



Medical Policies



Policy Number:	M-7		
Policy Name:	Electronystagmography (ENG) and Videonystagmography (VNG) Services		
Policy Type:	Medical	Policy Subtype:	Diagnostic Medical
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

Electronystagmography (ENG) involves the electrical recording of involuntary eye movements. It is usually performed in the evaluation of dizziness, vertigo, or balance dysfunction. Metal electrodes are placed above, beside, and below each eye to detect eye movements.

Videonystagmography (VNG) provides vestibular examinations and performs electronystagmography without the use of electrodes. Such non-invasive video systems record, analyze, and report eye movements using video imaging technology. VNG requires the individual to wear a pair of infrared goggles and allows recording of actual video images of eye movement in real time.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Vestibular function testing using ENG and VNG testing batteries, caloric testing, or rotational chair testing may be considered **medically necessary** when **ALL** the following conditions have been met:

- The individual has symptoms of a vestibular disorder (e.g., dizziness, vertigo, imbalance); **and**
- A clinical evaluation, including maneuvers such as the Dix-Hallpike test if indicated, has failed to identify the cause of the symptoms.

Vestibular function testing for the assessment of typical benign paroxysmal positional vertigo that can be

diagnosed clinically is **not medically necessary**.

Repeat vestibular function testing when treatment resolves symptoms is considered **not medically necessary**.

Vestibular function testing not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

92537	92538	92540	92541	92542	92544	92545
92546	92547	92700				

Vestibular evoked myogenic potential (VEMP) tests are considered experimental/investigational and, therefore non-covered because the safety and/or effectiveness cannot be established by the available published peer-reviewed literature.

Procedure Codes

92517	92518	92519
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Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Covered Diagnosis codes for Procedure codes 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92547, and 92700

H81.01	H81.02	H81.03	H81.11	H81.12	H81.13	H81.21
H81.22	H81.23	H81.311	H81.312	H81.313	H81.391	H81.392
H81.393	H81.4	H81.8X1	H81.8X2	H81.8X3	H81.91	H81.92
H81.93	H82.1	H82.2	H82.3	H83.01	H83.02	H83.03
H83.11	H83.12	H83.13	H83.2X1	H83.2X2	H83.2X3	H83.8X1
H83.8X2	H83.8X3	H83.91	H83.92	H83.93	R26.0	R26.1
R26.9	R26.81	R26.89	R42			

CURRENT CODING

CPT:

92517	CERVICAL VEMP TESTING W/I&R	Commercial
92518	OCULAR VEMP TESTING W/I&R	Commercial
92519	CERVICAL & OCULAR VEMP TESTING W/I&R	Commercial
92537	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	Commercial
92538	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	Commercial
92540	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	Commercial
92541	SPONTANEOUS NYSTAGMUS TEST	Commercial
92542	POSITIONAL NYSTAGMUS TEST	Commercial
92544	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	Commercial
92545	OSCILLATING TRACKING TEST W/RECORDING	Commercial
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	Commercial
92547	USE VERTICAL ELECTRODES	Commercial
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE/PX	Commercial
92517	CERVICAL VEMP TESTING W/I&R	Medicaid Expansion
92518	OCULAR VEMP TESTING W/I&R	Medicaid Expansion
92519	CERVICAL & OCULAR VEMP TESTING W/I&R	Medicaid Expansion
92537	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	Medicaid Expansion
92538	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	Medicaid Expansion
92540	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	Medicaid Expansion
92541	SPONTANEOUS NYSTAGMUS TEST	Medicaid Expansion

92542	POSITIONAL NYSTAGMUS TEST	Medicaid Expansion
92544	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	Medicaid Expansion
92545	OSCILLATING TRACKING TEST W/RECORDING	Medicaid Expansion
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	Medicaid Expansion
92547	USE VERTICAL ELECTRODES	Medicaid Expansion
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE/PX	Medicaid Expansion

References

1. US Food and Drug Administration. 510(k) Premarket Notification. US Department of Health and Human Services website. Accessed December 15, 2021.
2. Verrecchia L, Brantberg K, Tawfique Z, et al. Diagnostic accuracy of ocular vestibular evoked myogenic potentials for superior canal dehiscence syndrome in a large cohort of dizzy patients. *Ear Hear*. 2019; 40(2): 287-294.
3. American Academy of Audiology. Position statement on the audiologist's role in the diagnosis & treatment of vestibular disorders. n.d.; <https://www.audiology.org/publicationsresources/document-library/position-statement-audiologists-role-diagnosis-treatment>. Accessed December 15, 2021.
4. John S, Dechamma S. An electronystagmographic study in post head injury vertigo patients. *Indian J Otolaryngol*. 2020;26(1):27-31.
5. Zhou, H., Sun, Y., Wei, L., et. al. Quantitative assessment of oculomotor function by videonystagmography in multiple system atrophy. *Clinical Neurophysiol*. 2022;141:15-23.
6. Maheu M, Elblidi A, Saliba I. Investigating performance of cVEMP and oVEMP in the identification of superior canal dehiscence in relation to dehiscence location and size. *Audiol Res*. 2021; 11(3):452-462.
7. Lin, Kenny, Lahey et al. Validating the utility of high frequency ocular vestibular evoked myogenic potential testing in the diagnosis of superior semicircular canal dehiscence. *Otol Neurotol* 2109: 40(10):1353-1358.
8. Gedik-Soyuyuce, Ozlem, et al. Vestibular disorders in children: A retrospective analysis of vestibular function test findings. *Int J Pediatr Otorhinolaryngol*. 2021:146; 110751.

ND Committee Review

Internal Medical Policy Committee 1-19-2021 Coding update:

- **Added** Procedure codes 92517, 92518, 92519; and
- **Removed** Procedure code 92700; and
- **Added** Diagnosis code H81.4 and
- **Removed** Diagnosis codes H81.41, H81.42 and H81.43

Internal Medical Policy Committee 3-17-2021 Coding update:

- **Added** 92700 back into policy as it was removed in error

Internal Medical Policy Committee 3-23-2022 Annual Review, no changes in criteria

Internal Medical Policy Committee 9- 28 -2022 Revision

- **Updated** language; and
- **Added** subtitle Covered Diagnosis codes for Procedure codes 92537; 92538; 92540; 92541; 92542; 92544; 92545; 92546; 92547; and 92700

Internal Medical Policy Committee 9-17-2024 Coding update- **Effective November 04, 2024**

- **Added** Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.