# Medical Coverage Policy | Transtympanic

Micropressure Applications as a Treatment of Meniere's Disease



**EFFECTIVE DATE:** 02 | 16 | 2010

**POLICY LAST UPDATED:** 04 | 21 | 2021

#### **OVERVIEW**

Transtympanic micropressure applications as a treatment for Meniere's disease involves use of a hand-held air pressure generator that delivers intermittent complex pressure pulses. For this device to be used, a conventional ventilation tube is surgically placed in the eardrum. Patients then place an ear-cuff in the external ear canal and treat themselves for 3 minutes, 3 times daily. Treatment is continued for as long as patients find themselves in a period of attacks of vertigo.

#### MEDICAL CRITERIA

Not applicable

#### PRIOR AUTHORIZATION

Not applicable

## **POLICY STATEMENT**

## Medicare Advantage Plans

Transtympanic micropressure applications as a treatment for Meniere's disease is considered not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

## **Commercial Products**

Transtympanic micropressure applications as a treatment for Meniere's disease is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

#### **COVERAGE**

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

## **BACKGROUND**

Meniere's disease is an idiopathic disorder of the inner ear characterized by episodes of vertigo, fluctuating hearing loss, tinnitus, and ear pressure. The vertigo attacks are often unpredictable and incapacitating, and may prevent activities of daily living. Therapy is symptomatic in nature and does not address the underlying pathophysiology. Although the pathophysiology of Meniere's disease is not precisely known, it is thought to be related to a disturbance in the pressure/volume relationship of the endolymph within the inner ear.

Conservative therapy includes a low-sodium diet and diuretics to reduce fluid accumulation (i.e., hydrops) and pharmacologic therapy to reduce vestibular symptoms. Persons who do not respond to these conservative measures may receive gentamicin drops in the ear, as a technique of chemical labyrinthectomy to ablate vestibular function on the affected side. No therapy is available to restore hearing loss.

There has been interest in developing a more physiologic approach to treatment by applying local pressure treatment to restore the underlying fluid homeostasis. Researchers have noted that symptoms of Meniere's disease improve with fluctuations in ambient pressure, and patients with acute vertigo have been successfully treated in hypobaric chambers. It is hypothesized that the application of low-frequency, low-amplitude

pressure pulse to the middle ear functions to evacuate endolymphatic fluids from the inner ear, thus relieving vertigo.

Transtympanic micropressure treatment for Meniere disease involves use of a handheld air pressure generator (Meniett) that delivers intermittent complex pressure pulses. For this device to be used, a conventional ventilation tube is surgically placed in the eardrum. Patients then place an ear-cuff in the external ear canal and treat themselves for 3 minutes, 3 times daily. Treatment continues for as long as patients have vertigo attacks.

For individuals who have Meniere disease who receive transtympanic micropressure therapy (Meniett), the evidence includes randomized controlled trials and systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Six randomized controlled trials of positive pressure therapy have been reported, with five specifically investigating the Meniett device. Systematic reviews of these 5 trials found that micropressure therapy does not result in a greater reduction in vertigo than placebo. The sixth trial also found no significant benefit of the transtympanic micropressure therapy for Meniere disease. The evidence is sufficient to determine that the technology is unlikely to improve the net health outcome.

## **CODING**

The following code is considered not covered for Medicare Advantage Plans and not medically necessary for Commercial Products:

E2120 Pulse generator system for tympanic treatment of inner ear endolymphatic fluid

#### **RELATED POLICIES**

Not applicable

## **PUBLISHED**

Provider Update, June 2021 Provider Update, April 2020 Provider Update, May 2019 Provider Update, February 2019 Provider Update, May 2017

#### **REFERENCES:**

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