



MASSACHUSETTS

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Medical Policy

Transtympanic Micropressure Applications as a Treatment of Meniere Disease

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 508

BCBSA Reference Number: 1.01.23

NCD/LCD: N/A

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Transtympanic micropressure applications as a treatment of Meniere disease are considered **NOT MEDICALLY NECESSARY**.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO Blue SM	This is not a covered service.
Medicare PPO Blue SM	This is not a covered service.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

HCPCS Codes

HCPCS codes:	Code Description
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid

ICD-9 Diagnosis Coding

ICD-9-CM diagnosis codes:	Code Description
38600	Ménière's disease, unspecified
38601	Active Ménière's disease, cochleovestibular
38602	Active Ménière's disease, cochlear
38603	Active Ménière's disease, vestibular
38604	Inactive Ménière's disease

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
H81.01	Meniere's disease, right ear
H81.02	Meniere's disease, left ear
H81.03	Meniere's disease, bilateral
H81.09	Meniere's disease, unspecified ear

Description

Meniere Disease

Meniere 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, incapacitating, and may impede activities of daily living. Therapy addresses symptoms, not the underlying pathophysiology. Although the pathophysiology of Meniere 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.

Treatment

Conservative therapy includes a low sodium diet and diuretics to reduce fluid accumulation (ie, 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 treatment approach by applying local transtympanic pressure to restore the underlying fluid homeostasis. Researchers have noted that symptoms of Meniere 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 the 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 three minutes, three times daily. Treatment continues for as long as patients have vertigo attacks.

Summary

Meniere disease is an idiopathic disorder of the inner ear characterized by episodes of vertigo, fluctuating hearing loss, tinnitus, and ear pressure. Conservative therapy includes a low sodium diet and diuretics to reduce fluid accumulation (ie, hydrops) and pharmacologic therapy to reduce vestibular symptoms. Transtympanic pressure treatment has been proposed as an alternative treatment for Meniere disease. This treatment involves the use of a handheld device (eg, Meniett) that delivers air pressure pulses to the ear.

For individuals who have Meniere disease who receive transtympanic micropressure therapy (Meniett), the evidence includes randomized controlled trials and systematic reviews. The 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 five 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.

Policy History

Date	Action
4/2019	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
3/2017	New references added from BCBSA National medical policy.
4/2016	BCBSA National medical policy review. Policy statement clarified to indicate that treatment is considered not medically necessary. 4/1/2016
7/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
3/2011	Reviewed - Medical Policy Group – Allergy/Asthma/Immunology and ENT/Otolaryngology. No changes to policy statements.
1/19/2011	New policy describing ongoing non-coverage.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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