality. While CDP-guided vestibular rehabilitation has been associated with short-term improvements in postural stability metrics, these improvements have not been consistently shown to be superior to standard vestibular rehabilitation programs, nor have they demonstrated durable functional benefits such as fall reduction or quality-of-life improvement (David et al., 2025).

Overall, the published medical literature evaluating CDP for diagnostic purposes consists primarily of small prospective and retrospective case series with methodological limitations. Systematic reviews and evidence syntheses consistently conclude that CDP demonstrates poor diagnostic accuracy for vestibular disorders and lacks sufficient evidence to support its routine use in diagnostic evaluation (DiFabio, 1996; Julienne et al., 2024; Hayes, 2025).

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS)	Position Statement: Posturography - American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) (2021) Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo (Update) (2017) Clinical Practice Guideline: Ménière's Disease (2020)

American Academy of Audiology	Academy Clinical Consensus Statement-Vestibular Function in the Pediatric Population (2025)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Notice date
NeuroCom Balance System NeuroCom Balance Manager	K884926 K946229	02/27/1989 08/04/1995
Interacoustics NyDiag	K192652	08/12/2020
Bertec Bertec Balance Advantage	00850017250079	01/13/2021

VI. CODING

CPT/HCPCS Codes

Not Medically Necessary as Considered Experimental / Investigational:

92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (i.e., eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (i.e., eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the Priority Health Provider Manual.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven

treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO**: This policy applies to insured HMO/EPO plans.
- **POS**: This policy applies to insured POS plans.
- **PPO**: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO**: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL**: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE**: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN**: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

Professional and Society Guidelines

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General

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SUMMARY OF CHANGES

Deletions:

- Removed outdated references

Additions:

- Added computerized dynamic posturography for vestibular rehabilitation applications is considered experimental/investigational.

- Updates to background and references were made to align with current evidence and guidelines.

Past committee review dates: 05/2023, 05/2024, 05/2025, 05/2026

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