

Meeting: Utilization Management Committee	Date: 8/15/2024
Title/Topic: Medical Policy – Autonomic Nervous System Testing	Policy Number: n05706
Purpose: Annual Review	Outcome: Accept with changes as outlined
Line of Business: Commercial	Effective Date: 08/19/2021

**INTRODUCTION:**

*Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.*

The autonomic nervous system (ANS) controls physiologic processes that are not under conscious control. ANS disorders, also called dysautonomia, are heterogeneous in etiology, clinical symptoms, and severity. These disorders can be limited and focal, such as individuals with isolated neurocardiogenic syncope or idiopathic palmar hyperhidrosis. At the other extreme, some ANS disorders can be widespread and severely disabling, such as multiple system atrophy, which leads to widespread and severe autonomic failure.

This medical policy provides guidance for Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity of autonomic nervous system testing. UMC-RN staff consult the member's individual coverage document regarding plan coverage prior to applying medical necessity criteria. This policy is due for annual review.

**ACTION RECOMMENDED:**

*States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.*

Annual review has been conducted and the Autonomic Nervous System Testing medical policy is presented for review and approval with changes as written.

No changes were made to the intention or utilization guidance of this policy. Changes made include minor grammatical and formatting changes, updating of references, and verification of CPT codes.

**ANALYSIS/JUSTIFICATION:**

*Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from*

*a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.*

Centers for Medicare/Medicaid (CMS) provide guidance under Local Coverage Determination (LCD) Autonomic Function Testing (L36236)

Local Coverage Article: Billing and Coding: Autonomic Function Testing (A57024).

MCG 28<sup>th</sup> edition does not have criteria or guidance relevant to these tests.

**REFERENCES:**

*Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.*

- American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM). Position Statement. Proper performance of autonomic function testing. <https://www.aanem.org>. Published August 2016. Updated December 2021.
- Local Coverage Article: Billing and Coding: Autonomic Function Testing (A57024)
- Local Coverage Determination (LCD) Autonomic Function Testing (L36236).
- Novak P. Quantitative autonomic testing. J Vis Exp. 2011 Jul 19;(53):2502. doi: 10.3791/2502. PMID: 21788940; PMCID: PMC3196175.

**REVISION REASON:**

*Includes the date changes or updates were made and summary of changes applied.*

08/15/2024: Annual review. Minor grammatical and formatting changes made. References were reviewed and updated. CPT code verification was performed to monitor for changes and/or updates.

**Disclaimer:**

Contract language as well as state and federal laws take precedence over any medical policy.

Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at [www.cms.gov](http://www.cms.gov).

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test,

product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.