



## MASSACHUSETTS

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# Medical Policy Autonomic Nervous System Testing

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### Policy Number: 713

BCBSA Reference Number: 2.01.96

NCD/LCD: Local Coverage Determination (LCD): Autonomic Function Testing (L36236)

### Related Policies

Neural Therapy, #914

### Policy

#### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Autonomic nervous system testing, consisting of a battery of tests in several domains may be considered **MEDICALLY NECESSARY** when the following criteria are met:

- Signs and/or symptoms of autonomic dysfunction are present; AND
- A definitive diagnosis cannot be made from clinical examination and routine laboratory testing alone; AND
- Diagnosis of the suspected autonomic disorder will lead to a change in management or will eliminate the need for further testing.

Although there is not a standard battery of tests that are part of autonomic nervous system (ANS) testing, a full battery of testing generally consists of individual tests in 3 categories.

- Cardiovagal function (heart rate [HR] variability, heart rate response to deep breathing and Valsalva)
- Vasomotor adrenergic function (blood pressure response to standing, Valsalva maneuver, and hand grip, tilt table testing)
- Sudomotor function (Quantitative Sudomotor Axon Reflex Test, quantitative sensory test, Thermoregulatory Sweat Test, silastic sweat imprint, sympathetic skin response, electrochemical sweat conductance).

At least 1 test in each category is usually performed. More than 1 test from a category will often be included in a battery of tests, but the incremental value of using multiple tests in 1 domain is not known.

Autonomic nervous system testing is considered **INVESTIGATIONAL** in all other situations when criteria are not met, including but not limited to the evaluation of the following conditions:

- Chronic fatigue syndrome

- Fibromyalgia
- Anxiety and other psychologic disorders
- Sleep apnea
- Allergic conditions
- Hypertension
- Screening of asymptomatic individuals
- Monitoring progression of disease or response to treatment.

Autonomic nervous system testing using portable automated devices is considered **INVESTIGATIONAL** for all indications.

### **Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members**

Medical necessity criteria and coding guidance for **Medicare Advantage members living in Massachusetts** can be found through the link below.

[Local Coverage Determinations \(LCDs\) for National Government Services, Inc.](#)

Local Coverage Determination (LCD): Autonomic Function Testing (L36236)

**Note:** To review the specific LCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

For medical necessity criteria and coding guidance for **Medicare Advantage members living outside of Massachusetts**, please see the Centers for Medicare and Medicaid Services website at <https://www.cms.gov> for information regarding your specific jurisdiction.

### **Prior Authorization Information**

#### **Inpatient**

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

#### **Outpatient**

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	<b>Outpatient</b>
<b>Commercial Managed Care (HMO and POS)</b>	Prior authorization is <b>not required</b> .
<b>Commercial PPO and Indemnity</b>	Prior authorization is <b>not required</b> .
<b>Medicare HMO Blue<sup>SM</sup></b>	Prior authorization is <b>not required</b> .
<b>Medicare PPO Blue<sup>SM</sup></b>	Prior authorization is <b>not required</b> .

### **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.

*The following codes are included below for informational purposes only; this is not an all-inclusive list.*

**The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:**

## CPT Codes

CPT codes:	Code Description
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
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

## Description

### Autonomic Nervous System

The autonomic nervous system (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.<sup>1,2</sup> 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.

### Autonomic Nervous System Disorders

ANS disorders, also called dysautonomias, are heterogeneous in etiology, clinical symptoms, and severity. ANS disorders can be limited and focal, such as patients with isolated neurocardiogenic syncope or idiopathic palmar hyperhidrosis. At the other extreme, some ANS disorders can be widespread and severely disabling, such as multiple systems atrophy, which leads to widespread and severe autonomic failure.

Symptoms of autonomic disorders can vary, based on the etiology and location of dysfunction. Cardiovascular manifestations are often prominent. Involvement of the cardiovascular system causes abnormalities in heart rate control and vascular dynamics.<sup>3</sup> Orthostatic hypotension and other manifestations of BP lability can occur, causing weakness, dizziness, and syncope. Resting tachycardia and an inability to appropriately increase heart rate in response to exertion leads to exercise intolerance. There is a 2- to 3-fold higher incidence of major cardiac events in patients with diabetic autonomic neuropathy (myocardial infarction, heart failure, resuscitation from ventricular arrhythmia, angina, or the need for revascularization).<sup>4</sup> There is also an increase in sudden cardiac death and overall mortality for these patients.<sup>3</sup>

Many other organ systems can be affected by autonomic neuropathy. Involvement of the bladder can lead to incomplete emptying, resulting in urinary retention and possible overflow incontinence. GI involvement is commonly manifested as gastroparesis, which is defined as slowed gastric emptying and

can cause nausea, vomiting, and a decreased tolerance for solid food and large meals. Constipation may also occur if the lower GI tract is involved. Impairment of sexual function in males can manifest as erectile dysfunction and ejaculatory failure. Dysfunction of thermal regulation and sweating can lead to anhidrosis and heat intolerance. Paradoxically, excessive sweating can also occur as a compensatory mechanism in unaffected regions.<sup>5</sup>

A classification of the different types of autonomic dysfunction, adapted from Freeman (2005)<sup>5</sup> and Macdougall and McLeod (1996),<sup>6</sup> can be made as follows:

- Diabetic autonomic neuropathy
- Amyloid neuropathy
- Immune-mediated neuropathy
  - Rheumatoid arthritis
  - Systemic lupus erythematosus
  - Sjögren syndrome
- Paraneoplastic neuropathy
- Inflammatory neuropathy
  - Guillain-Barré syndrome
  - Chronic inflammatory demyelinating polyneuropathy
  - Crohn disease
  - Ulcerative colitis
- Hereditary autonomic neuropathies
- Autonomic neuropathy secondary to infectious disease
  - HIV disease
  - Lyme disease
  - Chagas disease
  - Diphtheria
  - Leprosy
- Acute and subacute idiopathic autonomic neuropathy
- Toxic neuropathies.

Other chronic diseases may involve an ANS imbalance, without outright dysfunction of the nerves themselves. Approximately 40% of individuals with essential hypertension will show evidence of excess sympathetic activity.<sup>7</sup> Sympathetic overactivity is also a prominent feature of generalized anxiety, panic disorder, and some types of depression, as well as certain cardiac disorders such as chronic heart failure. These types of ANS imbalances are not usually classified as ANS disorders.

### **Treatment**

Much of the treatment for autonomic disorders is nonpharmacologic and supportive. However, there are specific actions that can improve symptoms in patients with specific deficits. For patients with orthostatic hypotension, this involves adequate intake of fluids and salt, moving to an upright position slowly and deliberately, use of lower-extremity compression stockings, and keeping the head of the bed elevated 4 to 6 inches (10-15. cm).<sup>1</sup> In severe cases, treatment with medications that promote salt retention, such as fludrocortisone, is often prescribed. Patients with symptoms of hyperhidrosis may benefit from cooling devices and potent antiperspirants such as Drysol, and patients with decreased tearing and dry mucous membranes can use over-the-counter artificial tears or other artificial moisturizers.<sup>1</sup>

### **Autonomic Nervous System Testing**

ANS testing consists of a battery of tests. Any single test may be performed individually, or the entire battery of tests may be ordered. Individual components of testing may include cardiovagal function testing, sudomotor function, salivation testing, and tilt table testing.

### **Cardiovagal Function Testing**

Beat-to-beat variability in the heart rate can be measured at rest, or in response to provocative measures, such as deep breathing or the Valsalva maneuver. Reduced, or absent, heart rate variability is a sign of autonomic dysfunction.<sup>8</sup>

Baroreflex sensitivity is measured by examining the change in pulse and heart rate variability in response to changes in BP. A medication such as phenylephrine is given to induce a raise in BP, and baroreflex sensitivity is calculated as the slope of the relation between heart rate variability and BP.<sup>8</sup>

### **Sudomotor Function (Sweat Testing)**

Sweat testing evaluates the structure and function of nerves that regulate the sweat glands.

The Quantitative Sudomotor Axon Reflex Test is an example of a commercially available semiquantitative test of sudomotor function.<sup>9</sup> The test is performed by placing the color-sensitive paper on the skin, which changes color on contact with sweat. Measurement of the amount of color change is a semiquantitative measure of sudomotor function.

For the silastic sweatimprint, silastic material is placed on the skin, and the sweat droplets form indentations on the silastic surface, allowing quantitation of the degree of sweating present. The Neuropad test is an example of a commercially available silastic sweat imprint.

A more complex approach in some centers is the use of a thermoregulatory laboratory.<sup>9</sup> This is a closed chamber in which an individual sits for a defined period under tightly controlled temperature and humidity. An indicator dye is brushed on the skin, and it changes color when in contact with sweat. Digital pictures are taken and projected onto anatomic diagrams. Computer processing derives values for a total area of anhidrosis and the percent of anhidrotic areas.

Sympathetic skin response tests use an electric current to stimulate sympathetic nerves. The tests measure the change in electrical resistance, which is altered in the presence of sweat. In general, these tests are considered to be sensitive but have high variability and potential for false-positive results.<sup>9</sup>

A variant of sympathetic skin response testing is electrochemical sweat conductance measured by iontophoresis (eg, Sudoscan). In this test, a low-level current is used to attract chloride ions from sweat glands. The chloride ions interact with stainless-steel plate electrodes to measure electrochemical resistance.

### **Salivation Testing**

The protocol for salivation testing involves the subject chewing on a preweighed gauze for 5 minutes. At the end of 5 minutes, the gauze is removed and reweighed to determine the total weight of saliva present.

### **Tilt Table Testing**

Tilt table testing is intended to evaluate for orthostatic intolerance. The patient lies on the table and is strapped in with a foot rest. The table is then inclined to the upright position, with monitoring of the pulse and BP. Symptoms of lightheadedness or syncope in conjunction with changes in pulse or BP constitute a positive test. A provocative medication, such as isoproterenol, can be given to increase the sensitivity of the test.

### **Composite Autonomic Severity Score**

The Composite Autonomic Severity Score, which ranges from 0 to 10, is intended to estimate the severity of autonomic dysfunction. Scores are based on self-reported symptoms measured by a standardized symptom survey. Scores of 3 or less are considered mild, scores of 3 to 7 are considered moderate and scores greater than 7 are considered severe.

## **Summary**

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

### **Summary of Evidence**

For individuals who have signs and symptoms of ANS dysfunction who receive ANS testing, the evidence includes studies of diagnostic accuracy. Relevant outcomes are test accuracy, symptoms, functional

outcomes, and quality of life. The evidence base is limited. There is a lack of a criterion standard for determining autonomic dysfunction, which limits the ability to perform high-quality research on diagnostic accuracy. Also, numerous tests are used in various conditions, making it difficult to determine values for the overall diagnostic accuracy of a battery of tests. Scattered reports of diagnostic accuracy are available for certain tests, most commonly in the diabetic population, but these reports do not specify estimates of accuracy for the entire battery of tests. Reported sensitivities and specificities are high for patients with clinically defined distal symmetric polyneuropathy using a symptom-based score as a reference standard, but these estimates are likely biased by study designs that used patients with clinically diagnosed disease and a control group of healthy volunteers. The evidence is insufficient to determine the effects of the technology on health outcomes.

**Additional Information**

Clinical input obtained in 2014 has strongly supported the use of ANS testing as a diagnostic aid in situations of suspected ANS disorders. ANS testing should be performed in the setting of a dedicated ANS testing laboratory. Portable, automated testing intended for office use has not been sufficiently validated and has a greater potential to lead to erroneous results. Also, despite the limitations in the evidence base, ANS tests provide information that cannot be obtained by other methods, given the limitations of clinical examination. Information from ANS testing can improve diagnostic accuracy in some patients, and in others may obviate the need for further diagnostic testing.

**Policy History**

Date	Action
8/2020	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
8/2019	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
7/2018	New references added from BCBSA National medical policy. Summary clarified.
7/2017	New references added from BCBSA National medical policy.
1/2016	New references added from BCBSA National medical policy.
4/2015	New medical policy describing medically necessary and investigational indications. Effective 4/1/2015.

**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:

- [Medical Policy Terms of Use](#)
- [Managed Care Guidelines](#)
- [Indemnity/PPO Guidelines](#)
- [Clinical Exception Process](#)
- [Medical Technology Assessment Guidelines](#)

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