

# Computerized Dynamic Posturography

**Policy Number:** MMP258.11  
**Last Committee Approval Date:** August 13, 2025  
**Effective Date:** October 1, 2025

[Instructions for Use](#)

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Related Policies
None

## Coverage Rationale

### Overview

Computerized dynamic posturography (CDP), also known as moving platform posturography or dynamic posturography, uses a platform device for evaluating a patient’s ability to maintain balance. CDP has been used to measure a patient’s ability to maintain balance under varying conditions when the usual cues that one relies upon to remain upright, vision, proprioception, and vestibular function, are manipulated. The goal of testing is to isolate vestibular symptoms to a specific cause that can often be treated. Standard diagnostic tests include electronystagmography and rotational chair tests, which evaluate eye movements, in response to a number of different stimuli including the position and rotation of the head.

Computerized dynamic posturography is a quantitative method for assessing balance functioning under various simulated tasks. Protocols are designed to test the sensory, motor and biomechanical components of balance individually and in concert. Computerized dynamic posturography may assist with lesion localization, identifying adaptive strategies and functional capabilities.

### CMS National Coverage Determination (NCD)

Medicare does not have a National Coverage Determination (NCD) for Computerized Dynamic Posturography.

### CMS Local Coverage Determinations (LCDs) and Articles

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Computerized Dynamic Posturography.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Computerized Dynamic Posturography](#).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service; however, language may be included in the listing below to indicate if a code is non-covered. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (i.e., eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (i.e., eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)

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## Centers for Medicare and Medicaid Services (CMS) Related Documents

After checking the table below and searching the [Medicare Coverage Database](#), if no NCD, LCD, or LCA is found, refer to the criteria as noted in the [Coverage Rationale](#) section above.

NCD	LCD	LCA	Contractor Type	Contractor Name
<b>Computerized Dynamic Posturography</b>				
N/A	<a href="#">L34537 Vestibular Function Testing</a>	<a href="#">A56497 Billing and Coding: Vestibular Function Testing</a>	Part B	Palmetto**

<b>Medicare Administrative Contractor (MAC) With Corresponding States/Territories</b>	
MAC Name (Abbreviation)	States/Territories
CGS Administrators, LLC (CGS)	KY, OH
First Coast Service Options, Inc. (First Coast)	FL, PR, VI
National Government Services, Inc. (NGS)	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian Healthcare Solutions, LLC (Noridian)	AS, AK, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas Solutions, Inc. (Novitas)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX, VA**
Palmetto GBA (Palmetto)	AL, GA, NC, SC, TN, VA**, WV
Wisconsin Physicians Service Insurance Corporation (WPS)*	IA, IN, KS, MI, MO, NE
<b>Notes</b>	
*Wisconsin Physicians Service Insurance Corporation: Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers.	
**For the state of Virginia: Part B services for the city of Alexandria and the counties of Arlington and Fairfax are excluded for the Palmetto GBA jurisdiction and included within the Novitas Solutions, Inc. jurisdiction.	

### Other

[CY 2023 Physician Fee Schedule Final Rule, Audiology Services](#) (CMS)

[Audiology Services](#) (Novitas Solutions, Inc.)

CMS LCD / LCA - L34427 (Outpatient Occupational Therapy / A53064 Billing and Coding: Outpatient Occupational Therapy)

CMS LCD / LCA - L34428 (Outpatient Physical Therapy / A53065 Billing and Coding: Outpatient Physical Therapy)

## Policy History/Revision Information

Date	Summary of Changes
10/01/2025	<b>Related Policies</b> <ul style="list-style-type: none"> <li>Removed reference link to the UnitedHealthcare Medicare Advantage Medical Policy titled <i>Hearing Services and Devices</i></li> </ul>

Date	Summary of Changes
	<p><b>Coverage Rationale</b></p> <p><b><i>CMS Local Coverage Determinations (LCDs) and Articles</i></b></p> <ul style="list-style-type: none"> <li>Revised language pertaining to states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs); replaced coverage guidelines with instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Computerized Dynamic Posturography</i> for applicable information</li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Removed list of applicable diagnosis codes: D33.3, H81.01, H81.02, H81.03, H81.11, H81.12, H81.13, H81.21, H81.22, H81.23, H81.311, H81.312, H81.313, H81.391, H81.392, H81.393, H81.4, H81.8X1, H81.8X2, H81.8X3, H81.91, H81.92, H81.93, H82.1, H82.2, H82.3, H83.01, H83.02, H83.03, H83.11, H83.12, H83.13, H83.2X1, H83.2X2, H83.2X3, H83.8X1, H83.8X2, H83.8X3, H83.91, H83.92, H83.93, H90.0, H90.11, H90.12, H90.3, H90.41, H90.42, H90.6, H90.71, H90.72, H90.A11, H90.A12, H90.A21, H90.A22, H90.A31, H90.A32, and R42</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Removed <i>Clinical Evidence</i> and <i>References</i> sections</li> <li>Archived previous policy version MMP258.10</li> </ul>

## Instructions for Use

The Medicare Advantage Policy documents are generally used to support UnitedHealthcare coverage decisions. It is expected providers retain or have access to appropriate documentation when requested to support coverage. This document may be used as a guide to help determine applicable:

- Medical necessity coverage guidelines; including documentation requirements, and/or
- Medicare coding or billing requirements.

Medicare Advantage Policies are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates. This Policy is provided for informational purposes and does not constitute medical advice. It is intended to serve only as a general reference and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes this policy. For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).

Medicare Advantage Policies are developed as needed, are regularly reviewed, and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policies at any time by publishing a new version on this website. Medicare source materials used to develop these policies may include, but are not limited to, CMS statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and manuals. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. The information presented in this Policy is believed to be accurate and current as of the date of publication. Where there is a conflict between this document and Medicare source materials, the Medicare source materials apply. Medicare Advantage Policies are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing certain items or services referenced in this Medical Policy have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, in these circumstances, UnitedHealthcare applies internal coverage criteria as referenced in this Medical Policy. The internal coverage criteria in this Medical Policy was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the

evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Providers are responsible for submission of accurate claims. Medicare Advantage Policies are intended to ensure that coverage decisions are made accurately. UnitedHealthcare Medicare Advantage Policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

For members in UnitedHealthcare Medicare Advantage plans where a delegate manages utilization management and prior authorization requirements, the delegate's requirements need to be followed.