OVERVIEW
The autonomic nervous system (ANS) controls physiologic processes that are not under conscious control. ANS testing consists of a battery of individual tests 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. This policy is applicable to Commercial Products only. For BlueCHiP for Medicare, see related policy section.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Commercial Products
Autonomic nervous system testing using portable automated devices is considered not medically necessary for all indications, as the evidence is insufficient to determine the effects of the technology on health outcomes.

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 or Subscriber Agreement for limitations of benefits/coverage for services not medically necessary.

BACKGROUND
The ANS has a primary role in controlling physiologic processes not generally under conscious control. They include heart rate, respirations, gastrointestinal (GI) motility, thermal regulation, bladder control, and sexual function. The ANS is a complex neural regulatory network that consists of 2 complementary systems that work to maintain homeostasis: the sympathetic and the parasympathetic systems. 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 a dedicated ANS testing laboratory. Testing in a dedicated laboratory should be performed under closely controlled conditions, and results should be interpreted by an individual with expertise in ANS testing. Testing using automated devices with results interpreted by computer software has not been validated and thus has the potential to lead to erroneous results.
CODING
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
BlueCHiP for Medicare National and Local Coverage Determinations
Non-Reimbursable Health Service Codes

PUBLISHED
Provider Update, July 2020
Provider Update, June 2019
Provider Update, April 2018
Provider Update, May 2017
Provider Update, October 2016
Provider Update, January 2016

REFERENCES

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.