GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
The autonomic nervous system (ANS) regulates physiologic processes, such as blood pressure, heart rate, body temperature, digestion, metabolism, fluid and electrolyte balance, sweating, urination, defecation, sexual response, and other processes. Regulation occurs without conscious control, i.e., autonomously. The ANS has two major divisions: the sympathetic and parasympathetic systems. ANS testing measures alterations in the R-R interval of the electrocardiogram (ECG) in response to parasympathetic and sympathetic system stimulation. The aim of such testing is to correlate signs and symptoms of possible autonomic dysfunction with objective measurement in a way that is clinically useful. Many organs are controlled primarily by either the sympathetic or parasympathetic system, although they may receive input from both; occasionally, functions are reciprocal (e.g., sympathetic input increases heart rate; parasympathetic decreases it).

Disorders of the ANS can affect any system of the body; they can originate in the peripheral or central nervous system and may be primary or secondary to other disorders. Symptoms suggesting autonomic dysfunction include orthostatic hypotension, heat intolerance, nausea, constipation, urinary retention or incontinence, nocturne, impotence, and dry mucous membranes. If a patient has symptoms suggesting autonomic dysfunction, cardiovagal, adrenergic, and sudomotor tests are usually done to help determine severity and distribution of the dysfunction.

POLICY
Autonomic testing (95921, 95922, 95923, 95924) does not require prior authorization for all product lines.

Procedure 95943 is considered inclusive to the physician’s basic evaluation and management service, therefore, separate reimbursement is not warranted for HMO, PPO, Individual Marketplace, & Elite.

Procedure 95943 does not require prior authorization for Advantage.

Autonomic function testing is covered as reasonable and necessary when used as a diagnostic tool to evaluate symptoms indicative of vasomotor instability and the ANS testing is directed at establishing a more accurate or definitive diagnosis or contributing to clinically useful and relevant medical decision making for one of the following indications:
1. To diagnose the presence of autonomic neuropathy in a patient with signs or symptoms suggesting a progressive autonomic neuropathy.
2. To evaluate the severity and distribution of a diagnosed progressive autonomic neuropathy.
3. To differentiate the diagnosis between certain complicated variants of syncope from other causes of loss of consciousness.
4. To evaluate inadequate response to beta blockade in vasodepressor syncope.
5. To evaluate distressing symptoms in a patient with a clinical picture suspicious for distal small fiber neuropathy in order to diagnose the condition.
6. To differentiate the cause of postural tachycardia syndrome.
7. To evaluate change in type, distribution or severity of autonomic deficits in patients with autonomic failure.
8. To evaluate the response to treatment in patients with autonomic failure who demonstrate a change in clinical exam.
9. To diagnose axonal neuropathy or suspected autonomic neuropathy in the symptomatic patient.
10. To evaluate and treat patients with recurrent unexplained syncope or demonstrate autonomic failure, after more common causes have been excluded by other standard testing.

Autonomic function testing is considered medically necessary for use as a diagnostic tool for any of the following conditions/disorders:
1. Amyloid neuropathy
2. Diabetic autonomic neuropathy
3. Distal small fiber neuropathy
4. Idiopathic neuropathy
5. Multiple system atrophy
6. Postural tachycardia syndrome
7. Pure autonomic failure
8. Recurrent, unexplained syncope
9. Reflex sympathetic dystrophy or causalgia (sympathetically maintained pain)
10. Sjogren’s syndrome.

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

1. Chronic fatigue syndrome
2. Myalgic encephalomyelitis
3. Fibromyalgia
4. Raynaud phenomenon
5. Anxiety and other psychologic disorders
6. Sleep apnea
7. Allergic conditions
8. Hypertension
9. Screening of asymptomatic individuals
10. Monitoring progression of disease or response to treatment
11. Predicting foot ulcers

The following indications for autonomic function testing are considered not medically reasonable and necessary and are non-covered:

1. Screening patients without signs or symptoms of autonomic dysfunction, including patients with diabetes, hepatic or renal disease.
2. Testing for the sole purpose of monitoring disease intensity or treatment efficacy in diabetes, hepatic or renal disease.
3. Testing results that are not used in clinical decision-making or patient management.
4. Testing performed by physicians who do not have evidence of training, and expertise to perform and interpret these tests. Physicians must have knowledge, training, and expertise to perform and interpret these tests, and to assess and train personnel working with them. This training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program or must reflect extensive continued medical education activities. If these skills have been acquired by way of continued medical education, the courses must be comprehensive, offered, sponsored or endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States, and designated by the American Medical Association (AMA) as category I credit or the American Osteopathic Association (AOA).
5. Testing with ANSAR ANX 3.0 or a similar machine is considered investigational for screening and will be non-covered.
6. Autonomic testing using automated devices, in which software automatically generates an interpretation (e.g., ANSAR, Medeia QANS/QHRV System), in the evaluation of gastroesophageal reflux disease, hypertension, irritable bowel syndrome, paradoxical parasympathetic syndrome, and all other indications because its clinical value has not been established.
7. Sympathetic skin response testing for any indications because it has a relatively low sensitivity and uncertain specificity, and the peer-reviewed medical literature does not support its effectiveness.
8. The use of quantitative direct and indirect reflex testing (QDIRT) of sudomotor function because its clinical value has not been established.
9. Quantitative pilomotor axon reflex test (QPART) for evaluating pilomotor function because its clinical value has not been established.
10. Measurement of cardiac baroreflex sensitivity for assessing autonomic nervous system dysfunction after stroke, cognitive function because its clinical value for this indication has not been established.
11. Ambulatory autonomic nervous system monitors (e.g., BioHarness) because their clinical value has not been established.

General professional standards with FDA clearance apply for all equipment used in ANS testing.

Autonomic nervous system should be performed in a dedicated autonomic nervous system testing laboratory. Testing in a dedicated laboratory should be performed under closely controlled conditions, and interpretation of the results should be performed by an individual with expertise in autonomic nervous system testing. Testing using
automated devices with interpretation of the results performed by computer software has not been validated and thus has the potential to lead to erroneous results.

Diagnostic testing may be allowed once to confirm or exclude specific autonomic disease. For patients with diagnosed autonomic disorders, repeat testing is governed by a change in clinical status or response to a therapeutic intervention. If a repeat test is needed, it is not expected to exceed once per year.

HMO, PPO, Individual Marketplace, Elite
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 Paramount benefit with the absence of disease.

Advantage
Procedure 95943 is covered for Advantage members following the criteria listed above per the Ohio Department of Medicaid guidelines.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>95921</td>
<td>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</td>
</tr>
<tr>
<td>95922</td>
<td>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</td>
</tr>
<tr>
<td>95923</td>
<td>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</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>
<tr>
<td>95943</td>
<td>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</td>
</tr>
</tbody>
</table>

TAWG REVIEW DATES: 09/17/2015, 10/28/2016

REVISION HISTORY EXPLANATION
09/17/15: Policy created to reflect most current clinical evidence per TAWG.
10/28/16: Procedure 95943 will no longer require a prior authorization for Advantage. Policy created to reflect most current clinical evidence per TAWG.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Industry Standard Review
Hayes, Inc.