



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Vestibular Autorotation Test (VAT)	Guideline #	UM DIA 15
		Original Effective Date	8/13/2014
Section	Diagnostic	Revision Date	12/30/2024

COVERAGE POLICY

Based on a review of the currently available literature, there is insufficient evidence to support the use of VAT (Vestibular Autorotation Test) in the diagnosis or management of vestibular disorders or other disorders affecting balance and coordination. Therefore, the IEHP UM Subcommittee considers this procedure experimental and investigational because its sensitivity, specificity, reproducibility, and clinical utility have not been demonstrated.

ADDITIONAL INFORMATION

Impairment of the vestibular-ocular reflex (VOR) may result in chronic dizziness and imbalance. The vestibular autorotation test (VAT) is a high-frequency, active head rotation (AHR) test to subjectively evaluate the VOR and its function. Patients wear a light-weight head-strap with a velocity sensor on the back. Conventional electro-oculogram electrodes placed around the eyes measure patient's eye movements, and other electrodes monitor head movements. While following a moving target with the eyes, the individual moves the head back and forth or up and down in time with gradually accelerating computer-generated tones.

Although some published studies have suggested that the VAT may be useful in evaluating patients with vestibular disorders/diseases, there are few studies that examined the sensitivity and specificity of the VAT in evaluating patients with suspected vestibular abnormalities. Furthermore, there is a lack of data supporting the value of VAT in the management of patients with vestibular disorders/diseases.

Documented limitations of the VAT include (1) slippage of the head velocity sensor at high frequencies and accelerations during testing, (2) contribution of the cervico-ocular reflex to the compensatory eye movement response, and this contribution may be increased significantly in the presence of bilateral, peripheral vestibular pathology, (3) results of different head autorotation tests may not be directly comparable, and (4) poor test-retest reliability.

Additionally, an analysis of the diagnostic utility of the vestibular autorotation test was retired by the American Academy of Neurology.

CLINICAL/REGULATORY RESOURCE

Medicare:

There is no National Coverage Determination (NCD), Local Coverage Determination (LCD), or Local Coverage Article (LCA) for VAT. VAT is also not mentioned in the Medicare Benefit Policy Manual.

Medi-Cal:

There are no guidelines, policies, or All Plan Letters (APLs) concerning VAT.

Milliman Care Guidelines (MCG):

VAT is neither mentioned nor discussed in MCG policy.

Apollo Medical Review Criteria:

VAT is not listed as a procedure used to test vestibular function, but there is a reference to an Aetna Health Plan Policy concerning VAT in Apollo's Vestibular Function Testing ENT 192 and Vestibular Rehabilitation POS17 410 guidelines.

Aetna:

Aetna considers VAT experimental and investigational for the diagnosis of individuals with vestibular disorders or any other indications.

REFERENCES

1. Aetna Medical Clinical Policy Bulletin 0467. Vestibular Autorotation Test (VAT). http://www.aetna.com/cpb/medical/data/400_499/0467.html. Accessed December 30, 2024.
2. Apollo Medical Review Criteria Guidelines for Managing Care, 23rd edition, 11th online edition, 2024. ENT 192 Vestibular Function Testing.
3. Apollo Medical Review Criteria Guidelines for Managing Care, 19th edition, 11th online edition, 2024. POS17 410 Vestibular Rehabilitation.
4. Curthoys, IS, V Vulovic and L Manzari. 2012. Ocular vestibular-evoked myogenic potential (oVEMP) to test utricular function: neural and oculomotor evidence. *Acta Otorhinolaryngol Ital*, 32(1): 41-45. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3324959/>. Accessed December 30, 2024.
5. Fife, Terry D, James G Colebatch, Kevin A Kerber, Krister Brantberg, Michael Strupp, Hyung Lee, Mark F Walker, Eric Ashman, Jeffrey Feltcher, Brian Callaghan, David S Gross. 2017. Practice guideline: Cervical and ocular vestibular evoked myogenic potential testing. Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. 89(22): 2288-2296. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5705249/>. Accessed December 30, 2024.

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