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OVERVIEW

Dynamic posturography tests a patient's balance control in situations intended to isolate factors that affect balance in everyday experiences. It provides quantitative information on the degree of imbalance present in an individual but is not intended to diagnosis specific types of balance disorders.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Dynamic posturography is considered not medically necessary. There are no studies that demonstrate the clinical utility of the test by leading to changes in management that improves health outcomes. As a result of these deficiencies in the evidence base, dynamic posturography is considered not medically necessary for all indications.

COVERAGE

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

BACKGROUND

Dynamic posturography aims to provide quantitative information regarding a patient's functional ability to maintain balance. The patient, wearing a harness to prevent falls, stands on an enclosed platform surrounded by a visual field. By altering the angle of the platform or shifting the visual field, the test assesses movement coordination and the sensory organization of visual, somatosensory, and vestibular information relevant to postural control. The patient undergoes 6 different testing situations designed to evaluate the vestibular, visual, and proprioceptive/somatosensory components of balance. In general terms, the test measures an individual's balance (as measured by a force platform to calculate the movement of the patient's center of mass) while visual and somatosensory cues are altered.

These tests vary by whether the eyes are open or closed, the platform is fixed or sway-referenced, and whether the visual surround is fixed or sway-referenced. Sway-referencing involves making instantaneous computer-aided alterations in the platform or visual surround to coincide with changes in body position produced by sway. The purpose of sway-referencing is to cancel out accurate feedback from somatosensory or visual systems that are normally involved in maintaining balance. In the first 3 components of the test, the support surface is stable, and visual cues are either present, absent, or sway-referenced. In tests 4 to 6, the support surface is sway-referenced to the individual, and visual cues are either present, absent, or sway-referenced. In tests 5 and 6, the only accurate sensory cues that are available for balance are vestibular cues. Results of computerized dynamic posturography have been used to determine what type of information (i.e., visual, vestibular, proprioceptive) can and cannot be used to maintain balance. Dynamic posturography cannot be used to localize the site of a lesion.

Complaints of imbalance are common in older individuals and contribute to the risk of falling in the elderly population. Falls are the most common cause of death and disability in this population in the United States. Maintenance of balance is a complex physiologic process, requiring interaction of the vestibular, visual, proprioceptive/somatosensory system, and central reflex mechanisms and is influenced by the general health of the patient (i.e., muscle tone, strength, range of motion). Therefore, identifying and treating the underlying balance disorder may be difficult. Commonly used balance function tests such as electronystagmography and rotational chair tests attempt to measure the extent and site of a vestibular lesion but do not attempt to assess the functional ability of the patient to maintain balance.

Posturography tests a patient's balance control in situations intended to isolate factors that affect balance in everyday experiences. Balance can be rapidly assessed qualitatively by asking the patient to maintain a steady stance on a flat or compressible surface (i.e., foam pads) with the eyes open or closed. By closing the eyes, the visual input into balance is eliminated. The use of foam pads eliminates the sensory and proprioceptive cues. Therefore, only vestibular input is available when standing on a foam pad with eyes closed. The evidence on dynamic posturography consists of studies on technical performance, comparisons of results in patients with balance disorders and healthy controls, and retrospective case series reporting outcomes of patients assessed with dynamic posturography as part of clinical care.

There are no generally accepted reference standards for dynamic posturography, which makes it difficult to determine how the results can be applied in clinical care. There is a lack of evidence on the performance characteristics of this test for clinically important conditions, such as identifying patients who are at risk of falls. There are no studies that demonstrate the clinical utility of the test, by leading to changes in management that improves health outcomes. As a result of these deficiencies in the evidence base, dynamic posturography is considered not medically necessary for all indications.

CODING

The following code is not medically necessary:

92548 Computerized dynamic posturography

RELATED POLICIES

None

PUBLISHED

Provider Update, January 2017

Provider Update, August 2015

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