

CANALITH REPOSITIONING PROCEDURE

Scope

This policy applies to:

- | | | |
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| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid |

Policy

Original Effective Date: 04/01/2023

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse Canalith repositioning procedure CPT 95992 when the procedure is billed with Centers for Medicare & Medicaid Services (CMS) approved diagnosis codes.

Billing/Coding Guidelines

All claims must be billed according to CMS guidelines.

Allowed codes:

CPT Code	CPT Description
95992	Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day
ICD 10 Code	ICD 10 Code Description
H81.11	Benign paroxysmal vertigo, right ear
H81.12	Benign paroxysmal vertigo, left ear
H81.13	Benign paroxysmal vertigo, bilateral

Policy Definitions

Epley or Semont Maneuver – a series of positioning techniques used to align crystals called canaliths within the ear to reduce vertigo

Benign Paroxysmal Positional Vertigo (BPPV) – an inner ear problem that is the most common cause of vertigo

Canaliths - small crystals of calcium carbonate that are normally attached to the otolithic membrane in the utricle of the inner ear

Prerequisite(s)

Not applicable

References

[CPT 95992 – Canalith repositioning procedure\(s\) \(eg, Epley maneuver, Semont maneuver\), per day](#) – CMS.gov - Billing and Coding: Outpatient Therapy and Rehabilitation Services (PT, OT)

Frequently Asked Questions

- Q1:** An Epley procedure was performed multiple times during the session. Can multiple units of service be billed?
- A1:** No, the procedure may be performed multiple times in one session but should only be billed once per day.
- Q2:** Can I bill a canalith procedure with a diagnosis code other than H81.11; H81.12, H81.13 and receive payment?
- A2:** No, per CMS guidance, canalith procedures will only be reimbursed when billed with one or more of the approved diagnosis codes: H81.11; H81.12, H81.13.

Revision History

11/09/2022 – New Policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.