

Electronystagmography

Also known as	<div><div>1. ENG</div><div>2. Electrooculography</div></div>				
Description	<p>Electronystagmography is a test to look at voluntary and involuntary eye movements (nystagmus). The test evaluates the acoustic nerve, which aids with hearing, balance, and spatial orientation in people with vertigo (a false sense of spinning or motion that can cause dizziness) and certain other disorders that affect hearing and vision.</p>				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.12.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	6.12.24	Refreshed due to age.
Date	Description				
6.12.24	Refreshed due to age.				

Commercial

Introduction	This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.				
Benefits (all except MMP)	Quote office visit or outpatient hospital benefits.				
Mayo Medical Plan (MMP)	Quote office visit or outpatient hospital benefits.				
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.12.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	6.12.24	Refreshed due to age.
Date	Description				
6.12.24	Refreshed due to age.				

Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	Medicaid only groups : <ul style="list-style-type: none">See Medicaid below. Medicare eligible groups : <ul style="list-style-type: none">Quote office visit or outpatient hospital benefits.Follows Medicare guidelines.Medicare is the primary payer.If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	Quote office visit or outpatient hospital benefits. <ul style="list-style-type: none">Medica is the only payer.				
Cost (Prime)	Quote outpatient diagnostic tests and therapeutic services and supplies. <ul style="list-style-type: none">Follows Medicare guidelines.				
Med Advantage	Quote outpatient diagnostic tests and therapeutic services and supplies. <ul style="list-style-type: none">Follows Medicare guidelines.Medica is the only payer.				
Med Supp (Select, Signature)	Quote office visit or outpatient hospital benefits. <ul style="list-style-type: none">Follows Medicare guidelines.Medicare supplement.Medicare is the primary payer.				
Medicaid	Quote office visit or outpatient hospital benefits.				
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.12.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	6.12.24	Refreshed due to age.
Date	Description				
6.12.24	Refreshed due to age.				

Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.				
Benefits	Quote diagnostic services. If section doesn’t exist, quote other outpatient hospital services received from a physician.				
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.12.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	6.12.24	Refreshed due to age.
Date	Description				
6.12.24	Refreshed due to age.				