Medical Policy
Tilt Table Testing for Syncope

Table of Contents
- Policy: Commercial
- Coding Information
- Policy: Medicare
- Description
- Authorization Information
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 359
BCBSA Reference Number: 2.01.09
NCD/LCD: N/A

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Tilt table testing for the classification of neurogenic syncope is MEDICALLY NECESSARY in patients who are being considered for pacemaker treatment.

Tilt table testing for all other conditions is INVESTIGATIONAL.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>No</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>No</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>No</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>No</td>
</tr>
</tbody>
</table>

CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.
Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

### CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>93660</td>
<td>Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention</td>
</tr>
<tr>
<td>95924</td>
<td>Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt</td>
</tr>
</tbody>
</table>

### ICD-9 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-9-CM diagnosis codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>780.2</td>
<td>Syncope and collapse</td>
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</tbody>
</table>

### ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10-CM Diagnosis codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R55</td>
<td>Syncope and collapse</td>
</tr>
</tbody>
</table>
SYNCOPE EVALUATION
HISTORY, EXAM, ECG

DIAGNOSTIC
• vasovagal
• situational
• orthostatic
• hypotension
• polypharmacy in elderly
• other diagnosis

SUGGESTIVE
• aortic stenosis
• pulmonary embolism
• neurologic symptoms
• family Hx of syncope or sudden death
• other suggested diagnosis

UNEXPLAINED
• other diagnosis

SPECIFIC TESTING
(such as echo, cardiac cath, lung scan, EEG, CT)

ORGANIC HEART DISEASE
(abnormal ECG, exertional symptoms, sudden syncope)

Age > 60
No suspected heart disease

Carotid massage

Echocardiography & Exercise Treadmill Test

Normal sinus rhythm with symptoms
Arrhythmia with symptoms
Non-Diagnostic

Stop arrhythmia workup
Consider electrophysiologic studies

Recurrent
First episode
Tilt test, Psychiatric evaluation
Stop workup

Frequent
Infrequent
First episode
Loop electrocardiographic monitor, tilt test, psychiatric evaluation
Tilt Test, Psychiatric evaluation
Stop workup

1 Carotid massage may be performed in the office only in absence of bruits, Hx VT, recent stroke, or MI. Carotid hypersensitivity is diagnosed only with suggestive Hx and massage is positive (asystole > 3 seconds, HTN, or both).

2 May be replaced with inpatient telemetry if concerned about serious dysrhythmia.
Tilt table testing (TTT) was introduced over 20 years ago for the evaluation of patients with unexplained syncope. During a tilt table test, the patient lies on a table that moves from a horizontal to a vertical position with vital signs monitored throughout the test.

Its use has spread unevenly in clinical practices because initial enthusiasm has been hampered by the recognition of several limitations. Tilt table testing is often negative in cases of typical vasovagal syncope (i.e., “low sensitivity”) and positive in patients without syncope (i.e., “low specificity”). Additionally, it has offered minimal or no value in assessing the efficacy of treatment with drugs or pacemakers. Thus, a number of physicians have concluded that management guided by careful clinical history was superior to TTT for identification of patients affected by reflex syncope, in particular. However, the latest European Society of Cardiology guidelines on syncope (2009) have provided new insights into the correct use of TTT, which in fact, should remain an important diagnostic tool in a number of clinical settings provided that physicians learn its appropriate indications and the correct interpretations of results.

**Summary**

Evidence is lacking as to whether cardiac pacing is effective among patients with other types of tilt-table test responses or among patients with negative tilt-table tests. Thus, it is unknown whether the tilt-table test is actually a necessary component of the selection criteria for a pacemaker. However, given the invasiveness and complexity of pacemaker treatment for syncope, it would be reasonable to incorporate the screening criteria used in the clinical trials reviewed above. Thus, for patients whose frequency, severity, and refractoriness to treatment merit consideration for pacemaker therapy, tilt-table testing to evaluate cardioinhibitory response may be considered medically necessary.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>5/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
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<tr>
<td>1/2014</td>
<td>Coding information clarified. Added LCD (L16045) number and link.</td>
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<tr>
<td>12/2012</td>
<td>Updated to add new CPT code 95924.</td>
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<tr>
<td>5/2/2011</td>
<td>Revised date: 5/2/2011</td>
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References