



July 11, 2018

The Honorable Seema Verma, Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW Washington, DC 20201

Re: Additional Medicare coverage for vestibular testing could cut the estimated \$20 billion annual cost of falls in the US.ⁱ

Dear Administrator Verma,

I am writing on behalf of the Vestibular Disorders Association (VeDA), which is the leading international resource for information about inner ear and brain balance disorders, based on research that is reliable and scientifically objective. Research indicates that current Medicare policies may be allowing high risk patients to go undiagnosed and add to the estimated \$20 billion annual cost of falls in the US.ⁱⁱ

Dizziness affects more than 50% of the elderly population and it is the most common reason for visiting a physician after the age of 75. It accounts for more than 10 million doctor visits annually in the US alone, including 2.5 million emergency department visits for acute dizziness and vertigo. Roughly one half of those patients receive only a general medical diagnosis; many go undiagnosed and continue to suffer debilitating symptoms for an average of 5 months.ⁱⁱⁱ

The economic burden on society from vestibular disorders may be assessed based on the increased risk of falls. Individuals with balance dysfunction had a 2.6 fold increased risk of falling and those who were symptomatic had a 12-fold increased risk of falls. Ten percent of falls result in major injuries, increasing the odds of nursing home placement ten-fold.

Other alarming statistics that affect cost of patient care include:^{iv}

1. Many patients saw more than seven physicians, which took an average of 5 months from the beginning of their high-risk symptoms until a definitive diagnosis was made.
2. Fifty percent of patients suffered a fall before a definitive diagnosis and treatment of dizziness occurred. Research shows that many of these falls were preventable.
3. Twenty-five percent of vestibular patients are hospitalized for three days for dizziness after an Emergency Department (ED) visit.
4. The average cost of three days of hospitalization was \$9,500.

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5. The cost of ED visits for dizziness totaled \$4.4 billion yearly.
6. The most common cause of dizziness seen in ED's is Benign Paroxysmal Positional Vertigo (BPPV). ED cost for a BPPV visit averages \$3,900. BPPV can be diagnosed and resolved with the non-invasive and simple Canalith Repositioning Procedure, which is not currently covered by Medicare.

Vestibular disorders are difficult to diagnose. Undiagnosed patients result in ineffective treatments and repeated trips to the emergency room. The key to getting an accurate diagnosis is for patients to receive a complete medical evaluation by a qualified vestibular specialist. Three tests that are essential to the vestibular testing battery, which are not currently covered by Medicare, are the Canalith Repositioning Procedure (CRP) for BPPV, Computerized Dynamic Posturography (CDP), and Videonystagmography (VNG). We urge you to consider adding these tests to those allowed by Medicare, because undiagnosed patients place an unnecessary burden on the healthcare system.

Research shows that CRP is a safe and effective short-term treatment for posterior canal BPPV. After one treatment session, CRP successfully resolves symptoms of vertigo. At short-term follow-up, individual trials and pooled data show a statistically significant effect in favor of the CRP over the control. CRP is safe, with no serious complications.^{vvi}

Computerized Dynamic Posturography (CDP) is shown to be the most cost effective vestibular test for the evaluation of vertigo. It is a useful tool for determining control of balance and recovery of function after treatment for a vestibular disorder. The use of CDP can help determine the specific sensory system contributing to balance disorders in the elderly, and thus guide targeted treatment planning to decrease fall risk and balance loss. It is recognized internationally as a standard test to complement conventional vestibular ocular reflex (VOR) function tests, and has been extensively researched in peer-reviewed studies and validated for use in research and clinical practice. (Black 2001)^{vii}

Uniquely, CDP provides essential information related to postural control, including the use of visual and somatosensory input that is not reproducible with other tests. It can give results for patients with imbalance or disequilibrium when other conventional vestibular tests do not show any abnormal results, and can assess and identify balance deficits in populations at high risk for falls who may not have true vertigo.^{viii}

Videonystagmography (VNG) is a complete diagnostic system for recording, analyzing, and reporting eye movements using video imaging technology. VNG helps document

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unilateral/bilateral loss of vestibular function, confirm BPPV, and detect central lesions that are missed during a routine physical exam. VNG also helps decide whether additional (more expensive) tests (e.g. MRI) are needed.^{ix}

The Vestibular Disorders Association urges Medicare to include coverage of these three tests, which are essential to providing proper diagnosis and treatment of vestibular disorder. These tests will reduce falls and lower overall healthcare costs. Thank you for your consideration.

Best regards,

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ⁱ Vestibular dysfunction: Prevalence, impact and need for targeted treatment, Agrawal, Y, Ward, BK, Minor, LB; Journal of Vestibular Research, 2013;23(3):113-117.

ⁱⁱ Vestibular dysfunction: Prevalence, impact and need for targeted treatment, Agrawal, Y, Ward, BK, Minor, LB; Journal of Vestibular Research, 2013;23(3):113-117.

ⁱⁱⁱ Vertigo and Dizziness, Newman-Toker, DE, Johns Hopkins University School of Medicine, Elsevier Inc 2014.

^{iv} To-Alemanju, Jessica, Cynthia Ryan & Michael c. Schubert. "Experiences Engaging Healthcare When Dizzy." *Otology & Neurotology* 37.8 (2016): 1122-1127.

^v Janet Odry Helminski, David Samuel Zee, Imke Janssen, Timothy Carl Hain; Effectiveness of Particle Repositioning Maneuvers in the Treatment of Benign Paroxysmal Positional Vertigo: A Systematic Review, *Physical Therapy*, Volume 90, Issue 5, 1 May 2010, Pages 663-678, <https://doi.org/10.2522/ptj.20090071>

^{vi} Janet O. Helminski; Effectiveness of the Canalith Repositioning Procedure in the Treatment of Benign Paroxysmal Positional Vertigo, *Physical Therapy*, Volume 94, Issue 10, 1 October 2014, Pages 1373-1382, <https://doi.org/10.2522/ptj.20130239>

^{vii} Owen Black, F. (2001). Clinical status of computerized dynamic posturography in neurology. *Current Opinion in Otolaryngology & Head and Neck Surgery*. 9, 314-318.

^{viii} Computerized Dynamic Platform Posturography, Dr. Edwin M. Monsell, MD, PhD, Dr. Joseph M. Furman, MD, PhD, Dr. Susan J. Herdman, PhD, Dr. Horst R. Konrad, MD, and Dr. Neil T. Shepard, PhD *Otolaryngology-Head and Neck Surgery* Vol 117, Issue 4, pp. 394 - 398. First Published October 1, 1997 [https://doi.org/10.1016/S0194-5998\(97\)70132-3](https://doi.org/10.1016/S0194-5998(97)70132-3)

^{ix} *The role of videonystagmography (VNG) in assessment of dizzy patient, Soka Mekki. The Egyptian Journal of Otolaryngology* 2014, 30:69-72.

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