

**EFFECTIVE DATE:** 11|03|2015

**POLICY LAST UPDATED:** 11|03|2015

## 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

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.

Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from the Centers for Medicare and Medicaid Services (CMS), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services that Medicare offers.

### 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.

## COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for limitations of benefits/coverage when services are 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**

The following CPT code is considered covered and not separately reimbursed for BlueCHiP for Medicare and not medically necessary for Commercial products:

**95943**

#### **RELATED POLICIES**

None

#### **PUBLISHED**

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.Reimburse/1.Billing\\_and\\_Coding/5.Coverage\\_Policies/14%20Autonomic%20Testing%20Policy%20v001.pdf](https://www.aan.com/uploadedFiles/Website_Library_Assets/Documents/3.Practice_Management/1.Reimburse/1.Billing_and_Coding/5.Coverage_Policies/14%20Autonomic%20Testing%20Policy%20v001.pdf). 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=5&ContrVer=1&CntrctrSelected=303\\*1&Cntrctr=303&s=47&DocType=Active&LCntrctr=295\\*1&bc=AggAAAIAAAAAA%3d%3d&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36236&ContrId=303&ver=5&ContrVer=1&CntrctrSelected=303*1&Cntrctr=303&s=47&DocType=Active&LCntrctr=295*1&bc=AggAAAIAAAAAA%3d%3d&)

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