Medical Coverage Policy | Autonomic Nervous System Testing Using Portable Automated Devices



EFFECTIVE DATE: 11 | 03 | 2015

POLICY LAST UPDATED: 02 | 21 | 2017

OVERVIEW

The autonomic nervous system (ANS) controls physiologic processes that are not under conscious control. ANS testing consists of a battery of individual tests that are intended to evaluate the integrity and function of the ANS. These tests are intended to be adjuncts to the clinical examination in the diagnosis of ANS disorder.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Autonomic nervous system testing using portable automated devices is considered not medically necessary for all indications as there is insufficient peer reviewed scientific literature that demonstrates that the service is effective.

Non-standardized component information of autonomic function testing (AFT) that is determined by a physician to be useful in a patient assessment and clinical decision making given certain patient risks/signs/symptoms, is included in the physician's basic evaluation and management service and is not separately reimbursed.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for limitations of benefits/coverage for services not medically necessary.

BACKGROUND

The ANS has a primary role in controlling physiologic processes that are not generally under conscious control. These include heart rate, respirations, gastrointestinal (GI) motility, thermal regulation, bladder control, and sexual function. It is a complex neural regulatory network that consists of 2 complementary systems that work together to maintain homeostasis. The sympathetic nervous system is responsible for arousal, and sympathetic stimulation leads to increased pulse, increased blood pressure (BP), increased sweating, decreased GI motility, and an increase in other glandular exocrine secretions. This is typically understood as the "fight or flight" response. Activation of the parasympathetic nervous system will mostly have the opposite effects; BP and pulse will decrease, GI motility increases, and there will be a decrease in sweating and other glandular secretions.

ANS testing should be performed in the setting of a dedicated ANS testing laboratory. Testing in a dedicated laboratory can be performed under closely controlled conditions, and interpretation of the results performed by an individual with expertise in ANS testing. Portable, automated testing that is intended for office use has not been validated and has a greater potential to lead to erroneous results. Therefore, based on the available evidence and clinical input, ANS testing in a dedicated ANS testing laboratory may be considered to be medically necessary in patients with signs and symptoms of autonomic dysfunction when criteria are met. ANS testing using portable, automated devices is considered not medically necessary for Commercial

products as there is insufficient peer-reviewed scientific literature that demonstrates that the service is effective.

According to CMS instructions, CPT code 95943 was not developed and intended to be specific to any brand/manufacturer. If a physician finds that this non-standardized component information of autonomic function testing is useful in a patient assessment and clinical decision making given certain patient risks/signs/symptoms, this would be included in the physician's basic evaluation and management service and not separately covered. In addition, testing patients prior to the development of symptomatic autonomic neuropathy would be screening, and there is no such screening Medicare benefit with the absence of disease.

CODING

BlueCHiP for Medicare and Commercial Products

The following CPT code is a covered service but providers will not be separately reimbursed for this service: 95943 Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change

There is no specific CPT code for Autonomic nervous system testing using portable automated devices. Claims should be filed with an unlisted CPT code.

RELATED POLICIES

None

PUBLISHED

Provider Update, May 2017 Provider Update, October 2016 Provider Update, January 2016

REFERENCES

1. American Academy of Neurology (AAN). Model Coverage Policy: Autonomic Nervous System Testing. 2014;

https://www.aan.com/uploadedFiles/Website_Library_Assets/Documents/3.Practice_Management/1.Reim bursement/1.Billing_and_Coding/5.Coverage_Policies/14%20Autonomic%20Testing%20Policy%20v001.pd f.Accessed October 28, 2014

2. Centers for Medicare and Medicaid Services, cms.gov Local Coverage Determination (LCD): Autonomic Function Testing (L36236)

https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36236&ContrId=303&ver=9&ContrVer=1&CntrctrSelected=303*1&Cntrctr=303&s=47&DocType=Active&LCntrctr=138*1&bc=AggAAAIAAAAAA%3d%3d&

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